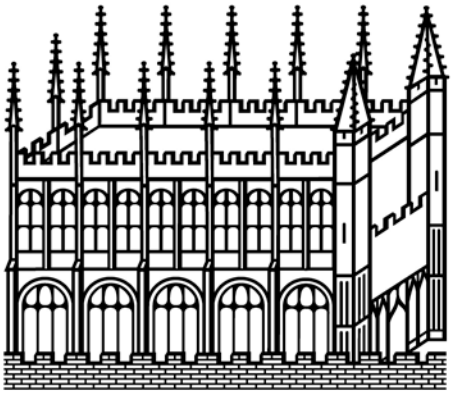

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FROM JANUARY TO JUNE,

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A COURSE OF

# Clinical Lectures

ON THE

## PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

(*Continued from last vol., page* 514.)

### IV. THE PULMONARY EPITHELIUM (*continued*).

WHEN terminating in our last lecture the description of the epithelial pulmonary investment considered under normal conditions in man during the course of extra-uterine life, I made the remark that this investment, composed of a single layer of flat cells placed in juxtaposition and joined to one another, may be confounded morphologically with the endotheliums, which cover the serous membranes, the walls of the blood-vessels and lymphatics, &c. A character common to these endotheliums, of which the pulmonary epithelium reproduces the morphological type is, as you know, to develope itself in the embryo at the expense of the middle blastodermic leaf, whilst the epitheliums, properly so-called, arise from the internal and external leaves. Now, according to His, the author of well-known works on embryogeny, and some observers who have developed the views which he put forth on this subject, a fundamental distinction is established between the epitheliums, properly so-called, and the endotheliums separated from them, you see, by the seats of their development. These should be assimilated to the flat cells of the connective tissue, of which they represent only a modification in form possessing all their physiological properties. They have not, apart from some resemblance, anything in common with the epitheliums, and these two classes of tissue preserve their autonomy and their reciprocal independence in the various circumstances of extra-uterine life with respect to the phenomena of growth, regeneration, and neoplasmic formations. So, according to M. Waldeyer, a strong partisan in pathology of the doctrine of His, connective tissue can never be developed pathologically at the expense of the epithelial tissue, and, inversely, a connective or endothelial cell can never reproduce an epithelial cell; to cite one example with regard to epithelial tissue, the cells of carcinoma or of epithelioma—this follows from this doctrine—should be produced always in the midst of, or the immediate neighbourhood of, an epithelial investment; if a carcinomatous or epithelial tumour is met with in the midst of connective tissue, it is a foreign metastatic production, a secondary centre, the germ of which comes from elsewhere. I shall carefully refrain from entering on the debate excited by this doctrine, because it does not directly concern the special object of our actual studies. I wish to limit myself here to stating that the case of the pulmonary epithelium may be considered as forming an exception to the rule which some would lay down too absolutely. Whilst, on the one hand, in direct continuity with the bronchial epithelial investment, it reproduces the form of the endotheliums; on the other hand, under the action of pathological causes, it behaves as much after the manner of the endotheliums developed at the expense of the middle leaf, as after the manner of epitheliums properly so-called, of all the physiological and morphological characters of which it partakes under certain circumstances at once. This is a point of view at which, perhaps, it will not be inopportune to stay an instant; it will be an occasion for us to show you a sort of sketch of the general pathological anatomy of the pulmonary epithelium, and to justify at the same time an assertion which I made in our last lecture—namely, that the lesions of these elements occupy an important place in the pathological anatomy of the lung.

II. I must first recall briefly to your mind some details of elementary embryogeny, which we shall utilise

further on. I show you a diagram which represents a section perpendicular to the spinal axis, through the middle of an embryo chick fifty-six hours after incubation. The principal details of development are at this time well marked. Here are the external leaf or epiblast, the former serous leaf, and the internal leaf or hypoblast. The middle or mesoblast is divided at this time into two secondary leaves—the somato-pleura and the splanchno-pleura, leaving between them the pleuro-peritoneal cavity.

A word with regard to that which specially concerns us—the development of the lungs. At first, the two lungs are, as you know, buddings or prolongations of the œsophagus. On the third day, from each side of this part of the digestive fold (Fig. 13), may be seen, on dissection, two prolongations or diverticula which answer to each lung. These prolongations, like the digestive tube itself, are composed essentially of two distinct parts: 1. A layer of *hypoblastic* cells, having the character of a cylindrical epithelial investment. 2. A thick layer of *mesoblastic* tissue. The culs-de-sac branch, and push prolongations in the midst of the mesoblast, terminating in small swellings. These last correspond with the alveolar canals and alveoli, the others to the bronchial tubes.

FIG. 13.

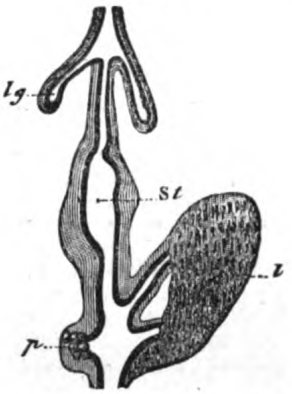



Diagram of a portion of the digestive canal of a chicken at the fourth day. The internal black line represents the hypoblast, the outer lighter part the mesoblast. *lg*, Pulmonary diverticulum, presenting a terminal swollen extremity, forming the primitive pulmonary vesicle. *S t* Stomach. *l* Two hepatic diverticula, the terminal extremities of which are united by uninterrupted rows of hypoblastic cells. *p* Pancreatic and vesicular diverticula. (Foster and Balfour).

Whilst the hypoblastic cells form an investment over the whole extent of surface of these cavities, the mesoblast gives origin to the elastic, muscular, cartilaginous, and connective tissues, &c., which enter into the formation of the aerial canals. Vessels penetrate there about the twentieth day.

We shall soon come to the application of these elementary notions; I shall, indeed, draw from them a demonstration of one of these propositions which I recently laid down—namely, that under the influence of certain pathological causes, the pulmonary epithelium behaves itself after the manner of the endotheliums developed from the inner leaf.

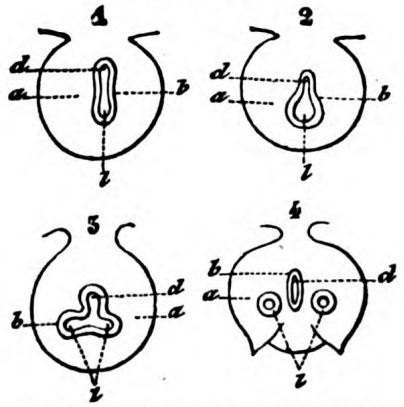
III. There result from this the modifications effected by certain forms of the inflammatory process. In acute inflammations of vascular tissues there are distinguishable two groups of phenomena: Vascular phenomena properly so-called, comprising distension of vessels, migration of leucocytes, formation of exudations. 2. Cellular phenomena relating to a more or less active participation of the pre-existing extra-vascular elements.

The phenomena of this last kind are those which M. Virchow brought to light, but of which he slightly exaggerated the importance. However it may be with this author, it is necessary to distinguish that which he calls, rightly or wrongly, *nutritive irritation*.

This state is characterised by an increase in the cellular element, the protoplasm of which becomes granular (tumefaction trouble), at the same time that certain vital phenomena are manifested, amœboid movements for example.

In other cases, or at a more advanced stage, are produced the phenomena of *formative irritation*. Here the elements tend to multiply, to *proliferate*, and the commonest mode observed in such cases is division by scission. It occurs in the nucleolus first, then in the nucleus, and then in the protoplasm of the cell. A variety of this process is the formation of large cells or plates with nuclei. These are found when the protoplasm does not divide, and there is thus produced one variety of those *giant-cells*, which we shall have to speak about at length when we come to tuberculosis.

FIG. 14.




Four diagrams to show the formation of the lungs. *a*. Mesoblast. *b*. Hypoblast. *d*. Cavity of the digestive canal. *l*. Cavity of the pulmonary diverticulum. In 1, the digestive canal has undergone a strangulation, which separates it into two channels, the one superior, the other inferior; the first is the true alimentary canal, the second the pulmonary tube; they are in communication with one another. In 2, the inferior (pulmonary) tube is the larger. In 3, the enlarged portion is divided so as to form two canals, communicating with one another, and both with the digestive canal. In 4, they are completely separated from one another, as well as from the digestive tube; the mesoblast has also begun to show signs of the internal changes which are produced. (Foster and Balfour).

This mode of multiplication is common in the physiological state, as Remak showed in the case of embryonic development; is also common, as you know, in the pathological state.

These phenomena of proliferation by scission have been studied many times in all their details, *à propos* of inflammation, either experimental or spontaneous, of parts invested with endothelium. I would recall the observations of MM. Cornil and Ranvier on the results of experimental inflammation of the epiploon in adult animals produced by the introduction into the peritoneum of a weak solution of nitrate of silver or tincture of iodine. It is established by these experiments that the endothelial cell first swells, then detaches itself, and undergoes the various phenomena of proliferation by scission. It often forms, under these circumstances, large plates with many nuclei. In man, in peritonitis connected with the puerperal state, M. Kundrat has observed analogous facts. The phenomena are also identical in other serous membranes, whatever be the kind of inflammation, in rheumatic pericarditis, for instance (see Cornil and Ranvier, *loc. cit.*, p. 459, fig. 207). In loose connective tissue, composed, as you know, of fibrillary fasciculi, invested here and there with flat cells, the latter behave, in inflammation, spontaneous or experimental, absolutely in the same fashion as the endothelial cells of serous membranes. I would cite on this point the observations of Ranvier and of Fleming, and those I have made with M. Debove (unpublished course on inflammation in general, 1872). Besides the formation of exudation and the diapedesis of leucocytes, there was seen in all

these cases multiplication by scission of flat cells ending in the formation of embryonic elements, or small round cells. The phenomena of scission are much less manifest if they have ever been clearly observed in pathological conditions. As regards epitheliums, properly so-called, it is not because these epitheliums are not susceptible of showing very active regeneration and multiplication. I will limit myself to citing on this point the result of experiments which I have made with M. Gombault on ligature of the ductus choledochus. We know that beyond the narrowed point this canal then undergoes considerable distension. The cylindrical epithelial investment accommodates itself to these new conditions, and twelve or fifteen days after the operation, we find the wall of the dilated canal uniformly lined with a complete and very regular cylindrical epithelium. There is not a single cell wanting, and they do not appear notably increased in size. We are ignorant at present by what process the enormous multiplication of epithelial cells takes place in such a case ("Lectures on Diseases of the Liver," 1877, pp. 164, 169, 229).

*(To be continued.)*

# Original Communications.

## A CASE OF DISEASE OF THE HEART AND AORTA—AORTIC AND MITRAL INSUFFICIENCY; CHRONIC ENDARTERITIS DEFORMANS; ANGINA PECTORIS. (a)

By J. W. MOORE, M.D., F.K.Q.C.P.,
Physician to the Meath Hospital, Dublin.

Robert C., æt. 50, married, a boot-closer, was admitted to Ward 18 of the Meath Hospital, on March 4, 1878, complaining of cough, difficulty of breathing on slight exertion, impaired vision, swelling about the feet and ankles, and occasional attacks of sharp shooting pain across his chest and down his left arm.

He stated that he had been a strong, hale man until ten or eleven years ago, when he passed through a severe attack of rheumatic fever. Since that time he had become liable to catch cold and was subject to a cough at times, when he would with difficulty get up a white frothy spit. During the past few years he has suffered from occasional paroxysms of sharp pain in his chest and down his left arm. Any excitement brings on this pain, which is agonising. The pain comes on suddenly, lasts about half an hour, or perhaps only twenty minutes, and leaves him very weak. It attacks him by night as well as by day, causing him to wake with a start, and rendering his sleep very uncertain and broken. When the pain comes on, he has to sit up in bed to catch his breath. The sight became impaired soon after the pain began. His breathing was never very good of late years, but he loses it almost entirely now upon slight exertion, such as walking up stairs, &c. About last Christmas he noticed some swelling of the feet and puffiness about his ankles. This increases when he has been sitting up for a time, or when he is attacked by the pain in his chest. His appetite has been fairly good, but he is sometimes troubled with flatulence. The water he passes is generally scanty and high-coloured.

As to his family history, we learned that his father died of fever, a brother of "a pain in his side," at the age of twenty-four. Others of his near relatives succumbed to natural causes. He had been twice married. His first wife was very delicate, her state being for a long time a source of great anxiety to him.

He was a moderate drinker, but used to smoke about a quarter of an ounce of tobacco *per diem*.

(a) Abstract of a Communication made to the Medical Society of Dublin.

Looking casually at him, one would say he was a fine, strong, healthy man, although of a rather pale complexion. He looks younger than he really is, were it not for his baldness, which is extreme. He seems to be a very intelligent man, is of medium height, and weighs 10st. 10lbs. (150 lbs.). At forty years of age, he says he used to weigh exactly 200lbs., but since that time he has been gradually losing flesh—particularly during the past nine months. When admitted his temperature was normal, pulse about 80, and respirations slightly quickened. There was moderate dyspnœa. His tongue was somewhat furred. The face was blanched; there was slight puffiness about the eyes; the left eye seemed weaker than the right, and ran water a little; the right pupil was contracted. The pulse in the radial artery was hard and "hammerstroke" in character. There was visible systolic pulsation in the external carotid, temporal, and femoral arteries, but not to any marked degree in the radial arteries.

*Physical examination* of the chest yielded the following results:—The thorax was in a measure "barrel-shaped." There was fair expansion of both sides. The percussion note over the upper portions of both lungs in front was hyper-resonant; over the bases of both lungs posteriorly it was more or less dull. Feeble vesicular breathing, with various dry râles, were audible in front; muco-crepitus existed behind. There was considerable emphysema of the upper lobes of both lungs, and this led to downward displacement of the liver on the right side and of the heart on the left side. Besides being displaced the liver seemed to be enlarged, for the hepatic dulness extended some distance below the margin of the ribs and occupied the greater portion of the epigastrium. The area of præcordial dulness began as low as the fourth intercostal space, but extended downwards into the epigastrium and the seventh intercostal space. The cardiac impulse was best marked in this interspace one inch to the *left* of the nipple line. It was a strong impulse, unaccompanied by thrill. The area of præcordial dulness just described seemed to depend on (1) displacement of the whole heart downwards, owing to emphysema of the lung; (2) hypertrophy of the left ventricle. That the latter condition was present was evident from (1) the extension of dulness so far to the left; (2) the situation of the apex so low as the seventh intercostal space and so far to the left—the displacement of the apex due to emphysema would be towards the right, or into the epigastrium; and (3) the fact that the impulse was towards the left, forcing out the chest wall towards the infra-axillary region.

At the base of the heart, in the right parasternal line and under the sternum, a double murmur—engaging both sounds—was heard. The second one was clear over the pulmonary area. At the apex a loud systolic murmur existed, which was heard in the axilla and in the left interscapular region.

At this time the urine, although scanty, high-coloured, and turbid from urates, was free from albumen.

The *Diagnosis* was aortic patency, followed by hypertrophy of the left ventricle, mitral insufficiency, chronic bronchial catarrh, pulmonary emphysema, and more or less mechanical congestion of organs. The remote *Prognosis* was very unfavourable.

The *Treatment* consisted in dry-cupping the chest, the administration of diffusible stimulants, digitalis, and liquor strychnia, the application of a belladonna plaster over the heart, local depletion by leeching over right side of heart, and attention to the state of the bowels and kidneys.

The notes were taken by Mr. Thomas B. Lingard, the practising pupil in charge of the case.

The patient left the hospital, decidedly relieved, on April 2nd. A fortnight later he was re-admitted, under Dr. Foot's care, with precisely the same train of symptoms, but in an aggravated form. The secondary complications now were: (1) œdema of the lungs, (2) passive hyperæmia of the liver, (3) slight albuminuria, and (4) general anasarca. The œdema of the lungs was evidenced by marked

dulness over both bases, general ronchus, and œdematous sputa with cough. There was considerable anasarca of the lower extremities—the calf measuring fifteen inches. The abdomen was swollen, and he felt "a little swelled all over." Dr. Foot prescribed for him a diuretic mixture, with infusion of digitalis, a diffusible stimulant mixture, and—should angina come on—a draught composed of two minims of nitrite of amyl in an ounce of camphor water.

## A FEW REMARKS ADDRESSED TO YOUNG DISPENSARY DOCTORS.

By An OLD STAGER.

The introduction of vaccine inoculation by Jenner, the earnest zeal of medical men as a body in extending the practice of it, in the face of much opposition, redounds so much to the credit of the profession in the past that it ought to remain a point of honour with all its members to persist in the same course both now and in the future. It should be a point of honour, well paid or inadequately paid, to take due care that it be so performed as to be as effectual as possible; and so I believe it to be with all who have been for any length of time engaged in practice. But young men are not always considerate, nor have many of them ever seen the dire suffering, the loathsome appearances—the much-to-be-lamented results of epidemic small-pox. I think, therefore, that it is not out of the sphere of any senior in the profession to give a word of warning and exhortation on the subject to his juniors.

Every vaccinator should feel bound to choose good, healthy lymph; take it for preservation and transfer on the proper day; and never to be satisfied without trying to attain, as perfect vesicles as possible, in each case. For this purpose he ought to select the cleanest, and most healthy children, from whom to vaccinate. He ought to transfer it, when possible, direct from arm to arm. He should be most careful in using thoroughly clean instruments. I do not attempt to teach how to vaccinate—now so well known—but I append a few points from my own practice which I hope young men may duly consider.

Whatever instrument I use, I make a point of immersing it in boiling water before I begin, and repeat after each vaccination, carefully wiping after each immersion. I am careful not to vaccinate from vesicles round which the areola is well marked; if possible I select one without any areola. I am careful to open the vesicle itself, as lightly as possible, on its most prominent part, as there is often pus about the base, though in perhaps infinitesimal quantity. I am careful to use nothing but the freely-exuding lymph, and if blood appears remove it with a piece of blotting-paper before proceeding further. I am never satisfied with less than three points of vaccination in the arm, the records of the London Small-Pox Hospital showing the value of this, and I draw as little blood as possible from the child being vaccinated, or if, unfortunately, it flow unduly I wait until it ceases to flow before inserting the lymph.

As to the transmission of lymph, I am prejudiced in favour of the old plan of square glasses for supply in this country. If carefully attended to, it is cleanly and easily used. I use the glasses freshly wiped out of boiling water—of course when cooled. I never bring them in contact until the lymph is dry, and paper them up carefully. And here I must say I too often see in dispensaries loaded glasses, looking dusty and dirty, lying over from week to week unpapered; this I look upon as a piece of blameable neglect. Ivory points I dislike; being organic matter they are unsuited for preserving other organic matter for any time with safety, and they are not easy to clean. Capillary tubes answer very well to send vaccine to tropical climates, but are quite unnecessary in this country, where lymph need not be kept longer than a fortnight; besides, they are troublesome, and require some skill to seal them without damaging the contained lymph by the heat employed. I have used lymph from glasses a month and six weeks old, with perfect success.

When using the glasses the mode I adopt is, after my lancet has been dipped in boiling water and wiped to take a small drop of warm water on its point, place it in the lymph, stir to solution, and then use it as if fresh lymph. This is much better than scraping it off, as some do, and trying to place it in the wound to be dissolved by the blood or serum. All this may appear too much care, but such, I maintain, is due to the honour of the profession, and with this view cannot be considered as excessive.

Should eczema set in after vaccination (a rare occurrence with me) I find a few grains of bicarb. potas. three times a day will remove it soon, and with delicate children I always think it well to follow up vaccination with a short course of iron, in any shape convenient.

# Clinical Records.

## ON THE RESUSCITATION OF NEWLY-BORN INFANTS.

By Dr. G. de GORREQUER GRIFFITH,

Senior Physician to the Hospital for Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

Except by the experienced accoucheur, the power of vitality evinced by the returning to life when it seems even quite extinct, which new-born children manifest, is hardly credible. This power is not, however, confined to the human species, but is shared by the young of the inferior creation; and I have observed that the less completely developed the child may be, the greater seems the amount of this power; or rather, perhaps, the less development, the less the effect of shocks and injuries; owing, no doubt, to the low state of vitality, the appreciation of them is reduced to the minimum, just such a correlative reduction as we see in the drunken man.

In the evening of April 12th, 1877, Mr. Bamber asked me to see a footling case along with him. The patient had previously given birth to nine or ten children. The waters had broken two hours before. Mr. Bamber had only just been called; the patient was weary and fretful, and kept saying she "had never been this way before, but had always had such quick times."

On examining with the finger I found the vagina and cavity of the pelvis large and roomy; I might say, capacious; the os open to about the size of a florin, but dilatable to a greater extent; both feet presenting, one being a little in advance of the other, a loop of the cord being also down between the feet, and through the os; the funis was, moreover, pulseless and cold to the touch. The brim, I ascertained, was *almost* circular, and so narrow in its measurement that it would not allow an ordinary full grown fœtus to pass. I tried, but unavailingly, to return the cord, and finding the child unusually small, I forthwith proceeded to deliver by catching the presenting foot, drawing it down a little, then seizing the other, and having both in my left hand, I used the necessary traction; the os readily gave way, and there was no difficulty till the head had to pass the brim, and though I turned in the relatively correspondent diameters of the pelvis, I feared it would not come through without perforation. However, after using no small detrahent force, I accomplished the delivery. The funis was quite pulseless and cold; the child was also cold; there was no sign of life till I looked at the cardiac region, and there I noticed heart tremblings, hardly worthy the name of pulsations.

Encouraged by this, I squeezed whatever of blood was in the cord into the body of the infant, and by repeating this a few times—thus imitating pulsations—and adopting the usual remedies of resuscitation, I had the satisfaction of seeing it slowly return to life under Mr. Bamber's kind unremitting care.

I should say, that from the time I first examined and

found the cord cold and pulseless to the time the child was completely born, nearly an hour had elapsedthat the little one was only about the size of a six months and a-half child, and seemed imperfectly developed, two conditions which would have made me almost despair of resuscitation had not the mother assured me that all her children had lived though born as small and puny.

I do not remember ever having had an instance such as this come under my notice in any way. I mean where the cord was for so long a time in the state I have described, and also where no respiratory action took place for such a lengthened period, and then life to return; and I record it for the encouragement of those who might otherwise think that, under similar conditions and efforts, attempt at recovery was useless.

Moreover, the traction force on the child's neck was necessarily so great in order to liberate the child's head that I am surprised the child was born alive and uninjured. Indeed, I should not have even attempted such force had the symptoms I have pointed out not existed, and had not life seemed extinct for apparently some time.

# Translations.

## FIRST OPHTHALMOLOGICAL SOCIETY OF HEIDELBERG.

### Tenth Session.

*Extract from the "Klinische Monatsblattern für Augentreil Kunde, 1877."*

Translated from the "*Annuales d'Oculistiqne.*"

By ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.,

Sometime Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and Dublin Eye and Ear Infirmary.

(*Continued from page 313, last vol.*)

IV.—H. Schmidt Rimpler.—*Demonstrations of the Decussation of the Optic Nerves.*—The conclusion arrived at in this communication is, that the decussating fibres are more numerous than the others, so that semi-decussation should be taken *cum grano salis.*

*Discussion.*

According to Schön, the different results may be explained by individual differences, as in the case of the decussation of the pyramid, demonstrated by Blessig.

Lainelsohn believes that the doubt arises from the fact that in hemyopia the chiasm alone is taken into consideration, and that according to the examinations of Schweigger and Foster, the seat of decussation should be relegated, in part at least, to the nervous centres, where the nervous fibres are collected into bundles. This is the only manner in which it is possible to explain certain cases.

Königshofer announced that Professor Michel has instituted a series of researches according to the method of Gudden, from which it appears that the decussation is complete.

V.—Hirschberg.—*Change in the Body of the Eye in General Anæmia.*—Edward von Jäger had already demonstrated that general anæmia affects the central vessels of the retina, less than was at first believed. He had, however, met with cases of local anæmia in two series of cases, firstly, after hæmorrhage; secondly, in several cases of anæmia arising from inanition, and especially from exhausting diseases. Experiments made on dogs after copious and repeated blood-letting have been barren in results. In man, on the contrary, typical alterations are met with in advanced anæmia. This is exclusive, however, of hæmorrhage of the retina, and of the white flake plaques, which have been so often described.

The alterations may be placed in three categories: Firstly, the papillæ of both eyes become pale, then clear white, without any shade of blue, the vessels still retaining their normal size. If there be not a complication of central hæmorrhage, or of white flakes, acuteness of vision is retained. If the anæmia be cured, the optic nerve returns to its normal state. These symptoms are found in bad cases of anemia, and in curable anæmia, arising from loss of blood.

Secondly, in chronic, severe, idiopathic, or secondary anæmia, the papilla becomes white and troubled, the reflex striæ of the vessels become indistinct, the vessels themselves contract and become lost towards the periphery.

An appearance of optic neuritis is formed, showing later white striæ very strongly marked. Hæmorrhage of the retina, and white flakes, are also found in this as in the preceding category.

The right is not much affected, and death often occurs without any important change having taken place.

Thirdly, the neuritis appears a few days after exhaustive hæmorrhage. Without any indication of abrupt swelling of the papilla, there radiates from it in all directions, and above the yellow spot, a film of an intense white colour, gradually disappearing in the neighbourhood of the periphery. Red flakes of recent formation stand out boldly on this background of white. The sight is always affected, although apathetic patients do not complain; absolute amaurosis may possibly ensue in a few days. This, whether simple or double, is generally persistent. Death is the general termination.

These cases have already been described by several authors, but observations on them are still rare.

The author also described a case belonging to the third category.

The meeting then adjourned until the afternoon.

### Afternoon Meeting.

I.—Ewald.—*On Optography and the Apparatus required* (pp. 105—109).—The necessary apparatus consists of a box, of which the cover is fixed at the distance of about 25 centim. from the cornea. The rabbit should be kept in darkness for a period of from three to four hours; then, the head being covered with a black cloth, the head removed, the medulla oblongata and the brain being destroyed must be placed in the box, which should be in the open air. The cover is taken off for two or three minutes, according to the clearness of the weather. As object, a piece of dull glass, with designs on black paper, is found under the cover. The eyes are then opened to the light—this should, however, be done without haste—an equatorial incision is made, a slight shake causes the vitreous humour to fall, and the posterior segment of the eye-ball is then placed in water containing 4 per cent. of alum until the next day. The optic nerve may then be removed by means of a punch, and the retina easily detached by means of a forceps. The next process is to place it under a capsule of porcelain, to which it invariably adheres after two slight incisions have been made; these should not, however, pass through the optogram. The whole is then dried in a desiccator over sulphuric acid. In its dried state the optogram offers considerable resistance to the action of light.

Kühne has made a most important discovery—namely, that the violet colour does not depend on interference, but on a chemical substance soluble in bile, and suffering discolouration from light.

II.—Rahlmann.—*Structure of the Cornea* (pp. 109—115). Preparations have been made by means of fatty injections, and by puncture—by this latter, in the manner described in the *Archiv.* of de Græfe. They show that the fibrils are grouped in fasciculi, which, in their turn, decussate at different heights, in such a manner as to present the appearance of a plait or braid. There is therefore no lamelar structure.

III.—Samelsohn.—*Preparations showing how an awl had penetrated the Sclero-cornean Limit as far as the Papilla* (p. 115). —Detachment of the retina, luxation of the lens, and a detachment of the ciliary body on both sides had been produced by the cicatrice.

IV.—Berlin.—*Preparations of Detachment of the Retina in the Horse* (p. 116).—This malady, in different ways, bears a certain analogy to glaucoma, which has, however, never been observed in this animal.

V.—Kühnt.—*On a peculiar Glandular Formation of the Upper Eyelid* (pp. 117—118).—This consists of glands in the mucous tissue, which open on the surface, either conjoined two and two or separately. They appear to have hardly been observed by any one except Henle.

VI.—Leber.—*Amyloid Degeneration of the Conjunctiva, Granuloma of the Vascular Tunic, Resorption in the Anterior Chamber* (Cinnabar and Chinese Ink) (pp. 118—121).

VII.—H. PAGENSTECHER.—*Preparations for Investigations concerning Glaucoma* (p. 121).—Direct communication of the canal of Fontana with the anterior chamber and the canal of Schlemm.

VIII.—LEOPOLD WEISS.—*On Tuberculosis of the Eye* (pp. 121—131).—The tubercles are either primary, and do not depend on other tubercles, or secondary, and dependent on tubercles in some other part of the body (lymphatic ganglion). Both forms may be combined. Two preparations and two observations of ordinary tuberculosis of the vascular tunic.

IX.—HORNER.—*Preparations of Mykotic Keratitis* (pp. 131—133).—These preparations relate to the eyes of infants suffering from hereditary syphilis.

*(To be continued.)*

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 1, 1879.

## ANNUS MEDICUS, 1878.

IT is impossible to take a retrospect of the past year without noticing the extent to which medical politics have engrossed the attention of the profession. The early meeting of the General Medical Council, the efforts of the Government to pass the Medical Acts Amendment Bill, the progress and fate of the Conjoint Scheme of medical examinations, the opposition given to the Duke of Richmond's Bill, and the agitation in favour of altering the constitution of the Medical Council, were altogether calculated to damp the interest usually taken in subjects of a more scientific nature.

To the proceedings of the General Medical Council we need only make brief allusion, as they were fully reported and editorially commented upon in the columns of the MEDICAL PRESS AND CIRCULAR. Both the first and second sessions of the Council were chiefly taken up with the consideration of the Government Medical Bill and the Conjoint Scheme. As the Government Bill had not made the Conjoint Scheme compulsory upon each division of the United Kingdom it is not surprising that the Scotch and Irish members attempted to reverse the previous decision of the Council with respect to the formation of a Conjoint Board. They were so far successful that, notwithstanding the strong representations which had been made in favour of the Conjoint Scheme by the profession and all the English medical corporations, a large minority of the Council voted against it. The rest of the session was devoted to discussing and making several important amendments in the Medical Bill. To most of its clauses the members of the Council gave their assent, to others they objected altogether. They declined the duty imposed upon them by the Bill of framing examination rules for the future regulation of medical study. They accepted the task of supervising the examination, licensing, and registering dentists, as well as the examination and registering of midwives. Exception was also, at a later period, taken to a clause in which it was provided that the license of the Conjoint Board should be a special one, and be quite independent of the existing corporations. It was during the discussion that took place on this question that Sir James Paget made an eloquent appeal in favour of maintaining the prestige and authority of the existing licensing bodies, more especially that of which he is himself so distinguished a fellow. The second session of the Medical Council was remarkable for an event which must have taken some of the more prejudiced detractors of the Council by surprise. There was a great call for a reorganisation of the Council, but it was not generally supposed that that body would ever attempt to reform itself, or even admit that any reform was necessary. We did not, however, think the Council was so selfish and so deaf to the interests of the profession as some imagined, and, consequently, we were not surprised that, on the occasion above-referred to, it was resolved that "the constitution of the Council needs revision, and that the Council do affirm and represent to the Government that it will consider what modifications of its constitution are required, and will report to the Government accordingly." Eighteen members voted for this resolution, five (the President, Drs. Andrew Wood and Quain, and Messrs. Turner and Simon) declining to vote, and one member (Dr. Hudson) being absent. The meeting of the Council in October must be fresh in the memory of our readers. It was for the sole purpose of giving directions for the carrying out of the Dentists Act. The session only lasted two days, most of the business being delegated to the executive committee and to the registrar. Our remarks on the Act have so recently appeared in these columns that we shall only now observe that the Bill passed without much opposition, that it became law on July 22, and that over 3,000 dentists have been registered under it, many of whom, unfortunately, have had no kind of medical education.

The progress and fate of the Duke of Richmond's Bill are also too well known to need any repetition of facts with which the reader is doubtless already familiar. The attempt to pass the Bill was a struggle between the Government, the Medical Council, the medical corporations, and the profession as represented by the British

Medical Association. Various concessions, or compromises, were made on all sides. At first the Government Bill was only permissive as respects the Conjoint Scheme, and was consequently very generally condemned. Then, in deference to the strong representations that were made on the subject, it was proposed, as a compromise, to make the Scheme compulsory on all the corporations, with the exception of the universities. This proposal, however, also met with strong opposition, and accordingly, the Duke of Richmond was induced to make the formation of a Conjoint Board compulsory upon all the medical corporations, without exception, in each division of the United Kingdom. The Bill passed rapidly through the House of Lords; but after it was sent down to the Lower House, his Grace was persuaded to make an amendment, in virtue of which the license of a Conjoint Board was made the sole requirement for registration. The unpopularity of such a measure can easily be conceived. It was strongly opposed by Sir James Paget and other members of the Medical Council, by the corporations, by the press, and by the profession generally. Even this difficulty might have been surmounted had it not been that the Parliamentary session was drawing to a close. For, in the hopes of still passing the Bill, certain amendments were put down for the second reading in August, which would have made the possession of a diploma necessary for admission to the Medical Register. There was, moreover, the agitation in favour of instantly reforming the General Medical Council, and against any Government Bill of which the reconstitution of that body did not form an essential feature. In fact the intemperate zeal of the medical woman party on the one hand, and of the Medical Reform Association on the other, are entirely responsible for the shipwreck of a Bill which, with the exception of the reconstitution of the Council, would have fully satisfied most members of the profession, and would, among other objects for which the passing of the Bill was so desirable, have gained that one which, of all others, was the most desirable in the cause of medical education and reform—the compulsory establishment of a Conjoint Board for each division of the United Kingdom. Now our medical reformers are very much in the position of the dog in the fable, having lost the substance in grasping at the shadow. Had the medical woman party been contented to bide its time, had it not induced the Marquis of Ripon to introduce that amendment which raised such a fresh storm of opposition against the Bill, had other parties interested in the cause of medical reform accepted the Bill in its amended shape, and allowed the question of reforming the Medical Council to be postponed to a later date, we should have now seen in England, in Scotland, and in Ireland, a Conjoint Board, from whose portals the profession would soon be recruited with medical practitioners, in whose ability the public could have full confidence, and by whose examinations the general status of the profession would have been improved. Now all is lost; and it is very questionable when and whether we shall get either a Conjoint Board or a reformed Medical Council. The Government lately informed the House that they hope to introduce and to pass the Medical Acts Amendment Bill during the current year; but, without that clause the non-insertion of which has excited so much opposition. For the Government intimated that, as the question of reforming the Medical Council is a difficult and important one, legislation on the subject must be deferred for the present. Thus, fresh opposition will be given to the passing of the Bill as it now stands, fresh excuse for further delays, so that the end of next session may see us as far off the objects at which we have been all aiming, as we ever were before.

The sanitary legislation of the last session of Parliament was marked by several important measures. Four Acts received the sanction of the legislature. The Public Health (Water) Act, 1878; the Public Baths and Wash-houses Act; the Contagious Diseases (Animals) Act, 1878; and the Factory and Workshop Act. The first Act is a short one of 14 sections, and contains important provisions for securing an adequate supply of pure water to every inhabited house. It will compel every rural sanitary authority to see that every occupied dwelling-house within their district has within a reasonable distance an available supply of wholesome water sufficient for the consumption and use for domestic purposes of the inmates of the house. Where no such supply exists, although it may be effected at a reasonable cost, the sanitary authority will have the power of serving on the owner of the house a notice requiring him, within a specified time, to provide a supply and to do all such working as may be necessary for the purpose. If neither this nor a subsequent notice have been attended to by the landlord, the authority may themselves provide the supply, may enter upon the premises and execute all such works as appear to them necessary for obtaining the supply, and may recover the expenses in a summary manner from the owner of the house. The owners of houses, however, are protected by one of the sections of the Act in virtue of which they can, on certain grounds, appeal against the notice of a rural sanitary authority, while, on the other hand, the sanitary authority cannot proceed with the execution of the works without an order of a court of summary jurisdiction or one from the Local Government Board. It is further provided that no newly-erected house shall be occupied until the owner has obtained from the sanitary authority of the district a certificate that the house is properly supplied with water. It will also be the duty of every rural sanitary authority from time to time to take such steps as may be necessary to ascertain the condition of the water supply within his district. The Public Baths and Washhouses Act is one that has been long wanted, although it is rather an enabling than a compulsory Act. It enables urban sanitary authorities to provide covered swimming baths, to make all necessary regulations for their use, and to appoint and pay needful officers. The Act also empowers the authorities to close the swimming baths for a period not exceeding five months, and in the interim to use the enclosure for the establishment therein of a gymnasium or some other means of healthful recreation. The Contagious Diseases (Animals) Act is a long Act, containing among other measures provisions relating to cattle plague, pleuro-pneumonia, foot and mouth disease, the slaughtering of diseased animals, the transit of animals, and various regulations respecting cow-sheds, dairies, and milk-shops. It must, however, be observed that the execution of this Act, instead of being deputed to the sani-

tary authorities, is placed under the supervision of the Privy Council, and deputed to local authorities who are so circumstanced as to be scarcely equal to the responsibilities imposed upon them.

The progress that has been made in medicine, and the collateral sciences is, we need scarcely say, not very remarkable, but, nevertheless, it has been certain and promising. Nothing perhaps can better show the slow advancement of the medical sciences than a consideration of the thousands of labourers who have contributed towards the building up of our present knowledge of the various branches of medicine, many of whose names are now completely forgotten. During the past year we find evidence of the slow and yet satisfactory manner in which medicine is advanced by means of a division of labour that is becoming every year more indefinitely divided and more fruitful of results. In this country, on the Continent, on the other side of the Atlantic, everywhere, we see something doing, something done, something suggested towards the advancement of the healing art. In practical medicine and therapeutics the use of such instruments as the sphygmograph, the laryngoscope, and the clinical thermometer, still enables diagnosis to claim a place among the more exact departments of our knowledge; while the treatment of disease has during the past year shown many indications of becoming more rational, more precise, and less empirical, than heretofore. Some of our oldest and most reputed remedies, as well as a few new ones, have been the subject of careful investigation. Valuable information has been gained respecting the action of mercury, arsenic, tartar emetic, morphia, belladonna, carbolic acid, salicylic acid, and even of the almost obsolete remedy bloodletting. Papers have been written on the properties and uses of duboisia myoporoides, of gelseminum sempervirens, of hyoscyamine, and sodium ethylate. The efficiency of salicylic acid in the treatment of rheumatism has been confirmed by further experience. This agent, as well as two or three others, have in some cases been given internally on antiseptic principles, with a result that warrants a further trial of them. The great value of a milk diet in the cure of both acute and chronic disease is again illustrated by the success attending Mr Teevan's treatment of cystitis. Several cases have shown the great benefit to be derived from attention to the antagonism of certain therapeutic agents. Post-partum hæmorrhage has been stopped by injections of hot water when all other means had failed. For the first time in the annals of medicine there is some hopes of hydrophobia being removed from the list of incurable diseases. Choral has been given with more than usual success in tetanus, iodide of potassium in asthma, salicylate of soda in acute rhematism.

If there be any exception to the almost imperceptible manner in which Medicine progresses as a science and an art, it is that presented by the striking and often brilliant achievements of modern Surgery. Last year, like so many others before it, testified to the truth of this statement. We have to record the improved treatment of angular and lateral curvature by the use of Sayre's plaster of Paris jacket and other instruments, more and more success in the extirpation of those tumours and the performance of those operations that involve the wounding and exposure of the abdominal peritoneum, the successful excision of large portions of the rectum for the cure of cancer, the further experience of Sir Henry Thompson in the treatment of stone in the bladder, Professor Bigelow's rapid performance of lithotrity, one or two cases of gastrotomy, and several successful cases of great or novel operations that alike testify to the skill of the operator and to the great strides that are being every year made in this department of medicine.

Considering that Obstetrics deals with a normal function of the body rather than with actual disease, it is not surprising that under this heading, our retrospect discovers comparatively little that is worthy of special notice. The vomiting of pregnancy has been on several occasions successfully treated by the application of nitrate of silver to the os uteri. The antiseptic method of performing ovariotomy has been attended with the best results. An old operation (laparo-elytrotomy) has been revived by Dr. Thomas, of New York, in place of Cæsarean section.

To go from the more practical to the more theoretical and abstract branches of study, we find that during the last year much good work has been accomplished. In Pathology we have to notice that various writers have thrown more or less light upon the nature of fever, upon certain morbid states of the urine, upon the nature and connection of croup and diphtheria, upon the pathology of valvular diseases of the heart, upon certain degenerative, inflammatory, and other morbid states of the spinal cord, upon certain changes in the cord in pernicious anæmia, upon the contagion of phthisis, and upon the morbid anatomy and pathology of certain affections of the liver and kidneys. It is, however, in the field of Physiology that the labourers have been so numerous, the labour so difficult, the results, taken singly, so out of proportion to the labour. Several important investigations have been made into the processes of development: development of fishes, development of snakes, development of cranial and spinal nerves. Researches have been conducted into the vaso-motor nerves of muscles, the placentation of apes as compared with that of the human female, the physiology of the salivary secretion, the minute structure of the thyroid gland, the nature of the lymph hearts of batrachia, the cortical lamination of the motor area of the brain, the metamorphism of tissue during the first year of life, the consumption of oxygen by the living tissues, the real origin of the cranial nerves, and many other subjects too numerous to mention. We had also to hail last year the publication of a new journal devoted exclusively to physiology, which we may take as a good earnest of the increased attention that English scientists are now giving to that branch of study.

Nor must we, in this portion of our retrospect, fail to remark that the valuable papers and scientific chatter of the medical societies were by no means an insignificant event of the year that has just passed. The most notable events that occurred in connection with these societies were the appointment by the Royal Medical and Chirurgical Society of a committee to investigate the relations between membranous croup and diphtheria, Sir Henry Thompson's summary of his experience of five hundred operations for stone in the bladder, the discussion at the

Pathological Society on the nature of lymphadenoma, and Dr. Foulis's case of extirpation of the larynx, with the substitution of an ingenious artificial voice-organ. With regard to croup and diphtheria it is probable that the discussion which will, before long, take place on the report of the Medical Chirurgical Society will be more instructive than the report itself, inasmuch as the opinion arrived at by the committee was scarcely so precise as might have been expected. They were rather in favour of the identity of the two diseases, but they recommended the employment of the term "croup" to denote simply clinical phenomena, and not any special pathological condition. If, however, the two diseases are identical, why not give them one name, if they are different diseases, then the old nomenclature might be preserved. Before leaving the societies we may remark that several other interesting papers were read, such as those on the after-treatment in tracheotomy, the use of distal ligature for the cure of aneurism, the period of incubation of scarlet fever, writer's cramp, the surgical treatment of intestinal obstruction, the use of Esmarch's bandage in the treatment of popliteal aneurism, &c.

When we consider the grave political events that have, for a considerable time, engaged the attention of the Government, we cannot be surprised that nothing has been done to remove those causes which have prevented a sufficient number of eligible candidates coming forward for the Army Medical Department.

Although something was done last year to meet the complaints that have been made, the dearth of candidates continued to increase, so that last February the Secretary of State for War appointed a committee to inquire into the subject, and to make such suggestions as, under the circumstances, appeared to them advisable. The report of the committee was not sent in till September, and owing to that fact, and to the pressure of other business, the war minister has been unable to attend to the recommendations of the committee with respect to the means that should be taken to make the service more popular. In fact, matters appear to have come to a dead-lock, and in consequence of the chaotic state of affairs no examination of candidates for the Army Medical Department was held last year. We have not space to mention in detail the recommendations above mentioned, but we may observe that the committee strangely suggested that civil practitioners might be employed to supplement or replace army surgeons, and that, in future, one-half of the vacancies might be filled up through the medium of competitive examinations, and one-half by nominations. It may be also noted that steps have been taken to re-model the Indian medical service, particularly with respect to the separation of the military from the civil medical service, and the establishment of a distinct and independent department of health; while no doubt the reader will not have forgotten that the Volunteer Ambulance Service has been recently formed, and is likely to prove a great success. Lastly, we need scarcely remark that the old stock grievance in connection with the Naval Medical Service found expression last year, as in all previous years. Some of these may have been somewhat exaggerated, and at all events there does not appear to be the same difficulty in recruiting the navy with surgeons as there has been in the case of the Army Medical Department.

Did space permit we should have something to say about the British Medical Association, whose annual meetings generally constitute an interesting feature of the medical events of the year. But we must not fail to notice that at their last annual meeting it was resolved to add to the articles of the Association the declaration that —"No female shall be eligible for election as a member of the Association." This resolution was scarcely in keeping with the spirit of the times, and it will certainly have little effect upon the professional status and prospects of lady members of the profession.

We cannot bring this brief and imperfect retrospect to a close without mentioning a few of the more distinguished men who have been taken from us during the past twelve months. We have to regret the death of Claude Bernard, of Rokitansky, and of Dr. Stokes, men of European reputation. Other well known and scarcely less distinguished names appear in the death-roll, such as James Blundell, John Hilton, Fleetwood Churchill, Dr. Payne Cotton, Mr. Carr Jackson, Sir James Coxe. Among those who, at their death, had reached an advanced age, we may mention James Syme, of Alloa, at 92; W. Bremmer, H.E.I.C.S., at 89; J. Pearson Shaw, at 88; Mr. Kelson, at 81; Dr. Humble, of Ramsgate, at 81, and many others who were equally fortunate in having spent a long life in the service of the public.

## DEATH IN DUBLIN.

### THE PUBLIC HEALTH COMMITTEE AND THE MEDICAL OFFICERS OF HEALTH.

WE noted last week that the death-rate of Dublin and its suburbs was then 38·0 per 1,000, and the mortality of the city itself 30 per cent. worse than that of the most stinking slums of London or Glasgow. This week brings to us a still worse state of things. The death-rate of the week ending December 21, reached the terrible quota of 41·0 deaths for every 1,000 of the population. This means that the mortality was more than 50 per cent. above the 10 years' average of this week; it means that 88 persons died over and above those who usually die; it means that, inasmuch as the Dublin death-rate is always largely in excess of that of other towns similarly situated—about 100 persons lost their lives in this one week over and above those who would have died in a town of average salubrity; it means that in this one week a considerable population of widows and children were reduced to destitution in consequence of this sacrifice of life.

Two causes have co-operated in producing this fatality—the rigour of the weather and the prevalence of dirt diseases: 87 persons died of chest diseases, with which cold and damp might have had more or less to do. But of these, 40 would probably have died, in any case, in the 51st week of the year, so that only 47 deaths remain as a quota towards the 88 over average which occurred within the week. The remaining 41 deaths are chargeable against dirt, stench, and sanitary neglect by the constituted authorities. But the disgraceful and inexcusable negligence of the Public Health Committee of the Corporation is respon-

sible for much more than this. Of the 47 persons over average who died, we will suppose, from the rigour of the weather, a great number would not have died, but that their constitutions had been debilitated by a lifetime of residence in the pest-houses which the corporation takes little care to remove or improve. Year after year the poor of Dublin are left to herd in tenements in which their *morale* and *physique* are equally poisoned—year after year the Public Health Committee has looked on, while the farmers of these tenements make money by rack-renting the poor and refusing to spend a shilling on sanitary improvements—year after year, the children born in such places who are strong enough to outlive infancy, are compelled to live in an atmosphere of indescribable filth, and the corporation looks on, making no serious effort at amendment, but straining its ingenuity to find excuses for doing nothing, and for ignoring the condition of affairs around it. And then, when a fall of snow occurs, we are told that the inclemency of the weather is to blame, and that the mortality is a visitation of God. It is nothing of the sort! It is the inevitable outcome of sanitary neglect by the people themselves (who, in most instances, cannot help it), and by the constituted authorities (who can, and who wilfully permit such negligence).

In Edinburgh in the past week, there was more snow, more rigour of weather than in Dublin, and yet its death-rate was 24·1 against 41·0 in "the second city in the empire." In the suburbs of Dublin, the cold and damp were the same as in the city, and yet their average death-rate was 26·2, instead of the 41·0 of the district which is supposed to be controlled by the Public Health Committee.

But, however the committee may excuse the over-mortality on the score of the weather—they cannot explain the deaths from zymotics on such an hypothesis. The Registrar-General tells us that in this week the deaths from zymotics numbered 46—that they were 14 worse than in the previous week; that 15 of them were from small-pox; that 12 of them were from fever; that the small-pox deaths were increased by 7 from the previous week; that the admissions of new small-pox patients to hospital numbered 82, or double the total of the previous week.

How does the Public Health Committee come out of the dilemma in which these figures place it? What has it done to stimulate vaccination? How has it helped to prevent infection? Where is the one corporation cab which the city of Dublin maintained at the extreme east of the city, and the corporation horse to draw said cab, which it kept at the extreme west? How much has it done to enforce the law for preventing wakes, burning clothes, disinfecting bedding, &c.? Echo needs not to answer. Every one already knows the full measure of the neglect and obstructiveness of the committee, and we now know the full measure of the fatality that neglect has brought upon the city. Last week we wrote as follows:—

"With these facts before them, it is unnecessary for us to tell our readers that Dublin—of all cities in the world—most needs an active, energetic, well-educated medical officer of health, devoted to his sanitary work and to nothing else, and well paid for performing the Herculean task of redeeming the city from its ill-name, and saving the lives of the poorer citizens who are now dying in scores from the most obvious dirt and neglect. Will it be believed that it is at this juncture—with 60 deaths a week over the usual excessive average—with small-pox rampant—with dirt triumphant—that the Public Health Committee selects to perpetrate one of its worst jobs?

"Can it be credited that that committee has proposed to leave the city without any medical officer of health at all? to pension off the present superintendent medical officer at £120 a year for life? and to put his duties upon the remaining medical officer of health, with a considerable increase of salary. We have said that, if this proposition be carried the city of Dublin will be, to all intents and purposes, unprovided with any supervising health officer, and we justify the statement by asserting that it is notorious that the medical officer of health who is to take the additional duty of superintendent medical officer is hardly able, by super-human energy, to keep abreast of his present multitudinous employments."

The alarm which we thus raised has been taken up by the *Dublin Daily Express*, which says:—

"The bye-streets, the lanes, and alleys, with their wretched tenements, which are rotting in filth, still remain as hotbeds of disease, and no adequate measures have been taken to make habitable and healthy dwellings for the poor. We are willing to give full credit for what they have tried, however feebly, to do, but they have scarcely yet realised the full measure of their responsibility as legal guardians of the public health. So far from this, indeed, they have reduced their sanitary staff, and now propose to practically abolish the post of medical officer of health altogether, and so deprive the public of the benefit of an independent and efficient inspection. It is proposed to let the senior officer retire on a pension of £120 for life, and to transfer his duties, with, of course, an increased salary, to his assistant officer, the city analyst. We have no hesitation in repeating that this proceeding—we care not whether it is a job, or a piece of well-meant, but ill-advised, economy—will be equivalent to the abolition of an office to which the Legislature has attached the highest importance, and which, in reality, affords to the public the only guarantee for efficiency in the working of the Public Health Act. The city analyst is an excellent officer in his own department, but his professional duties are too multifarious and pressing to allow him time to undertake so responsible a trust. If it were intended to expose the Public Health Act to ridicule as a useless and absurd measure, it could not be more effectually done than by handing over the whole charge of superintending its application, in such a city as Dublin, to a gentleman who, besides various other duties, is at present analyst not only for this city, but for every county in Ireland, with only three or four exceptions."

We earnestly protest against any and every proposal which will leave the city without an active executive health officer. Few men could as worthily fill the chief office in sanitary administration as Dr. Cameron; but we want to see much more energy infused into that office than has ever been displayed, and we cannot believe that it is physically possible for the city analyst to do justice to this most important function in addition to his present occupations.

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Notwithstanding the numerous high posts which the late Baron Rokitanski held, the emoluments he derived from them were very moderate, and he died almost a poor man for one in his distinguished position. In consideration of his services to science and the State, the Government, besides a continuance of his pension to his widow has conferred upon her a "special donation."

# Notes on Current Topics.

## The Broadmoor Criminal Lunatic Asylum.

ABOUT twelve months ago we gave a full description of this Asylum, together with some interesting facts drawn from a report of it for the year 1876. The Report which we have just received is for the year 1877, and appears to be much more satisfactory than could be expected of one that relates to a criminal lunatic asylum. Upon the 1st January, 1877, there were in the asylum 389 men and 104 women, making a total of 493. During the year 34 men and 9 women were admitted; 7 men and 5 women were discharged upon recovery; 24 men and 4 women were transferred to other asylums; and 12 men and 3 women died. The asylum is capable of accommodating 413 men and 150 women; and at the end of the year there were 33 vacancies in the male, and 49 vacancies in the female division. Of the 43 persons admitted in 1877, 15 men had become insane whilst under sentence of penal servitude for life, whilst 19 men and 9 women belonged to the class comprising persons detained during her Majesty's pleasure, or certified to be insane before trial. The great majority of the persons who were admitted under orders of detention during Her Majesty's pleasure were persons who were charged with murder or attempt to murder. Of this class of persons there were 399 in the asylum on 31st Dec., 1877, and of this number one-half were charged with the actual taking of life, while more than another quarter were charged with attempts to murder or maim. The general health of the inmates was satisfactory, their conduct was good, and there were no epidemic diseases throughout the year, no serious accidents, no grave acts of violence, no suicides, no instances of escape, and no forms of mechanical restraint used in any part of the asylum. To keep so large a number of criminal lunatics in such good order as the above facts would indicate, a large staff of able attendants is absolutely necessary. Consequently, we find that there are in the asylum 72 male and 22 female attendants, and that of the former as many as 23 have been over 5, and 30 over 10, years in the service of the Institution. It would appear that all the 15 persons admitted under sentence of penal servitude were, at the time of their removal to Broadmoor, within a few weeks of the periods at which their sentences would expire; and that their offences were not of a very grave nature, consisting chiefly of larceny (8), burglary (3), arson and wounding. It would be worth while knowing what percentage of all criminals undergoing sentence of penal servitude are sent to this or other asylums on account of their showing symptoms of insanity. That petty larceny and other similar offences are often the result of that disease, and among its first symptoms is a well-known fact; and most probably, most or all of the above 15 persons were really suffering from insanity at the time they were sentented to penal servitude.

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A NEW children's sanatorium was opened on Saturday last at Southport by Lady Lindsay. The cost of the building was £4,000, which was subscribed beforehand, and the institution stands free of debt.

## Effects of Varnishing the Skin in the Lower Animals.

WHEN varnishing is complete the duration of life is short; when it is partial the fatal issue may be delayed for a good many days. From one-eighteenth to one-twelfth of the total surface of the body may be varnished with impunity; but when the proportion exceeds one-sixth death is inevitable, unless the animal is packed in cotton-wool or kept in a warm chamber. Two theories have been brought forward to explain these phenomena. Lomikowsky has considered it necessary to re-investigate the subject, with a view more especially to ascertain the reason why the temperature of a varnished animal should sink so rapidly as it does. By means of the thermo-multiplier he has proved that radiation takes place much more freely from varnished than from unvarnished areas of skin. The difference is sufficient to account for the loss of heat and the fall of temperature, which may thus be regarded as physical rather than physiological phenomena. The symptoms observed during life and the changes found in the viscera after death may all be accounted for by the cooling. They are absolutely identical with those observed in animals killed by exposure to cold. When the cold is extreme death occurs rapidly, as after universal varnishing. When it is more moderate inflammatory changes are excited in internal organs, more particularly in the kidneys, and life is destroyed indirectly, as a consequence of uræmia. Here, again, the analogy with partial varnishing is complete.

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## New Microphone and Stethoscope.

AT a late meeting of the Franklin Institute, New York, Dr. Norris presented and described a new form of microphone, devised by himself, in which he employs a cylinder of wood or other light material, about 3″ in diameter, and 4″ long, placed horizontally, over either end of which is stretched a membrane, forming two diaphragms. To the centre of one of the diaphragms is attached a silk thread, which passes over a small pulley, and has suspended at its end a metal cone with a carbon point. This cone is made hollow, in order that its weight may be adjusted by adding small shot. Directly under the cone is placed a carbon rod, adjustable perpendicularly, so as to secure a very delicate contact. The electric circuit is completed through it, the cone, and a Bell telephone. This instrument is very sensitive to sound, and with a stethoscope, connected with the cylinder by means of a flexible tube, was designed to aid in the study of the sounds of the heart and lungs.

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## The Proposed National Public Health Board in America.

ACTIVE measures are in progress toward the establishment of a National Public Health Board, for the purpose of improving public hygiene, for carrying out scientific and systematic investigation into the causes and preventive measures of epidemic, contagious and infectious diseases, and in collecting the vital statistics of the United States on some uniform and general plan. A memorial has been drawn up and will be presented to Congress with this object.

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## Some Adulterations of Essential Oils.

LEONHARDI, in the *Archiv der Pharmacie*, describes some new sophistications of essential oils. The stearoptene of fennel oil, he states, is imported from Russia for adulterating oil of anise, to the extent, sometimes, of 90 per cent. The fraud is detected by heating the oil, when the characteristic odour of the fennel becomes apparent. Oil of coriander and oil of bergamot are adulterated with rectified oil of orange; the admixture may be discovered by the relatively sparing solubility of oil of orange in 90 per cent. alcohol. He has found also oil of caraway adulterated with oil of turpentine; the fraudulent oil forms a turbid mixture with 90 per cent. alcohol. As the best test for the presence of alcohol he recommends the addition of a crystal of aniline red.

## Small-Pox in Dublin.

SMALL-POX is on the increase both in Dublin and the country districts. The returns for the past few weeks show a steady increase, and it is believed they only represent a small proportion of the actual number of cases existing. In some towns south of Dublin a state of affairs amounting almost to a panic prevailed recently, but the facts were concealed. The accommodation is very defective, and in the country places it is found necessary to convert barracks and public buildings into hospitals. The sudden re-appearance of the epidemic has caused great uneasiness, and the medical authorities are said to be unable to offer any explanation of it. It is, however, well known that in some parts of Ireland vaccination is very much neglected, and that on more than one occasion this neglect has had much to do with the extension of small-pox epidemics in Dublin and the surrounding district.

## Deterrent Effect of Capital Punishment,

SOME time ago we wrote an article on capital punishment with the intention of showing on a subsequent occasion, and on psychological grounds, that capital punishment must be necessarily deterrent of the crime of murder. The *Standard* gives some interesting figures bearing upon the subject, and with special reference to the frequency of the crime of murder in the Canton of Fribourg before and since the abolition of the death penalty, have just been published. In this canton, which has 110,000 inhabitants, there were only seven cases of murder in the ten years between 1864 and 1874. In the latter year the punishment of death was abolished throughout the Confederation. During the three years immediately following that event no fewer than fifteen murders were committed in the canton, while this year alone there have been five cases of homicide, making altogether twenty in four years. Thus, when capital punishment prevailed, the murders were at the rate of less than one a year; now they occur at the rate of five a year.

## A Psychological Study.

APROPOS of the foregoing "note," our attention is drawn to a trial which has just been brought to a close which has created a great sensation in the town of Auxerre, where it took place. Two young men, named Perront and Barré, were accused of having murdered their grandfather and grandmother for the sake of a little money, which the old people had laid by. The prisoners did not deny their guilt. On the contrary, they rather seemed to glory in recounting the details of the murder. Neither of them would consent to express contrition for their crime. Perrot was sentenced to death, and Barré to penal servitude for life.

An eminent German physician thinks that the worst forms of criminal depravity often depend upon a peculiar conformation not only of the brain, but of the cranium, which may even be recognised during the life of the criminal. If any criminals could be found whose crania would, on examination, justify the views of the German *savant*, we should say that these two young villains were just the very specimens wanted. Such horrible depravity in mere boys, such an utter want of the moral instinct, must have had in them some physical basis, which might, on a careful examination, be detected in their brains, even if unassociated with any peculiarity in the development of their cranium.

## Prolapse of the Rectum in Infants.

IN a recent number of the *Wiener Medizinische Zeitung* Dr. Basevi suggests an improved method of treating this troublesome affection, which he finds most successful. He cauterises the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail and the intestine continue to come down, he uses his bandage as follows:—The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other the slightly abducted knees somewhat up in the air. This position is most favourable for the reduction of the prolapsed rectum, because the child cannot beer down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock towards and against it. With the right hand several strips of plaster of some two finger-breadths are drawn from below upwards and outwards, overlapping one another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three finger-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhœa be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage, which can be changed without difficulty when necessary.

ASSAFŒTIDA is exported from Afghanistan to Hindostan. The Ameer extorts at various places a duty of £13 per camel load, about 4 cwts.

## Diphtheria in Germany.

THE *Frankfürter Journal* states that diphtheria has made its appearance in an epidemic form at Mayence. A private boarding-school has been closed by the local authorities on account of the cases which have occurred among the pupils. Not long ago we were at Mayence, and from our experience of the sanitary condition of that town, an epidemic of diphtheria might prove to be a serious matter, with regard both to the virulence and the extension of the disease.

## A Medical Explorer.

Dr. THOLOZON, physician to the Shah of Persia, is organising an expedition for the exploration of Khurdistan. He proposes to leave Basra on Feb. 1 next, and will first of all explore the Korun and the "Carrage," or dam of Ahwas, constructed in the fourth century by King Sapor, but now in ruins. By repairing, says the *Academy*, this bar, a plain many hundred square miles in extent, and renowned in former ages for its fertility, might be irrigated.

## The Weather and its Effects upon Mortality.

THE severe weather of last week and the prevailing distress in the manufacturing districts combined to swell the rate of mortality last week to almost epidemic proportions. It is many years since so high a death-rate has been reached as that recorded in the Registrar-General's last returns. London is supposed to be one, if not *the* most healthy of European cities, frequently averaging no more than 18 or 19 deaths per 1,000 of its population. Last week, however, it reached the high figure of 31; even Brighton shared in the general mourning with the same number, whilst several other large towns far exceeded this. These were: Leeds 32, Leicester 32, Bradford, 34, Sheffield 34, Wolverhampton 34, Norwich 35, Plymouth 35, Bristol 36, Manchester 38, Glasgow 38, Liverpool 39, Dublin 41, Salford 41, and Oldham 42 per 1,000, of the various populations. It will thus be seen that these two factors have produced alarming results, and the week ending Christmas Day, 1878, will be remembered as one of the severest and most fatal on record.

## Effects of Publicity on Suicide.

AN Italian medical society which meets at Pisa, recently sent a request to the various Italian papers to cease reporting suicides, stating that after careful study of the subject they had reached the conclusion that such publicity tends, at least in Italy, materially to increase the number of those who destroy themselves. The motive is sometimes imitation, sometimes a morbid thirst for notoriety.

AT the Hygiene Congress of Paris it was stated, during the discussion on the influence of tobacco on health, that Dr. Strohen, eighty-six years of age, the father of eleven children, and in the enjoyment of perfect health, has, for sixty-five years, smoked fifteen cigars daily.

WE are pleased to notice that the appointment of Dr. T. Whiteside Hime as medical officer of health for the Borough of Sheffield, has not necessitated the resignation of his hospital appointments. It is the first case of the kind we remember in which a hospital physician or surgeon has become a candidate for this supplementary post, it being usually understood that he must resign one if appointed to the other. Some of these posts are valuable, worthy the attention of first class men, and the appointment of Dr. Hime will probably stimulate others to follow his example. The emolument in this instance is £300 per annum, and is not prohibitory as to private practice.

PREVIOUS to his departure from America, Dr. Andrew Clark (who accompanied the Prince Louise and Marquis of Lorne to Canada), delivered a lecture before a crowded audience of medical men and students, at the Bellevue Hospital, New York; after which a reception was rendered him at the house of Dr. Sayre, at the close of which he left for the steamer with the heartiest wishes of the company of distinguished physicians who had been invited to meet him.

IN the principal foreign cities, the rates of mortality, according to the most recent weekly official returns were, in Calcutta, 52; Bombay, 31; Madras, 43; Paris, 26; Geneva, 21; Brussels, 33; Rotterdam, 24; The Hague, 28; Stockholm, 23; Christiania, 25; St. Petersburgh, 42; Berlin, 28; Hamburg, 27; Dresden, 24; Breslau, 30; Munich, 32; Vienna, 29; Buda-Pesth, 35; Rome, 30; Naples, 26; Turin, 25; Venice, 28; Alexandria, 40; and New York 21 per 1,000 of the population.

PROF. TYNDALL will deliver his lecture on the electric light, at the Royal Institution, on January 17th. The Christmas course of juvenile lectures will be by Prof. Dewar, the subject being entitled "A Soap-Bubble." Amongst the other lectures already announced is the "Mirror of Japan and its Magic Quality," by Prof. Ayrton.

A CORRESPONDENT writing to us from the Diamond Fields in South Africa, mentions the almost unprecedented fact that the rainfall during the past twelve months amounted to only seven inches.

THE mortality from diseases of the respiratory organs last week exceeded the average throughout the kingdom. In Sheffield, Leeds, Salford, Liverpool, and Glasgow it was very marked, whilst in London alone, 650 succumbed from these causes, being 172 beyond the average.

THE only deaths from small-pox recorded throughout the kingdom last week, were 14 in London and 15 in Dublin. Scarlet fever has much declined everywhere, whilst diphtheria and enteric fever are slightly on the increase.

DR. WHITMORE, the Medical Officer of Health for the Marylebone District, reports an authenticated case of the death of a centenarian widow at the age of 103.

# Literature.

## THE MANAGEMENT AND DISEASES OF THE DOG. (a)

THOUGH books on the management and maladies of the dog are numerous, yet there was ample room for another when Mr. Hill's work appeared. We required a guide provided with more recent knowledge, and that knowledge embracing a wider and deeper acquaintance with the sciences of physiology and pathology as they exist now-a-days, than is to be found in the pages of Blaine or Youatt. Mr. Hill's "Management and Diseases of the Dog" is eminently practical, and even when dealing with technicalities, it does not extend beyond the comprehension of the amateur or uninitiated dog-owner. To all who have to do with dogs, or own these creatures, the book will prove of great utility; including as it does, everything pertaining to the treatment they should receive in health and disease, as well as simple yet sufficient directions for the management of injuries and accidents. There is much to interest medical readers in the chapters on diseases of the nervous system, general diseases, and the diseases incidental to pregnancy and parturition. The section on rabies is particularly worthy of attention, and, altogether, those members of the profession who keep dogs, are fond of dog-lore, love their neighbours' or patients' pets, or are interested in canine pathology, can be recommended to a perusal, or even study, of the book. It is well and abundantly illustrated, and fails in nothing, so far as the publishers' department is concerned. The portrait of the English mastiff, which forms the frontispiece, is particularly good. The book is, in reference to the author and publishers, a distinct advance on all works of the kind hitherto issued.

## DISPAUPERISATION. (b)

AMONG social evils retarding the moral and material advancement of this country, drink and indiscriminate almsgiving, in which latter must be included a mal-administered, defective, and unscientific Poor-law, probably hold the foremost place. Any contribution to the popular exposure of such evils, based, as is the treatise before us, upon sound science, must be acceptable, and we cordially welcome the second edition of Mr. Pretyman's valuable and able work. We trust it may find an extensive circle of readers; and we think that no greater service towards the promotion of their objects could be performed by the Charity Organisation Society than the circulation among the public of this book, or, at least, an *epitome* of the facts and arguments which it contains. The ignorance of the great bulk of the well-to-do and charitable public on this subject is astonishing; they do not understand why and how the indiscriminate distribution of eleemosynary aid fosters and increases the ills they desire to relieve, and until these truths are universally comprehended and appreciated, it is almost hopeless to attempt to grapple with the deep-rooted wrongs which Mr. Pretyman and other writers on political economy have exposed. As a popular work Mr. Pretyman's treatise is especially well conceived; and rightly refraining from making it purely didactic in character, he has scattered through his pages many amusing authentic anecdotes and sketches, which, while illustrating the subject, make the whole well-nigh as entertaining as a novel.

# Correspondence.

## THE SOCIETY OF APOTHECARIES *v.* SHEPPERLEY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose a statement in reference to the recent case of the Apothecaries' Society *v.* Shepperley.

I cannot ask you to insert that statement in your paper *in extenso*, but the effect of it will, I think, be found correctly given as follows:

It is attempted to be shown, first, that the Society had reasonable grounds to authorise the prosecution of Mr. Shepperley in the county court at Nottingham, which is borne out by the decision of the county court judge having been in favour of the plaintiffs. Secondly, that the trial which took place before Mr Baron Pollock was forced upon the plaintiffs by the observations of the two judges before whom the question of law involved in the decision of the county court judge, came for argument. Thirdly, that the verdict of the jury upon the trial before Mr Baron Pollock merely dealt with the actual facts of the case, and involved no important question of law on the one side or the other. Fourthly, that the position of the Society in the matter of prosecutions is a most difficult one, as established by the fact that they have now received an intimation in two pending cases (where they claim to exercise a discretion, either as to the Court in which the proceedings shall take place, or as to the authority being given at all to prosecute), that a mandamus will be applied for requiring them either themselves to prosecute, or to allow the intending prosecutors to do so.

It will be seen from this, that the discretion which the Society wish to exercise in the matter of prosecutions is to be called in question, and that the Society are not, as is evidently presumed by the public, either conducting these prosecutions themselves out of any funds of their own, or anxious to allow them to be instituted without reasonable cause.

The feeling of the leading members of the Society themselves is undoubtedly adverse to these prosecutions, but on the other hand the feeling of the licentiates of the Society, or of a large number of them, is apparently the other way, and, perhaps, as appears in the enclosed statement, it will place the Society in the fairest light if the intended application for a mandamus is fully heard out.

I am, Sir, your faithful servant,

JAMES RICHARD LAYTON.

20 Austin Friars, E.C., Dec. 24, 1878.

[To the readers of a medical journal, at least, the legal representative of the Apothecaries' Society need make no apology for the countenance given by the Society to the prosecution of a counter-prescriber. It is our view—very distinctly—that the Society is, and was, bound to enforce the law entrusted to it for the protection of the public and its licentiates against the unlicensed practice of incompetent persons; and that it would have done less than its duty if it had refused to co-operate in such a procedure. We have very little regard for the views of "the leading members of the Society" upon the subject. "Leading members" (*i.e.*, members with plenty of money in their pockets) have usually few sympathies in accord with the necessities of the rank and file of any profession. The Benchers are not seriously concerned whether Mr. Briefless lives or starves. The Medical Council don't trouble their heads whether the general practitioners are or are not driven to the wall by the quacks; and we quite expected to hear—as Mr. Layton informs us—that the "leading members" of the London Apothecaries' Society are placid under the narrative of the licentiate apothecaries' woes. The mistake (if any) committed by the Society was in giving countenance to any case in which they had not satisfied themselves that the evidence was conclusive. We submit, with every respect to the Society, that it will look foolish if it takes up the cry of "Don't nail his ears to the pump." It is not dignified in the Society to suggest that it is ready to back out of the legal position which it accepted if it can do so with any plausibility, but is also quite ready to pursue its original course if it has the excuse of a mandamus for doing so. If prosecution of counter-prescribers be its prerogative or duty, it should prosecute without hesitation; if not, it ought to be able to decide for itself, without any mandamus.—ED. M. P. & C.]

(a) "The Management and Diseases of the Dog." By J. W. Hill, F.R.C.S. London: Baillière, Tindall, and Cox.

(b) "Dispauperisation: a Popular Treatise on Poor-Law Evils and their Remedies." By J. R. Pretyman, M.A. Second Edition. London: Longmans.

## PRIVATE LUNATIC ASYLUMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much regret in the colums of your contemporaries most ungenerous and unworthy motives attributed to those physicians engaged in the treatment of insanity. Such undeserved reflections and epithets as have been used, are almost sufficient to disgust the sensitive mind of the gentleman from embarking either his talents or his capital in an undertaking that demands not only the noblest and most human attributes of our nature, but most certainly the highest grade of science and talent. It is not necessary that I should take up your space further than to point out the present mode of governing private lunatic asylums, and with respect to the law for their regulation, I am gratified in stating it is both sanitary and stringent, and the Act of Parliament for their regulation is most ably carried out under the supervision of the Inspectors-General of Lunatic Asylums, who have not only the full confidence of the Government, but also that of the country in general.

I have to acquaint you that the law provides that no person can keep a house for the reception of and treatment of insane patients until it is first duly licenced, and which licence must be granted in open court at the sessions for the peace for the district, signed by the chairman and the magistrates present. Previous to the granting of such, fourteen days' notice must be given in writing to the clerk of the peace, in which is set forth the number and sex to be accommodated, together with the plan of such house, the number of apartments, their length, breadth, and height, an exact copy of which must be transmitted to the Inspectors-General previous to the granting of the licence. The Act also enjoins that no person shall be received or detained in any licensed house without an order, and the medical certificates which must be signed by two disinterested medical persons, who have no connection whatever with the establishment in question. Their visits to the patients must not be at the same time, but at separate periods, previous to their signing the certificates, under pain of being guilty of a misdemeanour. An exact copy of such certificates and order must then be forwarded to the Inspectors on the reception of the patient into the asylum. Any neglect of such is deemed a misdemeanour.

The establishment, the patients, the registry, case-book, medical journal, and certificates, are frequently examined by the Inspectors, after which the observations of those functionaries and the dates of their visits are inserted in the Inspector's report book. The period of those visits are always unknown to the proprietor, and may be made either by night or by day. The Inspector will have to be informed as to the religious consolations provided for the patients, as well as the various descriptions of amusements. Those minutes are laid before the county chairman and magistrates at the sessions for the peace of the district, previous to the renewal of the licence. At any of the visits of the Inspectors, should they doubt the propriety of the detention of any patient, they generally make a second visit within a certain period, accompanied by a medical officer, and should they deem it meet to discharge such patient, they insert such in the Inspector's report book, and give an order to that effect.

Under such circumstances, and as the law at present exists, I am not aware how an unlawful detention can take place. There may be apparently undue detention, as the phases of their indisposition are often such as would undoubtedly deceive the inexperienced, and more especially those cases that are of an intermitting character.

I am, Sir, your very obedient servant,

JOHN PEPPARD, M.D., M.R.C.S. Eng.

Cookestown House, Piltown, Co. Kilkenny.

## SOCIETY FOR TOTAL ABOLITION OF VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The gratuitous attack in your issue of the 18th Dec., signed T. W. Grimshaw, is of a misleading and injurious nature.

The insinuation that I am not *Honorary Secretary of the Society* is incorrect; so also is the statement that I "failed utterly to prove that experiments on animals were performed in hospitals."

Mr. Erichsen admitted that experiments were performed in hospitals. The hospital yearly prospectuses issued by the authorities proved the facts, and some physiologists openly avowed and acknowledged it.

Dr. Grimshaw does not appear to have carefully perused the evidence given by the Society before the Royal Commission, and published by Pickering, or even read the much abbreviated version of that evidence issued by the Commissioners.

Dr. Grimshaw says: "This same Mr. Jesse was afterwards brought before the Superior Courts in London by the Society for the Abolition of Vivisection in order to make him disgorge the funds of the Society. The Court issued an order in accordance with the application," and he refers to the case Holt *v.* Jesse, before Vice-Chancellor Malins.

By Vice-Chancellor Malin's order, a public meeting of the subscribers to the funds of the Society was held (on the 19th July, 1876). At that meeting the three assailants who had vainly endeavoured to eject me from my office and obtain control of our affairs, must have felt themselves placed in a humiliating position. I was, by an overwhelming majority, confirmed in the post of Honorary Secretary, and that of Honorary Treasurer was also pressed upon me. I refer unbiassed and honourable men to that case, with the assurance they will come to the conclusion that Dr. Grimshaw's statement is erroneous and unjustifiable.

What the object can have been of the insulting attack which Dr. Grimshaw has made upon me personally in endeavouring to cast an imputation upon my character is best known to himself. I request that he will at once give an adequate apology.

I am, Sir,

Your obedient servant,

GEORGE R. JESSE,
Honorary Secretary and Treasurer, Society Total Abolition, &c., Vivisection.

Henbury, near Macclesfield, Cheshire.

# Medical News.

**University of Cambridge.**—The following candidates passed the Second Examination for the degree of M.B.:—

| | |
|---|---|
| Browne, O. A., B A., Trinity. | Fuller, H. K., B.A., St. John's. |
| Brunton, B.A., St. John's. | Holthouse, B.A., Trinity. |
| Bullar, J. F., B.A., Trinity. | McAlister, B.A., St. John's. |
| Colman, B.A., Corpus. | Nichols, J.P., B.A., St. Catherine's |
| Coxwell, B.A., Christ's. | Wolfenden, B.A, Christ's. |

The frllowing passed the Third Examination for the degree of M.B.:—

PART I.

Black, B.A., Caius and St. Thomas's Hospital.
Collingridge, B.A., Christ's and St. Bartholomew's Hospital.
Fowler, J. K., Caius and King's College Hospital.
McLaren, B.A., St. John's and Edinburgh.
Norman, B.A., Downing and St. Bartnolomew's Hospital.
Prickett, M.A., Trinity and St. Bartholomew's Hospital.
Steavenson, Downing and St. Bartholomew's Hospital.
Stanley Taylor, B.A., Pembroke and Guy's Hospital.
Waldo, M.A., St. John's and St. Bartholomew's Hospital.

PART II.

| | |
|---|---|
| Black, B.A., Caius. | Prickett, M.A., Trinity. |
| Collingridge, B.A., Christ's. | Steavenson, Downing. |
| Fowler, Caius. | Stanley Taylor, B.A., Pembroke. |
| McLaren, St. John's. | |

**University of Dublin.**—The following degrees were conferred, after Examination, on the 18th ult.:—

BACHELOR IN MEDICINE.—Fausset M. Baker, Wm. Deane Freeman, Robert Charles Gage, Charles O'Grady Gubbins, Henry Love, Thos. Tilly Moore, Edmund Myles, Henry Walker Murray, Ashley John Westby, John Robert Yourdi.

DOCTOR IN MEDICINE.—Abraham Colles, Francis Pierce, Patrick Hy. White

BACHELOR IN SURGERY.—Arthur James Campbell, William Deane Freeman, Joseph Gibson, Chas. O'Grady Gubbins, Reynolds Peyton Hetherington, Edmund Myles, Ashley John Westby, John Robert Yourdi.

MASTER IN SURGERY.—Faussett M. Baker, Robert Charles Gage, Ashley John Westby.

## SALICYLIC ACID IN DIPHTHERIA.

At a time when diphtheria is attracting so much attention it may be worth while noticing any treatment that has been found serviceable in this much dreaded disease. An American physician, Dr. W. F. Jackson, states in the *Canada Lancet* that the acid acts upon the disease in a curative manner, and with a certainty which claims for it the attention of the profession. He gives it internally in small but frequently-repeated doses, made into a mixture with gum arabic and simple syrup, a solution of carbolic acid and glycerine being also applied to the throat. But as he admits, the number (4) of cases in which he has tried the drug is much too small to base upon it any firm opinion of the real merits of salicylic acid in the treatment of diphtheria.

## NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Dr. Thorowgood has been selected to deliver the Lettsomian Lectures at the Medical Society of London on the evenings of Jan. 6, 20, and Feb. 3. Subject: "Bronchial Asthma."

Wood.—There is a rage just now for wood-pavements, especially around hospitals, churches, &c. Recently, the governing body of St. Paul's Cathedral were debating the desirability of adopting this method of quiet street traffic, when a wit naively suggested that they had only to put their heads together to solve the difficulty. They did, and the roadway is now quite soft, though a little lumpy here and there.

Dr. Phillips.—A note has been made of your request.

Dr. W.—The error was an excusable one on your part; it has been rectified in copy.

Extraordinary Fecundity.—A more striking example of human fecundity we have rarely heard of than that reported in a recent number of a Berlin contemporary, of a woman residing at Schlossberg, in Germany, who has brought eight children into the world in two and a-half years. Two years ago, she had twins; last year, she had triplets; and on October 30, of 1878, she was delivered of three fairly strong and healthy boys.

Dr. Black.—Thanks for telegram; a letter was written you, but mislaid; hence, the short notice.

Neither the *Medical Times and Gazette*, *British Medical Journal*, or *Pharmaceutical Journal* of the past week reached us up to Saturday night.

The Gold Medal in Dentistry.—The *Gazette des Hôpitaux* announces that this distinction for dentistry has been awarded to M. Preterre, of Paris, Editor of the journal *L'Art Dentaire*.

Dr. Knowles.—The subject has been already thoroughly threshed out, we are unable to devote more space to it at the present time.

Dr. Wood.—We agree with you that such conduct is scarcely professional, certainly not such as will be likely to ingratiate the gentleman concerned with his brother practitioners in the neighbourhood.

Epidemiological Society.—This (Wednesday) evening, at 8.30, Dr. Wm. Johnston, of Leicester, will read a paper "On the Etiology of Summer Diarrhœa."

Dr. Andrew Clark, Dr. John Harley, Dr. Charles Fryer, Dr. Williams, Dr. Bodington, Dr. Hudson, Dr. Hunter, Mr. Bryant, Mr. Jackson, and Mr. Wilson will please receive our best thanks.

Obstetrical Society of London.—This (Wednesday) evening, at 8 o'clock, Annual General Meeting.—Ballot for Officers for 1879.—Amended By-laws will be submitted to the Fellows; and the President will deliver the Annual Address..

### VACANCIES.

Bristol General Hospital.—House Surgeon. Salary, £100. Assistant House Surgeon. Salary, £50, with board in each case. Applications before Jan. 8 to the Secretary.

Celbridge Union, Kilcock Dispensary.—Medical Officer. Salary, £115, with fees, &c. Election, Jan. 14.

Central London Sick Asylum.—Assistant Medical Officer for the Cleveland Street Asylum. Salary, £100, with board. Address the Clerk of the Managers before Jan. 4.

City of Dublin Hospital.—House Surgeon. Salary, £100 per annum. Full particulars on application to Surgeon Wheeler, 27 Lower Fitzwilliam Street, Dublin. (See Advt.)

Clonmel Union, Ballymacarbry Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Jan. 13.

Devonport, Royal Albert Hospital.—Junior Surgeon. Further particulars of the Secretary. The appointment is for five years

Longford Union, Killashee Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Jan. 14.

Manchester, Owens College.—Lecturer in Medical Jurisprudence. Particulars of the duties and emoluments of Dr. Gamgee at the College.

Melton Mowbray Union.—Medical Officer for the Waltham District. Salary, £40, with extra fees. Applications to the Clerk, Union Offices, Melton Mowbray.

Shropshire Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to the Medical Superintendent before Jan. 4.

University of London.—Registrarship. Salary, £800, increasing £25 until the maximum of £1,000 is reached. Applications not later than Feb. 1.

Worcester General Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Secretary on or before Jan. 13.

### APPOINTMENTS.

Bowen, E., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Kessingland District of the Mutford and Lothingland Union, Suffolk.

Copeman, E., M.D., Consulting Physician to the Norwich Hospital.

Finlay, Dr., Medical Officer, &c., for the Ballycroy portion of the Achill Dispensary District of the Newport Union.

Gover, H. J., M.R.C.S.E., Medical Officer for the High Easter District of the Dunmow Union, Essex.

Hamilton, W., M.B., Medical Officer, &c., for the Dromahair Dispensary District of the Manorhamilton Union, co. Leitrim.

Hawkins, J. S., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Hollymount, co. Mayo.

Heap, C. S., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the Biddenden and High Halden Districts of the Tenterden Union.

Henderson, G. C., M.B., M.R.C.S.E., Resident Medical Officer to University College Hospital.

Hime, Thos. Whiteside, M.D., Medical Officer of Health for the Sheffield Urban Sanitary District.

Hollis, E., M.B., C.M., House Surgeon to the East Suffolk Hospital, Ipswich.

James, W. D., M.R.C.S.E., Lecturer on Physiology at the Sheffield School of Medicine.

Leigh, W. W., M.R.C.S., Medical Officer of Health for the Llanfabon Sub-district of the Pontypridd Rural Sanitary District.

Monro, C. E., L.R.C.P., M.R.C.S., Medical Officer for the Llanllwchaiarn and Bettws District of the Newtown and Llanidloes Union.

Morris, C. K., M.R.C.S.E., Medical Officer of Health for the Spalding Urban Sanitary District.

Munro, A. B., M.D., Medical Officer of the North East District of the Bradford Union.

Redmond, G. O'Connell, L.K.Q.C.P.I, L.R.C.S.I., Certifying Factory Surgeon for Cappoquin, co. Waterford.

Roome, H. A., M.B., C.M., House Surgeon to the Royal Surrey County Hospital, Guildford.

Stevenson, F. L., M.B., C.M., Medical Officer of Health for the Honiton Urban Sanitary District.

Taylor, A. H., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer and Medical Officer of Health for the Clonmoyle Dispensary District of the Macroom Union.

Weekes, F. H., M.R.C.S.E., House Surgeon to the York County Hospital.

Army Medical Department.—Deputy Surg.-General T. C. O'Leary, M.B., retires on temporary half-pay; Surgeon-Major A. Croker retires upon temporary half-pay; Surgeon C. A. Daubeney resigns his commission; Surgeon M. J. Ryan to be Surgeon-Major.

## Birth.

Duncan.—Dec. 22, at Castletown, Fintona, the wife of Thos. Duncan, M.D., of a son.

## Marriage.

Cossar-Ewart—Schafer.—Dec. 24, at St. Michael's, Highgate. J. Cossar-Ewart, M.D., F.R.C.S., Regius Professor of Natural History Aberdeen University, to Jessie, elder daughter of J. W. H. Schafer of Highgate.

## Deaths.

Archdall.—Oct. 21, at Murrumburrah, Australia, Thomas G. Archdall L.R.C.S.Ed.

Barron.—Dec. 25, suddenly, at St. John's, Woking, Edward Enfield Barron, M.D., of St. Thomas's Street, Borough, aged 67.

Browning.—Dec. 20, at Kildare Gardens, London, W., Geo. Browning M.D., aged 64.

Keenan.—Dec. 20, at Haslar Hospital, Constantine Keenan, L.R.C.S., Fleet Surgeon.

Nicaols.—Dec. 22, at his residence, Surrey Street, Norwich, W. F. Nichols, F.R.C.S., aged 77.

Stocker.—Dec. 25, at Burnham, Bucks, of acute pneumonia, James Stocker, for many years Registrar and Secretary to Guy's Hospital aged 74.

Thomson.—Dec. 13, at Albany Place, Plymouth, Mitchell Thomson, Fleet Surgeon (on the Retired List), aged 74.

Wills.—Dec. 23, at Commercial Road, Landport, Douglas Wills, M.D.

# IRISH POOR-LAW INTELLIGENCE.

## THE DENTISTS ACT.

AN ACT TO AMEND THE LAW RELATING TO DENTAL PRACTITIONERS, 41 & 42 VICT., CH. 33.

[JULY 22, 1878.]

*(Continued from our last).*

21. *Continuance of Examination by R. C. S of England.*
22. *General Council may require from Medical Authority information as to Examinations.*
23. *Representation to Privy Council of Defects in Examination.*
24. *Powers of Privy Council.*
25. *Consequences.*
26. *No Restrictions as to any Theory of Dentistry by Bodies entitled to grant Certificates.*—If it appears to the General Council that an attempt has been made by any medical authority to impose on any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of dentistry or dental surgery as a test or condition of admitting him to examination, or granting a certificate of fitness under this Act, the General Council may represent the same to the Privy Council, and the Privy Council may thereupon issue an injunction to the authority so acting directing them to desist from such practice, and in the event of their not complying therewith, then to order that such authority shall cease to have power to confer any right to be registered under this Act so long as they continue such practice.
27. *A Dental Licence not a Medical Qualification.*—A certificate under this Act shall not confer any right or title to be registered under the Medical Act, 1858, in respect of such certificate, nor to assume any name, title, or designation implying that the person mentioned in the certificate is by law recognised as a licentiate or practitioner in medicine or general surgery.
28. *Provision for Conjoint Examination (not at present applicable.)*—The General Council shall have the same power of making rules respecting the examination of persons desiring to obtain certificates of being qualified to practise dentistry or dental surgery as they have for the time being in respect of the examination of persons desiring to obtain a qualification to practise medicine and surgery, and there shall be the same right of appeal to the Privy Council against such rules.

The General Council and the Privy Council shall have the same control over the medical board, so far as regards the examination of persons desiring to practise dentistry or dental surgery, as they have as regards the examination of persons desiring to practise medicine and surgery, and shall have the same power of dismissing the members of such board.

The General Council may cause to be framed, and may approve, and when approved, submit to the Privy Council, a scheme to carry into effect the provisions of this Act with respect to a medical board, and rules respecting examinations, and for extending, with or without an exception or modification, to the examination of persons desirous of practising dentistry or dental surgery, the provisions of any Act for the time being in force with respect to the examination of persons desiring to practise medicine or surgery, and any such scheme when confirmed by the Privy Council shall have full effect.

Any such scheme may provide for the fees to be paid on admission to the examinations, and for the application of such fees for public purposes, and generally for such matters as appear to be necessary or proper for carrying into effect the scheme and regulating the examinations.

*Supplemental.*

29. *Evidence of Registration.*
30. *Exemptions of Registered Persons from Jury Service, &c.*—Every person registered under this Act shall be exempt, if he so desires, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and from serving in the militia; and the name of any registered person shall not be returned in any list of persons liable to serve in the militia or in any such office as aforesaid.
31. *Exercise of Powers by Privy Council.*
32. *Application of Fees.*
33. *Accounts to be Published.*
34. *Penaly on Wilful Falsification of Registers.*
35. *Penalty for obtaining Registration by False Presentations.*—Any person who wilfully procures or attempts to procure himself to be registered under this Act, by making or producing, or causing to be made or produced, any false or false or fraudulent representation or declaration, either verbally or in writing, and any person aiding and assisting him therein, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be liable to be imprisoned for any term not exceeding twelve months.
36. *Notice of Death of Practitioners.*—Every registrar of deaths in the United Kingdom, on receiving notice of the death of any person registered under this Act, shall forthwith transmit by post, to the registrar of the General Council and to the registrar of the Branch Council for that part of the United Kingdom in which the death occurs, a certificate under his own hand of such death, with the particulars of time and place of death, and may charge the cost of such certificate and transmission as an expence of his office.
37. *Provision for certain Students.*—Any person who has been articled as a pupil and has paid a premium to a dental practitioner entitled to be registered under this Act in consideration of receiving from such practitioner a complete dental education, shall, if his articles expire before the first day of January one thousand eight hundred and eighty, be entitled to be registered under this Act as though he had been in *bonâ fide* practice before the passing of this Act: Moreover, it shall be lawful for the General Council by special order to dispense with such of the certificates, examinations, or other conditions for registration in the Dentists Register required under the provisions of this Act, or under any bye-laws, orders, or regulations made by its authority, as to them may seem fit, in favour of any dental students or apprentices who have commenced their professional education or apprenticeship before the passing of this Act.
38. *Bye-laws.*

39. *Services of Notices by Post.*
40. *Recovery of Penalties.*

## THE SCHEDULE.

DECLARATION required to be made by a person who claims to be registered under the Dentists Act, 1878, on the ground that he was *bonâ fide* engaged in the practice of dentistry at the date of the passing of the Dentists Act, 1878 :—

I, , residing at
hereby declare that I was *bonâ fide* engaged in the practice of dentistry at
, at the date of the passing of the Dentists Act, 1878.

(Signed)
(Witness)
Dated this day of , 18 .

NOTE.—Any person who wilfully procures or attempts to procure himself to be registered under this Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, and any person aiding and assisting him therein, is liable, under the Dentists Act, 1878, to imprisonment for twelve months.

## VACCINATION.

THE following is part of a letter from the Local Government Board read at the last meeting of the Mallow Union :—

"Dr. MacCabe draws attention to a matter which seems to the Local Government Board to demand the most serious and prompt consideration of the board of guardians, namely, the state of public vaccination in the union. The children in the workhouse school are of course collected from all parts of the union, and if the state of vaccination amongst these children, as described by Dr. MacCabe, is to be accepted as an indication of the general state of vaccination throughout the union, it would appear to be extremely unsatisfactory. On the day of Dr. MacCabe's inspection he examined the arms of all the children in the schools with the view of ascertaining to what extent they were protected against the danger of contracting small-pox. 68 children were examined with the following results :—Presenting 3 vaccine cicatrices, 1 : presenting 2 vaccine cicatrices—typical, 10; fair, 10 ; bad, 1 ; presenting 1 vaccine cicatrix—typical, 6 ; fair, 17 ; bad, 7 ; presenting no trace of vaccination, 16 ; proportion per cent. unprotected on day of inspection, 33·6. And Dr. MacCabe observes that the proportion is really larger, because the seven children presenting one bad mark must be considered to a great extent as unprotected. The Local Government Board request the guardians to call the immediate attention of the workhouse medical officer to the cases of the children in question with reference to the provisions of Article 68, No. 6 of the workhouse rules, which declares it to be part of his duty "to vaccinate such of the children as may require vaccination." The guardians should also call upon the several dispensary officers in the union to ascertain the names of all the children in their respective districts who are at present unprotected from the contagion of small-pox ; and proceed at once to vaccinate such as are fit for the operation. It is scarcely necessary for the Local Government Board to remind the guardians of the pressing importance of having the provisions of the Compulsory Vaccination Act rigorously enforced, having regard to the fact that in some rural as well as urban districts in Ireland small-pox has now assumed an almost epidemic form."

## COMMON LODGING HOUSES.

THERE is no part of the Public Health Act (says the *Ballina Herald)* likely to be more useful than that which prescribes regulation and inspection for common lodging houses. In Ballina we were well aware of the existence of many tenements used as common lodging houses in which the lodgers were literally herded together without regard to the separation of sexes or otherwise—loathsome dens, which could not be clean, or free from disease and other evils. Seemingly, there was no authority authorised, or at least willing, to enter these haunts and condemn or improve them. It is true the Town's Improvement Act prescribes regulations for common lodging houses, but this provision, like so many other provisions of that enactment, has been allowed to lie in abeyance, and few persons have ever heard of it. It may be that the provision is not an adequate one, or that it would be difficult or expensive to bring it into force. This would go to account for the indifference of the Town Commissioners to a matter really of the first importance. Now, however, the oversight and regulation of common lodging houses appear to be taken altogether out of the hands of Town Commissioners and to be reposed in the hands of Sanitary Boards, and the change is already bearing fruit. The Ballina SanitaryBoard had on Saturday before them lists of lodging houses which, in the opinion of the sanitary sub-officers, call for inspection and report on the part of the medical officers of the Board. The lists, it is true, are meagre, and only extend to a few streets or lanes ; but a commencement has been made, and we hope to see it promptly followed up. All the common lodging houses should be registered and be subject to inspection and control by the Sanitary Board. By this means only can the number of lodgers in each be kept within due bounds, and can pure, cleanly, and healthy existence in them be secured.

## THE KILBEGGAN DISPENSARY COMMITTEE.

IT will be remembered that recently a sworn investigation was held by the Local Government Board Inspector into certain charges of neglect brought against the medical officer of the Kilbeggan dispensary district. The result of the inquiry was that the Local Government Board directed the dispensary committee to call upon the medical officer, Dr. James B. Barry, to resign. However consistent this decision may have been with the evidence, it certainly did not meet with general approval, and a memorial bearing the signatures of many influential gentlemen, and those of seven membere of the dispensary committee, was forwarded to the Local Government Board, praying that this body would not insist on the removal of the medical officer. We are happy to learn that the Local Government Board has decided not to call for Dr. Barry's resignation.

## ATHY UNION.

### THE MEDICAL OFFICER AND THE LOCAL GOVERNMENT BOARD.

THE following letter was read :—

"Local Government Board, Dublin,
"17th December, 1878.

"Sir,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the board of guardians of Athy Union on the 11th inst., relating to the payment proposed to be made to Dr. O'Neill, medical officer of the workhouse, for his services in attending cases of small-pox. In reference thereto the Local Government Board desire to state that they are prepared to afford the guardians all the co-operation they can in making due provision for meeting the epidemic with which the union has been visited. But as regards the proposed payments to officers already under salary, it will be, the Board consider, the best and most reasonable course to assign special compensation to them when the full amount of the duties performed by them respectively can be accurately ascertained.—By order,

"B. BANKS, Secretary."

Chairman—I think the Local Government Board is right; the guardians were altogether too liberal.

Mr. D. Whelan—I do not at all agree with you. Dr. O'Neill has lost nearly all his private practice.

Mr. Lefroy—I am only speaking for myself, but I do not think we can take Dr. O'Neill's private practice into our consideration at all.

Mr. Whelan—But Dr. O'Neill tells you he has no right to attend the auxiliary hospital at all.

Mr. Lefroy—That is an entirely different matter. If he has no right to attend he ought to be remunerated. Suppose we had built an addition to the fever hospital, Dr. O'Neill would have to attend all patients in it. But by all means comply with the doctor's wish.

Mr. Whelan—I propose that we adhere to our resolution

An amendment, that the Local Government Board be requested to inform the guardians whether, having regard to the terms of the medical officer's appointment, he is bound to attend the patients in the auxiliary hospital, was declared carried.

### SPREADING THE SMALL-POX.

The Monastereven relieving officer reported that a man named Andrew Geraghty, from Passlands, Monastereven, was admitted into the house suffering from small-pox.

The Master said the man walked into his office and handed him a ticket for admission, at the same time remarking very coolly that he had small-pox.

Chairman—Can the relieving officer give us any information?

Relieving Officer—The man was in a lodging-house, and the police were told about him having small-pox, and two of them went to the lodgings and ordered him out, and marched mim out of the town, and he then walked to Athy.

Chairman—That certainly is an extraordinary statement I suppose that man went into a dozen houses on his way from Monastereven to Athy, and sat down and smoked pipe.

The Master read a certificate from the dispensary medical officer to the effect that the man was suffering from small-pox.

Mr. Lefroy—By what authority did the police interfere with the man at all? They have no right to go near him without a magistrate's order.

Mr. O'Beirne—I would like to know if the doctor's responsibility ceases the moment he gives a certificate. In this case the relieving officer should have been communicated with at once.

Chairman—A statement should be at once sent to the doctor and the sub-inspector of constabulary, and an explanation asked for.

This course was adopted, and the clerk received instructions accordingly.

### SMALL-POX IN STRADBALLY.

Dr. Percival reported a case of small-pox in a place called Mullin, close to Stradbally. The patient was a girl named Mary Hinds, and the case being of a bad type, she was unfit to be removed to hospital.

The relieving officer said he had, in accordance with the doctor's instructions, sent half a pint of brandy to the patient's house.

After a due consideration of the case, the guardians granted 5s. per week as outdoor elief to the family, who were represented to be in a destitute state.

### THE WORKHOUSE BESIEGED.

During the sitting of the board between fifty and sixty men of the labouring class assembled outside the board-room, and it was mentioned by one of the guardians that as he passed in he heard the men threatening to break into the board-room. As some of the guardians were leaving to attend a meeting in the town-hall, they were surrounded by the men, who clamoured for relief or work.

Mr. R. T. Lefroy addressed them, and said the guardians and the people of the town were doing all in their power to relieve their necessities, but that none of them or their families could actually want, for they could all come into the house. One of the men asked were they to be compelled to break up their homes and become paupers when they were willing to work if they could get employment?

Mr. Lefroy—There is no necessity. You can lock up your doors and come into the house for a week or two until the weather breaks, and then you can go back again.

### SPECIAL REMUNERATION FOR SMALL-POX SERVICES.

The following letter was read:—

"Local Government Board, Dublin,
10th Delember, 1878.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the board of guardians of Athy Union on the 4th instant, containing a resolution proposing to pay a sum of £20 to Dr. O'Neill, medical officer of the Athy workhouse, for his past services in attending cases of small-pox, and to pay him at the rate of £1 per day for attending patients at the auxiliary hospital; and in reference thereto the Local Government Board desire to state that when the present epidemic has disappeared there would be no objection to the guardians awarding some special compensation to the medical officer for his services in attending cases of small-pox. The amount of extra remuneration now proposed for Dr. O'Neill's services in connection with the auxiliary hospital is in excess of the amount which has been paid for similar services in other unions. —By order of the Board. "B. BANKS. Sec."

Dr. O'Neil—Not wishing to be left at the mercy of the Local Government Board, I would desire that the guardians would appoint an assistant medical officer, as I feel myself totally unequal to discharge the duties at present devolving on me. I have of late been obliged to give up my private practice altogether. I have no confidence whatever in the Local Government Board.

Mr. D. Whelan—Have you no confidence in the board of guardians?

Dr. O'Neill—I have every confidence in the board of guardians, but I see the Local Government Board are over-riding the board of guardians, and I do not wish to be left at their mercy.

Chairman—I think the letter of the Local Government Board is very unsatisfactory, as they do not say one thing or the other. I was not here on last board-day, but I consider the additional remuneration awarded to the Doctor is most reasonable.

"Resolved—That the board are quite satisfied with the vote of remuneration proposed to be paid to our medical officer by the board of the 4th inst., and are determined to adhere to it."

## SMALL-POX.

### TRAFFIC IN SECOND-HAND CLOTHES, ETC.

THE following report was read from Dr. M'Dowell, Medical Officer of Health for Carlow:—

"I hereby report to you that from information obtained from the Royal Irish Constabulary, and the result of an inquiry conducted personally, I found that many parties are in the habit of trading between here and Athy in the matter of wearables, such as clothes, and provisions of various sorts, as also in fowl. I consider such practices dangerous to the public health, and likely to spread infection of small-pox, and I recommend that each and all so trading be prohibited from doing so for a specified time, and be warned of the penalty of exposing infected garments, &c., and the punishment attached thereto after receipt of proposed prohibition."

The Board considered it would be very desirable to have the law fully enforced in this matter, and ordered steps to be taken.

At the meeting of the Athy Guardians the Clerk read the following report:—

"Auxiliary Hospital, 10th December, 1878.

"SIR,—I beg to report that every evening up to Sunday last clothes, beds, &c., are being brought here for the purpose of disinfection at hours varying from 6 p.m. to 10.30 at night, causing a noise and great uproar in the place, awakening the poor patients who are just beginning to slumber after the day, and causing general confusion. Again, the way these things are brought is in my humble opinion a fruitful source of spreading the infection. They are all loaded upon an ass's car without anything to cover them, and infected clothes coming in such a state for miles from the country, and through the town, must leave the disease on every side as they come along. The carrier brings me no account of what he brings in, and as it is usually so late at night I have no means of ascertaining what he has brought, so that I will not hold myself responsible for anything that has been brought up to this. The clothes, &c., are here, but I do not know to whom they belong, except in one or two cases, and I do not know what articles belong to each. If proof were required for the assertions I have made that the clothes being conveyed here in an open car is dangerous, I may mention that the carrier's two sons have had the disease during the week, and I believe one of them has died. I beg to add that some of the bed-ticks that have been brought here are scarcely worth one penny; they are patched-up things, worn almost to shreds, and containing nothing but a few handsful of straw.—I am, sir, your obedient servant,

"ROBERT WALKER."

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING DEC. 21, 1878.

Deaths from zymotic diseases are above the average, but affections of the respiratory organs continue to be the chief causes of the excessive mortality, the deaths from these diseases again numbering 87, being more than double the average number (40) in the 51st week of the ten years 1868—77; they consist of 69 from bronchitis, 9 from pneumonia, 1 from asthma, and 8 from lung disease unspecified. The mean temperature for the week was nearly 5 deg. Fahr. below freezing point, being 13 degrees lower than the average for the corresponding week of the last ten years, and it may be here mentioned that in addition to 32 deaths amongst the old from bronchitis and other diseases, the returns include 25 deaths of persons aged 65 years and upwards, which were ascribed to "infirmity" or "old age."

Forty-six deaths from zymotic diseases were registered, being 14 more than in the preceding week, and 15 over the average for the 51st week; they include 15 from small-pox, 12 from fever (2 typhus, 7 typhoid fever, and 3 simple continued fever), 4 from scarlet fever, 3 from whooping-cough, 2 each from diphtheria and diarrhœa, 1 each from measles, croup, erysipelas, dysentery, &c.

The deaths from small-pox are 7 over the number in the previous week, and the hospital returns show a serious increase in the new cases of that disease, the number admitted during the week being 82, or double the number in the week ending the 14th inst. The new cases of scarlet fever admitted into the principal hospitals are similar in number to those for the preceding week, but there has been a further decline in cases of typhus and typhoid fever.

Thirteen children died from convulsions.

Phthisis caused 20 deaths, mesenteric disease 6, hydrocephalus 2, and cancer 3.

| | |
|---|---|
| Total registered deaths in Dublin and suburbs* ... | 248 |
| Ten years average of same week ... ... ... | 160 |
| Excess of mortality above average ... ... ... | 88 |
| 10 weeks' ratio of deaths Rathmines | 19·2 per 1,000 |
| " " " Donnybrook† | 21·1 " |
| " " " Blackrock | 14·4 " |
| " " " Kingstown | 22·2 " |
| " " Entire Dublin District | 41·0 " |
| COMPARATIVE RATIOS—London ... | 0·0 " |
| " " Glasgow ... | 38·2 " |
| " " Edinburgh ... | 24·1 " |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Dec.* 21, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

| TOWNS, &c | AREA in Statute Acres. | POPULATION in 1871. | WEEK ENDING SATURDAY, DECEMBER 21, 1878. Annual rate of mortality per 1,000 inhabitants. | Total BIRTHS registered. | Total DEATHS registered. | Deaths under 1 year of age. | Deaths at 60 years of age and upwards. | NUMBER OF DEATHS FROM Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DUBLIN . . | 10,050 | 314,666 | 41 | 184 | 248 | 37 | 79 | 15 | 1 | 4 | 2 | 3 | 12 | 2 | 2 | 2 | 76 |
| BELFAST . . | 20,687 | 182,082 | 42 | 121 | 147 | 23 | 25 | ... | ... | 8 | ... | 5 | 8 | 2 | 4 | 4 | 20 |
| CORK . . | 13,816 | 91,965 | 39 | 37 | 69 | 11 | 24 | ... | ... | ... | .. | 3 | 2 | 1 | ... | 1 | 19 |
| LIMERICK . | 8,509 | 44,209 | 75 | 11 | 64 | 7 | 22 | 1 | ... | ... | ... | 1 | 1 | 2 | ... | ... | 41 |
| LONDONDERRY . | 21,865 | 30,884 | 22 | 12 | 13 | 1 | 2 | ... | ... | ... | ... | ... | 1 | ... | ... | ... | 2 |
| WATERFORD . | 17,209 | 30,626 | 46 | 27 | 27 | 6 | 6 | ... | .. | ... | ... | ... | ... | ... | ... | 4 | 4 |
| GALWAY . | 21,358 | 19,692 | 50 | 6 | 19 | ... | 4 | 11 | ... | ... | ... | 1 | 1 | ... | . | ... | 10 |
| SLIGO . . | 30,835 | 17,285 | 24 | 8 | 8 | ... | 4 | ... | .. | .. | ... | ... | ... | 2 | ... | ... | 1 |

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 8, 1879.


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# Original Communications.

## ON THE SELECTION OF AN OPERATION FOR STONE IN THE BLADDER.(a)


By W. F. TEEVAN, B.A., F.R.C.S.,

Surgeon to the West London Hospital, Surgeon to St. Peter's Hospital for Stone in the Bladder, &c.


THE subject which I have chosen is one of the most important that can engage the attention of the operator, and in the whole range of surgery I know of nothing which requires so great an exercise of the surgeon's judgment as to arrive at a correct decision in certain cases as to whether a stone should be crushed or cut out. We cannot apply a hard-and-fast line in making a selection, and each case must, after all, be judged by its special features—that which may be right in one case may be very wrong in another. Then, again, that which may be permitted to one surgeon must be denied to another. An operator who has only had some half-dozen cases of crushing is not justified in being as bold as one who has had half a hundred. It is not my intention to discuss, or institute a comparison as to, the relative merits of cutting and crushing in a case eligible for either operation. I hope that that question has long ago been looked upon as settled. I take it for granted that we all admit that lithotority ought, if possible, to be performed in preference to lithotomy. What I propose for consideration is—Firstly, what are the conditions in doubtful cases which should guide us in selecting one operation rather than the other; and, secondly, if the stone is to be cut out, which is the best method of doing it. I consider that in a boy up to 15 years of age the question of crushing cannot arise, and that the question of cutting cannot be entertained in the case of a man with a small stone and healthy urinary organs. It is to the border land between lithotomy and lithotrity that we must adjourn, and determine into which camp we must send the dwellers therein. I will, seriatim, discuss those conditions which present themselves for consideration. It rarely happens that the choice can be dependent on any one factor, and it is rather by the collective testimony evoked by the "yes" or "no" answers furnished by interrogating each condition that we can best come to an accurate decision. We may, indeed, regard the factors in the case as so many jurymen, and the verdict is to be sought in the answer given by the majority of them.

*Sex.*—Neither operation is barred by sex. The female is specially favourable for lithotrity; in her the urethra is short, straight, and capacious, and I am sure that many cases of stone would have been better disposed of by crushing than extracted by the so-called process of forcible dilatation, which is complete rupture, and is occasionally followed by incontinence of urine.

*Age.*—Up to puberty in the male, crushing is not eligible, because the parts are too small for a successful performance of lithotrity; it is feasible, but not desirable. In the female child the question of crushing may be entertained, because there is virtually no urethra to interfere with the introduction of instruments, or the escape of fragments.

*Size of Stone*—It is quite impossible to fix with mathematical precision the size of the stone which may not be crushed. The general opinion of surgeons would be, I think, that it is not desirable to crush a calculus which is more than one inch and a half in its longer diameter. No doubt, if the stone be phosphatic a larger one may be tackled; at the same time the conditions present in such a case are not so favourable for lithotrity as when the calculus is of uric acid. I have successfully disposed of a phosphatic stone, $1\frac{3}{4} \times 1\frac{5}{8}$, in sixteen sittings, in a man twenty-eight years old. I also completely removed a phosphatic calculus, $2 \times 1\frac{3}{4}$, in twenty-six sittings, in a patient forty-five years old, but I was unable to cure the cystitis which existed before the operation and continued after it, and one year later I had to perform cystotomy, which cured the sufferer.

Experience shows that any stone not exceeding one inch in its longer diameter can be completely removed in about half a dozen sittings at the outside. The objection to crushing large phosphatic calculi

(a) Read before the Medical Society of London.

is that the sum total of all the sittings would be extended over so many weeks that the patient would be worn out by the cystitis that usually arises if the stone is not rapidly got rid of. Hence, regarding the size of the calculus that may be crushed, a certain amount of vagueness must still exist. We cannot fix the dimensions with mathematical accuracy, and we must be content to use the word "about."

*The Number of the Calculi.*—It must be admitted that we cannot diagnose the existence of more than three stones. The lithotrite can grasp one of them, and the surgeon can then, by turning the instrument first to one side and then to the other, discover if there be a calculus in each position. A number of small stones may be regarded as the fragments of a crushed stone. If, however, there were three calculi, each larger than three-quarters of an inch, the case would not, I consider, be eligible for lithotrity—not on account of the size, but for reason of the quantity of the material, contained in the three stones, necessitating a great number of sittings for removal.

*The Patient's Health.*—It would not, I think, be right to operate in a case where the patient's health was so broken that there was not a fair chance of success, unless, indeed, there was extreme suffering. Such an instance must, however, be extremely rare. Out of nearly one hundred cases of stone in the bladder, I have operated in every case save one, where there was softening of the brain.

*The Condition of the Kidneys.*—Much stress has been laid by most writers on the state of the renal organs. I would venture to say that it ought to be disregarded, unless in a case where there would apparently not be much chance of the patient living beyond a few weeks. We do do not as yet know the maximum amount of kidney disease compatible with life, nor has any one as yet been able to prove that a patient with renal disease has a better chance of recovery after a cutting operation than a crushing one. Some surgeons say that a man with kidney disease has a better chance of recovery after lithotomy than lithotrity, but it is only a "say," and must be treated as such: it is not a fact. I consider that renal disease is no bar to either operation, but rather an indication for surgical interference. It is usually secondary to the bladder trouble, and kept up by it, so that the only way to lessen or remove it is to take away the cause. Kidney disease is a thing to be expected as a concomitant of stone, just as it is in stricture of the urethra; and I consider it cruel to refuse to operate simply because the patient has renal disease.

*The State of the Bladder.*—A sacculated bladder would, in my opinion, preclude lithotrity, because it is by no means easy to get rid of the *débris*, the chances being that a small piece will elude the lithotrite, cause great discomfort, and finally constitute the nucleus of a fresh stone. It may be said that the bladder can be washed out. If, however, the sacculus be small, this is almost impossible; and it must be borne in mind that washing out the bladder is more trying than a crushing, so that cystitis is very likely to be set up by the combined manipulations. The atonic bladder is no bar to lithotrity, because there is a very fair chance of getting rid of the fragments by washing them out, provided the bladder is not sacculated. There is a condition of bladder which does not seem to have received much notice from writers. I refer to cases in which the bladder will hold very little urine—where, indeed, it is chronically and permanently thickened from long-continued irritation. Now if, in such an instance, we introduce the lithotrite, we shall find that we can only open the blades for a short distance, that we are arrested at every turn in our exploration, and that if we do get hold of the stone we do not fairly grasp it; the instrument only nibbles at it, and fails to embrace it properly, not for reason of its size, but because there is not room enough for the blade to open. Such a case is eminently unfavourable for lithotrity, not because we cannot break the stone, but because the manipulations and explorations requisite for removing the last fragment cannot be successfully carried out—the lithotrite, indeed, not being able toget at the enemy. If, therefore, I had examined a patient with the lithotrite, whilst he was under the influence of ether, and found that my manipulations were arrested at every turn, I would at once relegate such a case to lithotomy.

*The State of the Prostate.*—An enlarged prostate is no bar to crushing, provided it does not interfere with the explorations of the lithotrite. It occasionally happens that both lateral lobes are enlarged posteriorly, projecting into the bladder like tumours, and so seriously interfering with exploration. Such a condition precludes lithotrity.

*The Condition of the Urethra.*—Stricture does not exclude crushing, as it is usually remediable. One case of mine was complicated by a tight stricture. I performed internal urethrotomy, and a fortnight afterwards commenced to crush the stone. No case could have done better. In some instances the urethra is horribly sensitive; but such a condition is generally overcome by the occasional introduction of an ordinary bougie.

*Idiosyncrasy.*—There are a certain number of subjects who, whenever an instrument is introduced into the bladder, suffer from rigors and great prostration of strength. If such patient present themselves to our notice, and if, after several introductions of a soft instrument at intervals, rigors persistently occur, such constitutional disturbance bars the operation of lithotrity, unless, indeed, the stone be so small that it can be disposed of in one or two crushings. I regard the occurrence of shivering after the passage of a sound as an evil omen, and indicative of structural change in the kidneys. If rigors occur after each crushing, and cystitis be induced, the patient will probably succumb. It will thus appear that although one condition taken *per se* is not usually enough to determine which operation shall be performed; yet if we interrogate each of the conditions as set forth, we shall not often have any difficulty in deciding. But if there should be any doubt as to which operation should be done, then most certainly the patient ought to be cut, for a very grave risk will be encountered if we crush where we ought to cut. The following case will sometimes present itself:—A patient has a stone which is quite within the range of lithotrity, but is complicated by the presence of a stricture and atony of the bladder. In such an instance lithotrity, pure and simple, ought not to be done. If the stricture demands an operation, it would be better to dilate the contraction sufficiently for the lithotrite to pass. I then break up the stone completely, and immediately perform external urethrotomy, thereby dividing the stricture and extracting the fragments at one and the same time. Such a combination I carried out on a patient, sixty-five years old, suffering from asthma, emphysema, chronic bronchitis, albuminuria, atony of the bladder, and stricture. He made a capital recovery. When an enlarged prostate is associated with atony of the bladder, the stone had better be completely crushed, and the fragments removed by external urethrotomy.

So much for the conditions which may influence us in determining whether the patient's stone ought to be crushed or cut out. Now, supposing the stone ought *not* to be crushed, what is to be done? Some would say that there is nothing left but to cut it out. My answer is—By no means necessarily so. All experience in lithotrity goes to prove that the objection to crush a large stone depends not so much on its size as upon the number of sittings requisite to crush it, entailing a great chance of setting up a cystitis by no means remediable. That is to say, the stone may be crushed, but the cystitis, if existing at the time of the operation, is likely to be made permanent, or if there were none, one may be lit up as it were. Experience, moreover, shows that if a calculus can be completely disposed of in one sitting no cystitis will be occasioned, or if it existed at the time of the operation it will subside as soon as the stone is completely removed. Mr. N. Bigelow has lately proved that even a somewhat larger stone than we should tackle here may be completely broken up and disposed of at one sitting by means of a

large evacuating catheter. In Paris we all know that Dolbeau established perineal lithotrity as a set operation.

Lithotrity and lithotomy have each their special advantages and disadvantages, and I consider that one of the objects of surgery will be in certain cases to utilise and combine the advantages of both operations. The special disadvantage of lithotrity is that it sometimes neither kills nor cures, and of lithotomy that it so often kills. Now it is well known that the risk attached to all operations is *ceteris paribus* entirely dependent on the extent of the cutting. That is to say, it is more dangerous to cut off a leg than a foot, and there is more risk attached to amputation of the thigh than the leg. It is precisely similar with lithotomy. The more extensive the cut or laceration the greater the risk, and the special danger of lithotomy is not infiltration of urine, which is a physical impossibility, but the opening of the great venous plexus surrounding the prostate. We know that the mortality after external urethrotomy is very small, whilst that after lithotomy is very great. Now, if we can reduce the stone to fragments of such a size that they can be extracted through the incision made in external urethrotomy it will be at once seen how greatly we shall also reduce the mortality after the operation. I am not aware that anyone but myself in this country has done the combined operation, but I am very pleased with the combination, and shall perform it wherever I consider it indicated. Therefore, in all cases where we are doubtful as to whether a patient ought to be cut or subjected to crushing, the combination of lithotrity with external urethrotomy presents itself to us for consideration. A stone of from one to two inches in diameter occurring in a man who has a stricture and an enlarged prostate or atonic bladder, ought to be crushed to pieces and then removed through an incision made into the perineal urethra, as in external urethrotomy. Most surgeons would say "Well, why not cut out the stone whilst you are about it?" I reply "No," for the simple reason that if you do lithotomy instead of external urethrotomy you diminish enormously the patient's chance of recovery. The mortality after external urethrotomy is small, whereas that after lithotomy is large, and this fact is all the more important because we have every reason to believe that the extent of kidney disease is far greater in cases of bad stricture than in stone in the bladder. The obstructive effects on the renal organs must be more serious in the former than the latter.

I presume that now-a-days no surgeon would ever think of cutting an adult male for stone unless he had previously examined the bladder with a lithotrite, and determined the size of the calculus. Such knowledge obtained by the instrument is hardly appreciated as it ought to be by the lithotomist. In past time all that surgeons could say about a stone was mere guess work; they could declare that they thought it big or small, but how big or small they knew not, and were consequently greatly in the dark as to the cutting operation they should choose. Now, however, thanks to the lithotrite, we no longer guess, but are able to state with mathematical precision the exact size of the stone. I have already said that boys are best cut for calculus, excepting always those cases of very small stones which can be disposed of in one crushing; for instance, suppose that a boy had a calculus impacted in his urethra, and that I could not extract it with the forceps; I would push it back into the bladder if possible, and there crush it, knowing that it must be very small. Now, which form of lithotomy is best adapted for boys? Most certainly the lateral. I have cut in all twenty boys, without a single death, performing the lateral operation in each case. The median method is not desirable in boys. Some years ago I performed a series of experiments on the dead body regarding the median operation, and I found that in that procedure the floor of the prostatic urethra is torn. The result of such laceration is that the orifices of the ejaculatory ducts are obliterated, and sterility follows. I consider we ought not to expose boys to such an infirmity—that we ought to cut through the neck of the bladder, and not lacerate it in the so-called process of dilatation of median lithotomy, which is in reality complete laceration. By performing a free lateral operation we spare the floor of the urethra, and avoid emasculating the patient. The occurrence of sterility after lithotomy is by no means infrequent, and is as yet an untrodden field for inquiry. Several years ago I brought such cases before the notice of the Clinical Society. So much for lithotomy in boys. Now for adults. The introduction of lithotrity has completely revolutionised lithotomy. In days gone by all calculi had to be cut out, and inasmuch as in hospital practice stone occurs about five times as often in boys as in adults, surgeons found on the whole that the lateral operation was a very good one. It did well for boys, it did well for small and medium-sized stones in the adult, and, as it was only now and then when a big calculus was encountered, they had no reason to find fault with the operation. Now-a-days, however, things are entirely changed. Our lithotomies are, or ought to be, for big stones. The small or medium-sized ones can be disposed of by crushing, and hence we only want a cutting operation for the removal of large calculi. I would at once say that the median operation cannot be even thought of. In lithotomy we have the choice of cutting the stone out or tearing it out; there is no such thing as dilatation of the prostate—we must either completely cut through the gland or tear through it, and I, for one, have no hesitation in saying that in lithotomy I would at all times rather cut than tear; you can limit your cut, but you never know where the laceration ends; therefore the median operation cannot be thought of. In lateral lithotomy it may be said the further the cut or laceration extends from the centre the more grave the operation becomes, for this reason—one gets nearer the peritoneum and the trunks of arteries and veins. The risk, therefore of peritonitis and hæmorrhage is increased. To remove a stone three ounces in weight the surgeon will have to cut or tear up to the left ureter, and cut or tear the rectum. Lateral lithotomy is applicable for stones that exceed one inch in diameter, but not exceeding two inche sand-a-half. For anything exceeding the latter measurement, the pre-rectal or recto-vesical operations are preferable. Now in what consists the advantage of these operations over the lateral? Firstly, the vessels are cut in their extremities rather than their trunks; hence the bleeding is not so severe at the operation; is not likely to recur, and can at all times be easily stopped, whereas in lateral lithotomy there is always a chance of secondary hæmorrhage until a fortnight is passed. I think every surgeon will confirm the remark made by Erichsen, that patients who lose a large quantity of blood during or after lithotomy, do not do well, for it so often happens that the operation is performed on diseased or debilitated subjects who ill bear the loss of much blood. Hence, the prevention of undue hæmorrhage is very desirable. Secondly, in them the operator does not penetrate so far into the pelvis. In the ordinary operation of lithotomy (lateral) I have ascertained that the cut or laceration usually extends up to the left ureter. It can be readily understood that incisions which do not extend beyond the posterior margin of the prostate are not so dangerous as those which reach to the ureters. Thirdly, whatever space the lateral operation can afford, the pre-rectal and recto-vesical will give exactly double; either of them is, indeed, equal to two lateral lithotomies put together. Erichsen observes of the pre-rectal operation, "that it has not received the attention from surgeons in this country that it deserves." The great advantage of the pre-rectal is that in it the rectum can scarcely be wounded, the vessels are cut in their terminal branches rather than their trunks, and that it affords double the space the lateral does. The extraction of a stone by the pre-rectal method closely resembles the descent of the child through the vagina. The pre-rectal operation is the favourite one in Paris, and with many American surgeons, and according to the statistics published in Gross' "Surgery" shows much better results than the lateral, the mortality after the former being 1 in 13·07 as against 1 in 9·11. For old men, or those who are very debilitated or diseased, I prefer the recto-vesical. Why do I do so? Because by it one is able to reach the

bladder with the minimum amount of cutting, and consequently it is the one operation which stands out as contra-distinguished to all others. In the three cases in which I did the operation, I was surprised at the small amount of blood lost. There is no necessity to make a tunnel to the prostate; the surgeon avails himself of one already existing—the rectum—and has merely to divide the thin septum intervening between it and the urethra. The objections made to the operation are two, but they cannot be sustained. The first one is the alleged liability of wounding the peritoneum. If the prostate be divided vertically, most certainly there is a slight risk, but if it be cut outwards and downwards on each side, there is no such chance of danger. Secondly, the occurrence of fistula. It must not be overlooked that the primary object in cutting for stone is the preservation of life, and that it is far better to adopt the safer of two methods, although it may leave some local annoyance. There is a well-known English adage to the effect that, "a live donkey is better than a dead lion;" and in illustration it may be said that it is far better for a man to recover with two holes in his rectum than die with one. One of the reasons why the recto-vesical operation fell into disuse was the liability to the occurrence of fistula after the operation; but it must be remembered that in those days fistula after operation was usually incurable. Now, however, all is changed, and a fistula after the operation can be cured with comparative ease and without risk to the patient, and it must be further borne in mind that a fistula after the recto-vesical operation is much easier to cure than one after lateral lithotomy, which is situated in a corner, and is often difficult to get at. From my own experience on the living and dead, and from my examination of all the specimens in the different museums in London, and from what I have seen of the experience of other surgeons and the cases which have come to me for relief on account of recto-urethral or recto-vesical fistula, I venture to say that it is not possible to extract a large stone by the lateral method without cutting or tearing the rectum.

The supra-pubic operation I would reserve for the removal of those enormous calculi which happily are very rare. According to Dulles, the results of the supra-pubic operation for stones over two ounces are far more favourable than the lateral method. Personally, I would prefer the recto-vesical for the extracting of an enormous calculus, breaking it up if I found its removal difficult.

The median operation I consider has a very limited field, and that in adults only. It is applicable for those cases of lithotrity in which we desire to supplement the crushing by a cutting operation, the stone being already reduced to fragments small enough to be extracted through a median incision, without cutting or tearing the prostate. I have tried the medio-lateral but I am not satisfied with it, as it does not give enough room. One word for cystotomy. It now and then happens that although lithotrity removes the stone it fails to cure the patient; that is to say, the cystitis, if existing before the operation, or set up in the course of the case, is not cured. Such instances are truly deplorable, and in this country are invariably left to linger and die a miserable death. I will relate two cases of lithotrity, as they stand out in marked contrast to each other, and illustrate the relative advantages of operation and leaving the patient alone.

A gentleman, æt. 64, suffered from a small stone the size of a hazel-nut, which was crushed by an eminent surgeon. The only thing which the patient complained of before the operation was that he passed a little blood, and experienced a little pain when he rode fast; the urine was quite clear. After the operation he became a confirmed invalid, through cystitus, which was set up by the operator's manipulations. He sought my advice. I examined him, but there was not a particle of stone in his bladder. I recommended him to be cut, in fact, to treat his bladder as a suppurating sac. After I had given my opinion he said he had consulted a distinguished physician, who advised him to be cut, whether he had a stone or not. He was dissuaded from following the advice given him by two surgeons, who told him he had too much kidney disease to survive the operation. He lived a miserable life for some months, and then died, worn out by suffering. The other case I have already alluded to; suffice it to say, that although I removed his calculus I could not relieve his cystitis. One year after the lithotrity I performed cystotomy on him, and completely cured him in three weeks.

Dr. Gouley, of New York, the professor of genito-urinary surgery at the Bellevue Hospital, has performed cystotomy on three patients, effecting a complete cure in each instance. It is therefore a consolation to think that in those wretched cases of cystitis persisting after lithotrity we have an effectual remedy in cystotomy. I am led to think that external urethrotomy, which is not quite so serious an operation, would answer equally well in these cases. In conclusion, I would sum up thus:—

1. Lateral lithotomy is specially indicated for the removal of all stones from males under puberty.
2. All calculi in men ought, if possible, to be crushed.
3. Stones on the border land between lithotomy and lithotrity may be well disposed of by lithotrity and external urethrotomy.
4. Calculi within the legitimate range of lithotrity occurring in patients suffering from some complication which precludes crushing, are best dealt with by lithotrity, followed immediately by external urethrotomy, in order to remove the whole of the stone at one sitting.
5. All calculi not exceeding one inch in the longer diameter ought to be crushed.
6. Phosphatic stones up to one inch and a-half in the longer diameter may be crushed.
7. Lateral lithotomy is specially indicated for the removal of calculi varying from 1½ inches to 2½ inches in their longer diameter.
8. Bi-lateral lithotomy is well adapted for the extraction of stones measuring from 2½ to 3½ inches in their shorter diameter.
9. The recto-vesical operation affords the most room for the removal of very large calculi, and is probably a safer method than supra-pubic lithotomy for such cases.
10. The median operation is only adapted for those cases in which lithotrity has failed, and the immediate removal of the fragments is required. A similar remark applies also to the medio-lateral method.
11. Small stones in females may be best extracted by forcible dilatation. If large, they had better be submitted to lithotrity, the female bladder and urethra being well adapted for performing lithotrity.

## OSSEOUS UNION IN FRACTURE OF THE PATELLA. (a)

By WILLIAM I. WHEELER, M.D., T.C.D.,

Surgeon to City Dublin Hospital; Lecturer on Clinical and Operative Surgery, Examiner for Letters Testimonial, R.C.S.

In the year 1873 I had the honour to bring before the Society a new apparatus for the treatment of fractures of the patella, induced to do so by the fact that a large number of fractures of this bone had come under my observation; and being a subject which had occupied the attention of the medical profession of late years, especially in Dublin, I shall not occupy the valuable time of this Society by entering into the forms of fracture occurring to this bone, or the diagnosis of such, or at length into the various means of treatment; these have been already epitomised in my paper (published in 1873) when introducing my splint for fracture of the patella and leg—then an untried apparatus.

As you may observe, it is a hollow wooden splint, extending from above the middle of the thigh to the

(a) Read before the Surgical Society of Ireland. The discussion will be found on page 25.

sole of the foot, at which point a foot-board is attached by means of a hinge ; this splint having two transverse bars, is fitted into a long box splint, in the sides of which it travels horizontally. That portion of the splint on which the limb rests can be elevated or depressed as required by means of perpendicular slots cut through the sides of the box splint. Thus the splint can be adjusted to suit a long or short leg ; the limb can be elevated or lowered at pleasure, and the foot placed at any angle. The hollow splint is fixed in position by means of thumb-screws, which fit into the transverse bars before mentioned. Two semi-lunar pieces of metal, softly padded, are fixed, one above, the other below, the fractured patella, by means of leather straps, which pass round the limb. The leg is secured to the splint by means of two broad web straps, one round the calf, the other at the ankle. The foot can be bandaged to the foot-board ; a roller with rack adjustment is fitted in the box splint below the foot-board. From this roller start four cords, which pass through brass sheaves, and are attached two to the upper and two to the lower metal pads by means of chains and light hooks. The roller is turned by means of a key, and, acting on the cords, causes the metal pads simultaneously to approach each other, thereby bringing the fragments into apposition. The rack is covered by a brass box, which can be locked, so that the adjustment of the splint cannot be interfered with by the patient.

Since the introduction of my splint (in 1873) it has been several times in use for transverse fracture of the patella. But I shall only allude to four cases treated by myself, three by Mr. Butcher, one by Mr. Tufnell, as I have not yet obtained full particulars of the other cases.

Mr. Butcher has written to me to say it fulfils all the advantages I have claimed for it.

Mr. Tufnell has promised me to relate his experience of it here to-night.

In the cases which I have treated I believe I have obtained bony union in each case, but can only affirm this positively in one case. The history is as follows :—

William Fitzgerald, æt. 21, by trade a milkman's driver and deliverer of milk, residing at 11 Church Lane, Donnybrook, was admitted under my care into the City of Dublin Hospital on the 13th September, 1875, suffering from transverse fracture of the patella of right limb. He states that when getting down off his milk-cart he knocked his knee against the wheel, and the accident thus occurred. There was considerable effusion into the joint, with separation of the fragments to the extent of 2⅜ inches.

I placed him on my own splint, elevating the foot and leg to the highest possible position the apparatus could place it in, and put pillows and a bed-rest behind his back, to throw the body forward. An ice-bag was applied over the joint, besides which it was fomented three times a day. The patient on admission was ordered aperient medicine, and in eleven days the effusion had sufficiently subsided to allow of the fragments being adjusted, which were brought together and kept in apposition by the pads already alluded to. The fragments were kept in perfect apposition. I need not go into daily details. Suffice it, on the 5th November a starch bandage was applied ; on the 9th he was up and walking about the ward ; he was discharged from the hospital on the 13th December. I watched the case with great interest to see if there would be any separation of the fragments, but they remained solidly together, notwithstanding he continued to follow his former avocations from a week after he left hospital. This, in my opinion, was a crucial test of the form of union between the fragments, for on an average this man got up and down out of his milk-cart over the wheel 440 times a week. Surgeons who saw this case and examined it stated they never saw such good and firm union in a case of fractured patella.

In the year 1877 he consulted me about a cough and wasting. On examination I found he had pulmonary phthisis, and prescribed for him with some advantage. Sufficient to say, I admitted him into hospital early in this year in advanced consumption. My colleague, Dr. H. Benson, kindly looked after him. Believing himself that change of air would do him good, through the kindness of Dr. Gordon I got him into the Whitworth Hospital, where he died two or three days after his admission. By thus constantly watching him from the time I observed the lung affection, and getting him to consent to go to another hospital when he desired change of air and thought it would do him good, I am enabled to lay before the Society a specimen of bony union of a transverse fracture of the patella, treated by my own apparatus, taken from a subject that had been discharged from hospital two years and five months previously.

This case was seen by Mr. Tufnell and Mr. Butcher with me before I adjusted the fragments, and by Mr. Colles after I had adjusted them some days. Professor Macalister has kindly examined and made a section of the specimen. I will read his report :—

Anat. Mus., T.C.D., Nov. 22, 1878.

MY DEAR WHEELER,—I have macerated and examined the patella you sent me. Having carefully cut it longitudinally I find it to be bony throughout. The medial half I have cleaned and removed from its back the articular cartilage. It is a perfectly continuous bone, and shows a ridge of new bony matter across the articular face.

The lateral half I have only slightly cleaned, but the union in it is very distinct and unmistakable. The sulcus at its upper and outer angle was filled by a mass of fibro-cartilage.

Faithfully yours,
ALEX. MACALISTER.

The next case is that of a young gentleman, æt. 19, who met with a transverse fracture of his right patella when coming down the hall door-steps of one of the high houses in the Pembroke Road. The separation was two and nearly a-half inches. The effusion was considerable. I placed him in my own splint. I was obliged to apply ten leeches over the joint, and ice-bags were kept applied for fifteen days. I then endeavoured to bring the fragments together, but he could not bear the pressure, and it was not till the 19th day after the accident I could adjust the fragments. It is now one year, three months, and thirteen days since the accident. He has since been playing at football, lawn-tennis, and cricket. The union is as firm and solid as that of Fitzgerald's. I believe it to be bony.

The other cases are both perfectly united. The subject of one is a labouring man, about 55 years of age, who is suffering from cirrhosis of his liver. It is possible I may get his patella yet. The fourth case is still wearing a bandage.

The observations which I have accurately made in my own cases, and in those treated by others, where I had the opportunity, do not coincide entirely with the axioms of Mr. Jonathan Hutchinson.

26. The quadriceps did not become thin and weak in Fitzgerald or in Mr. H. The measurements of the limbs corresponded ; in fact, the circumference round the thigh above the patella of Mr. H., is a quarter of an inch greater on the fractured than on the other side.

27. There was no rigidity of the upper fragment in three cases I have treated. The patella moved freely in its entirety, when the knee is flexed, at the will of the patient, and without diminished action.

10. I have frequently observed spasmodic action of the quadriceps during examination, and this not within the first few hours after the accident, but several days.

11. I believe that patients can put the quadriceps into partial action at their will, but it is difficult to get a person suffering from transverse fracture to attempt it. My belief is formed, first, from careful observation, and secondly, by placing my hand over the muscle of the thigh I have felt the muscle contract.

13. The bringing down of the upper fragment has been influenced by position in every case I have seen but two, and that was when the quadriceps was antagonised by the ligaments of Barkhow being intact.

His 18th proposition: "That no proof has yet been afforded that transverse fractures of the patella, with considerable separation at the time, ever unite by bone." The specimen before you contradicts this.

The only way I can account for the great weakness and the complete atrophy of the quadriceps observed by Mr. Hutchinson, would be by altered blood or nerve nutrition to the muscle from the method of treatment, or that all his cases, being weak or ligamentous union, that the muscle not having a fixed point to work on, and the patient not exerting that limb in consequence as much as the other—in fact, sparing it—the muscle, from these two causes, becomes weakened and thinned. This is in a measure verified by a case that died of Bright's disease in the City of Dublin Hospital some year or two ago. The man had been treated for fractured patella by the late Professor Geoghegan. There was very close union, but ligamentous. He was five-eighths of an inch less round the circumference of the limb above the patella which had been injured, than the sound one, and he told me, although he had excellent use and strength of the leg, he did "not make so free with it as the other one."

I cannot agree in thinking that it would be desirable to apply electricity to the quadriceps extensor muscle, as suggested by Mr. Hutchinson, inasmuch as it would tend to produce spasm, even if his theory of wasting in the majority of cases is true. In conclusion, I will briefly state the advantages of this apparatus. I claim all the advantages of Malgaigne's hooks, without the objections; my splint provides for the position of the limb; Malgaigne makes no such provision. This apparatus will procure perfect coaptation of the fragments without penetrating the soft parts; without the pain and irritation frequently caused by the hooks. In several cases treated by Malgaigne's hooks, erysipelatous inflammation has endangered both the life and limb of the patient. It is superior to A. Cooper's method by drawing on both fragments, and can make well-maintained traction on the lower as well as on the upper fragment, as the case may require. This apparatus is so contrived that the traction is downwards and backwards, therefore no stretching can occur, no bulging of fluid between the fragments happens with this splint. It would be tiresome to enter into comparison with all the other contrivances for fractured patella. I will merely say that the treatment by position advocated by Mr. Hutchinson and Mr. Teale is not suitable for widely separated fractures of the patella. On some future occasion I hope to demonstrate the advantages of this splint in oblique fractures of the tibia.

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A COURSE OF

# Clinical Lectures

ON THE

## PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

(*Continued from last vol., page* 514.)

### IV.—(*Continued*). The General Pathological Anatomy of the Pulmonary Epithelium.

I. Let us consider the pulmonary epithelium: we shall see reproduced in it in acute inflammatory processes all the phenomena just described *à propos* of the endothelium. Let us take the example of acute or sub-acute broncho-pneumonia, and let us examine first the case where the disease is experimentally produced in animals, the analysis of the phenomena under these circumstances being more easy. One of the most simple processes for producing the alteration which causes it is, as you know, section of the pneumogastrics, or still better of the recurrent nerves in certain animals, the rabbit, for instance. You know that the lesion of the lung in such a case is analogous in almost all respects to broncho-pneumonia or lobular pneumonia in man, and I may say here that lobar or fibrinous pneumonia distinct in all respects from the preceding, has not hitherto been produced experimentally. Observers have long been occupied in producing this kind of broncho-pneumonia, in order to study anatomically all the phases of the morbid process. Amongst recent works published on this subject, I would cite those of M. Friedlander (Berlin, 1873, and *Virchow's Archives*, 1876), those of Dr. Dreschfeld, of Manchester (*Lancet*, Jan. 8, 1876), and lastly, those of Otto Frey, collected in a memoir published at Berlin in 1877.

Division of the recurrents in the rabbit adopted by Friedlander and Frey in preference to division of the pneumogastrics has the advantage of allowing the animals to live for a relatively long time. Thus, in seventy-two animals operated upon by Friedlander, twenty-six died from the first to the eighteenth day.

It seems well established, as Traube believed, that the origin of the pneumonia thus produced is, in some degree, altogether traumatic. The animals become incapable of closing the glottis, a circumstance which troubles them much at first, but to which they gradually adapt themselves. The mechanical cause of the pulmonary lesions is the introduction into the air passages, and even into the alveoli of foreign bodies; pieces of food and buccal mucus which are found in the air cavities at the autopsy, and in the cases where, after section of the recurrents, the animal has undergone tracheotomy, the fluid which flows from the wound into the interior of the trachea.

The following is a summary description of the principal results obtained by these experiments. When the animal dies before the end of the first six hours after the operation we find, in the alveoli, swollen epithelial cells tending to assume a spherical form; their protoplasm is thickened and granular. Their nuclei are strongly coloured by carmine. The cells thus swollen tend to detach themselves from the wall and to become free in the alveolar cavity. They are capable of becoming the seat of amœboid movements, and by their prolongations may incorporate with themselves neighbouring bodies, such as leucocytes.

The swelling which is produced, is not, according to the researches of Friedlander, a certain indication of the existence of an inflammatory process; it may in fact be observed in cases where there has been produced experimentally a simple œdema of the lung, either by causing capillary emboli, or by compression of the ascending aorta. Besides, according to Friedlander the simple contact of serum is sufficient to produce swelling of the cells, and the development of amœboid movements.

The scene changes when we examine animals who have died on the second or third day. One may then see, as it were, all the phases of the multiplication of the cellular elements by scission. It is not rare then to meet with plates with nuclei, one variety of the giant cells. Friedlander has figured one of these cells which had acquired enormous dimensions, and enclosed fragments of vegetable cells. The phenomena are similar when, as Dr. Dreschfeld has shewn, the irritative process is caused, not by section of the recurrents, but by the injection into the bronchial passages of a weak solution of nitrate of silver.

II. In all these acute or sub-acute broncho-pneumonias experimentally produced, as well as in those which are spontaneously originated, the phenomena of endothelial cellular proliferation show themselves almost always complicated in various degrees, by the presence in the respiratory canaliculi of products of fibrinous exudation, of leucocytes, and of migrated red blood corpuscles. Consequently, these products and these elements are always met with in the alveolar cavity, mingled with the elements which result from the epithelial proliferation. But there is one condition in which the scission and multiplication

of the cellular elements which takes place may be observed under more simple circumstances, that is free from the presence of the products of exudation.

Pneumonias of this last kind may be called *epithelial, par excellence*, or as M. Buhl names them *lungenentzundung desquamatives*. Such is, to take an example from the domain of experimentation, the case in chronic primary pneumonia caused in animals by the introduction into the air passages of dust suspended in the atmosphere, particularly metallic particles. These chronic experimental pneumonias, in some degree traumatic, have, as you know, their analogues in human pathology There exist, in fact, in man an entire group of pulmonary affections designated, since the writings of M. Zenker, *pneumonokonioses*, which are produced by the influence of this cause. It is a group which is not devoid of practical interest, and to which we shall some day draw your attention. For the present, I shall content myself with drawing from the history of the pneumonokonioses one episode, which I shall take from the domain of experiment. It occurred in some experiments undertaken in my laboratory on the guinea-pig. The head of the anima is placed in a bag filled with powdered red oxide of iron, and the neck of the bag fixed by a ligature round its neck ; it is seen to shake the bag constantly, and the dust which it contains is necessarily mixed with the air it breathes. The animal is only released at feeding time and during the night. Our aim in these experiments was to reproduce in the animal that form of pneumonokonioses called in man *siderosis*, which is produced, as M. Zenker has shown, in the practice of certain trades. The results we have obtained have been satisfactory, and the indication from some of them is as follows. I will draw you for the moment from clinical phenomena, which nevertheless are not without interest. We have found that the very fine metallic particles of the powdered oxide of iron penetrate under these conditions to the very extremity of the air passages, that is to say, into the respiratory canals themselves, where it is easy to demonstrate their presence from the fifteenth day of the experiment. A second result is, that the metallic particles are primarily situated in the substance of the cells of the pulmonary endothelium. Such of the cells as contain these particles are large and swollen, sometimes detached from the alveolar wall, sometimes still adherent. The particles are never stopped on the way at any point of the bronchial tubes, through the whole extent of which they must nevertheless pass. It results from our experiments that the foreign matter is always localised here and there in certain groups of neighbouring acini, that is in a lobular and not in a diffused form. At these points, in consequence of the accumulation in the alveolar cavities of swollen epithelial cells, and also in consequence of the thickening of the walls of the alveolus, there are formed small nuclei of lobular induration which in the fresh state are distinguished on the surface of a section illuminated by reflected light by an *ochre red* colour ; a circumstance which we may say in passing recals the macroscopic characters of the patches of pulmonary siderosis in man. Lastly, our experiments have enabled us to study the various phases of epithelial pneumonia in its purity, that is to say free from the admixture of productions of exudation. The fact is that the irritation produced in the cellular investment of the respiratory canaliculi by the presence in those cavities of metallic particles is not limited to those cells to which the particles are fixed. It extends to the neighbouring cells, and one may recognise there the whole series of successive modification on which I have previously insisted ; that is to say, swelling of the cell, the outlines of which become accentuated so as to show without any other preparation the divisions of this endothelial investment ; scission of nuclei, scission of the cell ; the formation of the plates with nuclei or giant cells. I would repeat that in this form of primary chronic epithelial pneumonia the various stages of scission and of proliferation are found free from all interference even accessory of the phenomena of exudation.

When the animal was killed, about two months from the beginning of the experiment, it was seen that the alveoli whose cavity was diminished by the thickening of their walls, were literally choked at certain points by the accumulation of swollen and desquamated cells, and this accounts for the existence of those small nuclei of induration which have just been noticed.

We shall leave here the account of our experiments, for our aim has been more especially up to the present time to show you an example of epithelial or desquamative pneumonia, free from all complication. I will only add that even in experiments prolonged up to the second month, we have never at any point seen the proliferated cellular elements undergo caseous degeneration ; and it may be particularly noticed that the experiments were made on the guinea-pig, an animal well suited to undergo caseous inflammatory lesions, under the influence of the action of various agents, and of the most pernicious causes.

I have said enough I think to justify one of the propositions which I put forward at the beginning of this lecture, viz., that alterations in the pulmonary epithelium take a considerable part in the production of certain inflammatory lesions of the pulmonary parenchyma, and that under these circumstances the epithelial cells behave themselves in the manner of the endotheliums.

It remains for me to show you how, under the influence of other morbid causes than those we have hitherto employed, this cellular investment may assume the morphological characters and even the properties of epithelium properly so-called. The *flat* cell which in the adult in the normal state, lines the internal wall of the respiratory canaliculus is there found replaced by a cylindrical epithelium or even by an epithelium formed of soft cuboid cells, conditions which reproduce, as we say, the characteristics of the fœtal state.

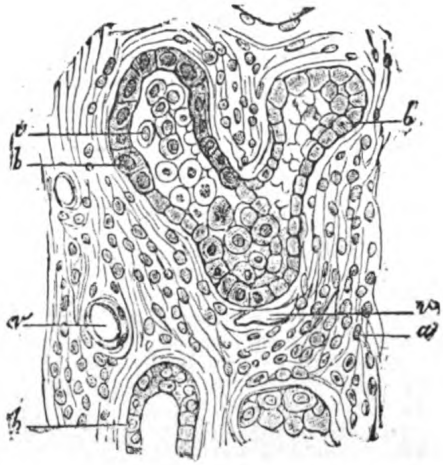
In support of what I advance I will first cite as an example certain instances of cancer of the lung in man, which have been especially studied by M. Mallassez, under the name *mucoid cancer*. The *stroma* of this cancer is constituted, as we shall see is the case in other forms of cancer of the lung, by the alveolar wall itself, not manifestly changed, and showing in every case its framework of elastic fibres still well marked. These walls appear lined by a continuous investment of cells which replaces the normal investment, which cells at certain points assume a cuboid form, whilst at others they are cylindrical ; sometimes there is only a single row of cells, sometimes there are many. These various dispositions may be met with at different points of the surface of a single alveolus. Besides cancer we shall cite also as an example the much more common case of the various sub-acute and chronic broncho-pneumonias. M. Thaon, in the fibroid pneumonia of tuberculous patients, has shown that the thickened alveolar walls in consequence of their transformation into embryonic or even fibrous tissue, are lined by an investment of cuboid cells which replace the flat epithelium. In the centre of the alveolar cavity there are usually found heaps of oval desquamated epithelial cells, the last vestiges of the former investment.

In the small nuclei of sub-acute or chronic pneumonia, which are frequently met with in syphilitic new-born children, there is seen, as MM. Cornil and Ranvier have shown (fig. 15), an absolutely identical disposition.

Under the name *carnisation*, Legendre (*Maladies de l'Enfance*, 1846, pp. 223), has described clearly an alteration in the lung, which, as I shall have occasion to show you, represents in the sub-acute or chronic state simple acute broncho-pneumonia. This alteration, which seems to me much more frequent than authors appear to admit, I have been enabled to study lately on a somewhat extensive scale, thanks to specimens obligingly sent me by my colleague, Professor Parrot, from the Hospital for Foundlings. It is very commonly observed, especially in very young children, where it is developed as a consequence of measles, whooping-cough, or even of a broncho-pneumonia. It occurs there in a pseudo-lobar form of broncho-pneumonia, that is to say, that the lesion occupies the greater part of a lobe, especially the lower, in its posterior part. The tissue of the lung at the altered

points, in the cases brought forward presents, according to the remark of Legendre, almost the colour and consistence of the tissue of the heart or of the gravid uterus. The surface of a section is generally uniform, smooth, and not granular; almost dry, or discharging only a small quantity of clear liquid. It appears usually, when attentively examined, marbled at certain points in consequence of the presence of acini or of groups of acini, which still show the changes of the acute form; this is often shown by septa, resulting from thickening of the inter-lobular connective tract. The indurated part is void of crepitation; it sometimes insufflates, but always very incompletely. Peri-bronchitis and dilatation of the bronchi are frequent accompaniments of this kind of alteration. This is one of the forms of cirrhosis of the lung, very distinct, as I shall show you in proper time from the fibroid pneumonia consecutive to prolonged lobar pneumonia.

FIG. 15.



Transverse Section of a Nucleus of Hepatisation.

*a*. Connective tissue of the lung in proliferation. *b*. Squamous epithelial cells disposed along the alveoli. *c*. Free spherical cells in the middle of them. *v*. Vessels magnified 300 diameters (Cornil and Ranvier, *loc. cit.* fig. 268, p. 710).

The great histological characteristic in the alteration, of which I have just recalled to you the chief macroscopic characters, is the combination of thickening of the alveolar walls which have undergone embryonic change with the existence of an epithelial investment no longer formed of flat but of cuboid cells. All this may exist, and habitually does exist, and this is an important fact to remember, without there being at any point of the lungs the least trace of caseous degeneration of tuberculous nodules. Is it not interesting to see in this sub-acute or chronic form of broncho-pneumonia, the walls of the pulmonary alveolus—which in embryonic development, arise from the *mesoblast*—take up again the embryonic character, at the same time that the epithelial investment—arising from the *hypoblast*—also retakes upon itself the form which it possessed in intrauterine life?

This remarkable circumstance in the history of chronic broncho-pneumonia, will appear to you doubtless still more interesting, when I shall have shown you that it is reproduced with absolutely the same characters in some varieties of intestinal inflammation or cirrhosis attacking other viscera than the lung. It is then, as you will see, not only a partial fact proper to the lung, but a general fact common to an entire group of visceral cirrhoses. I ask your permission, since it is worth the trouble, to enter upon some considerations to establish the proposition I have just laid down, and I shall endeavour to do this in the next lecture.

*(To be continued.*

# Clinical Records.

## A VISIT TO THE SURGICAL WARDS OF MERCER'S HOSPITAL ON NEW YEAR'S DAY.

ON the morning of the 1st of January the following were the cases under Mr. O'Grady's care:—

*Amputation of Thigh* (*a*).—Left limb of a lad, 10 years of age, removed close to trochanters for necrosis of femur. Stump healed well—the patient remaining under treatment for necrosis of the right tibia.

*Amputation of Leg* (*Three Cases*).

A. Woman, æt. 30, previously the subject of Syme's amputation at ankle. The circular operation on the leg was practised at the seat of election.

B. Girl, æt. 22, for disease of tibia, which necessitated the amputation at a very high point, with disarticulation of the fibula. To suit local emergencies, the procedure was a combination of the circular operation anteriorly with long skin flap posteriorly.

C. Woman, æt. 60, for a large chronic ulcer, circular operation. Stump healed in nicely, and patient is beginning to use an artificial limb.

*Amputation of Fingers* (*Two Cases*).

A. Severe mutilation of hand from gun-shot injury, man, æt. 55, the shattered remnants of ring and little fingers (left) removed at metacarpo-phalangeal articulation.

B. Middle finger, left hand of man, æt. 50, removed; also at metacarpo-phalangeal articulation for necrosis subsequent to diffuse inflammation following the bite of a pig.

*Hare Lip* (*Two Cases*).

A. In lad, æt. 12, associated with badly cleft palate. The lip had been twice operated on in early childhood by a surgeon, since deceased, and partial union obtained on the right side, the deformity of the protruding intermaxillary bones remained undiminished. The septum behind the protruding bone was divided, as well as the base of this latter, and the soft parts dealt with in the ordinary manner. A good result was obtained on this occasion.

B. Infant, 3 months old. Hare-lip single on left side, and complicated with protruding bone. Good union obtained.

*Sloughing Phagedæna of Penis.*—Man, æt. 26. Disease had been extensive, and attended with repeated and severe hæmorrhage. Nearly entire glans lost.

*Strumous Abscess* in connection with elbow and tarsus of a lad, æt. 12. Doing badly.

*Ulcers, Leg*, associated with large varicose veins, which had burst and given rise to severe hæmorrhage. Patient, a male, æt. 41.

*Hypertrophy of Tibia.*—Left side. Man, æt. 30, result of a kick from a horse three years previously. Improving under rest and cural treatment.

*Trismus* of some severity in a man æt. 50. Disease of a week's standing. No satisfactory history as to cause could be obtained; probably, however, resulted from exposure to cold.

*Compound Fractures* (*Three Cases*).

A. *Vide* gunshot injury of hand above.

B. In boy, æt. 3, severe smash of foot consequent on being run over by a float. Sloughing followed in parts, succeeded by wonderful repair.

C. Of right leg. Very bad; limb being extensively lacerated and laid open. Bone exposed for several inches. This severe injury occurred by the patient falling over a string tied across the footpath. The same limb had been the seat of bad compound fracture before. (*b*)

(*a*) During the previous month (December) were two other cases of thigh amputation.

(*b*) Leg had to be amputated below knee on 4th January.

*Supposed Fracture of Skull.*—In a man, æt. 30, who fell down a flight of stairs. He was insensible, with bleeding—the source of which could not be traced—from mouth and from right ear, with subsequently serdous discharge therefrom.

*Fracture of Femur (Two Cases).*

A. In man, æt. 70, sub-trochanteric on right side.

B. Also on right side in upper third, male, æt. 36. Subsequently complicated with pleurisy and bronchitis. Both patients treated with the Liston splint; the upper bandages being slackened for a time in the latter case.

*Fracture Leg (Eight Cases).*
*Of Both Bones (Five Cases.)*

A. Man, æt. 22, right leg. Tibia badly comminuted, fibula broken on level with upper fracture. Injury caused by collision with a dray.

B. Man, æt. 39, left leg. Both bones broken nearly on a level, about three inches above ankle. Delayed union of tibia.

C. Man, æt. 34, right leg. Both bones here also nearly on a level, just below centre of limb.

D. Woman, æt. 50, left leg. Lesion, of tibia very oblique, that of fibula somewhat higher up.

E. Woman, æt. 50, right leg. Tibia transverse immediately above ankle. The fibula about three inches above the joint.

These five and the next were all treated in the ordinary fracture box, with falling sides, of the hospital.

*Of One Bone only (Three Cases).*

A. Man, æt. 24. Left tibia, about centre. This man's other limb had been amputated below the knee for former injury.

B. Woman, æt. 50. Fracture of tip of right malleolus. Injury caused by a fall, when she also received a severe wound on the forehead.

C. Girl, æt. 23. Left fibula broken very high up. A sequestrum, comprising the greater part of the femur on the same side, had been some years previously removed from this girl.

Both these cases treated with straight internal splint.

*Sprain of Ankle (Three Cases).*

A. In a limb formerly the seat of severe injury. Man, æt. 32. Associated with much damage to fascial structures.

B and C. Both of right ankle, of moderate severity.

# Transactions of Societies.

## SURGICAL SOCIETY OF IRELAND.

SESSION 1878-79.

THE Second Meeting for the Session of 1878-79 was held at the Royal College of Surgeons, Friday evening, December 6th, Dr. MAPOTHER, Vice-President of the College, in the chair.

Mr. RICHARDSON read the minutes of the previous meeting, which were confirmed.

LIPOMA.

Mr. WHEELER submitted a specimen of lipoma, which he removed from the arm of a girl, aged fourteen, on the previous Tuesday. The following notes of the case were taken by Mr. Fraser, surgical pupil at the City of Dublin Hospital:—"The girl was admitted on the 26th Nov., 1878, and stated she was suffering from this tumour since she was twelve months old, and she is now fourteen years of age. It was found to be 15½ inches in short circumference, and 18¾ inches in long circumference, and it weighed 2½ lbs." The tumour (said Mr. Wheeler) extended from between 2½ and 3 inches of the acromion process to the internal condyle, and it was remarkable that, instead of being over, it was under the brachial aponeurosis. The brachial artery was situated behind it, as also was the median nerve. The internal cutaneous nerve could be seen; that nerve became greatly flattened, and was taken away with the tumour. This was an interesting specimen of lipoma, and it would be an interesting fact to ascertain whether there would be loss of sensation in the interna part of the arm.

ARTIFICIAL ANUS AFTER STRANGULATED CONGENITAL HERNIA.

Mr. HENRY GRAY CROLY presented a specimen which he thought of unusual interest. It was taken from a boy operated on by him for strangulated congenital hernia. The boy, seven years old, was admitted under his care on the 7th June last, suffering from strangulated congenital hernia of the right side. He was in a state of collapse, and was brought in from Dundrum, where he had been a patient of Dr. Ussher. The hernia was strangulated some days before he got medical advice, and hence on his admission to hospital the abdomen was enormously distended. If an operation was advisable there was no time to be lost. I operated (said Mr. Croly) in the usual way, and on coming down on the sac I opened it, and found a very large piece of adherent gangrenous omentum, on removing which I came upon a series of coils of gangrenous gut. I divided the stricture outside the sac first, but was unable to give relief fairly till I got inside the neck of the sac, where I divided it. The boy was then put to bed, and I confess I did not think he would have lived for an hour—an opinion that was shared in by Mr. Tufnell and all present. However, he rallied, and I covered the abdomen with a linseed meal poultice. I took a piece of the intestine, and, passing the catheter up through it, formed an artificial anus. The parts were excoriated from the discharge, but the boy improved in health, and the symptoms disappeared. Occasional injections were given, and the bowels acted on by the artificial anus. The boy was discharged on the 14th August. I saw him once at his own house, apparently in good health. The abdomen was flat, and the discharge came through this opening (indicating), and occasionally through the bowels, but the opening had lessened till it admitted size No. 12 catheter. Yesterday the boy was brought into hospital in a state of collapse, and died soon after his admission. Mr. Mackenzie made a very careful post-mortem examination. This (indicating) is portion of the scrotum, The catheter was passed through the artificial anus and through the portion of the intestine adhering to the surrounding structure. This (demonstrating) very much distended portion of the intestine was the small intestine above the anus. If you compare the portion of intestine immediately below with that above, the difference is very remarkable, the one not being larger than the little finger, and the other being enormously distended. Before the escape took place it was as large as my arm. The cause of death I really cannot account for, because I did not see the parents to tell me what state the boy was in for some days before his death. He was going on well until the symptoms of collapse set in. The discharge through the artificial anus continued, and there was also a discharge of fæces through the rectum, so that there was no obstruction to the discharge from the intestine to account for the symptoms. This portion the catheter is passed through, is almost the entire of the rectum, and when you compare that with the ilium above it the difference is remarkable. I think this case is interesting in a great many points of view. Strangulated congenital hernia in a child of that age is rare. I operated once on a child eighteen months old, and this boy was seven years old. These are very rare cases, especially the second, where, notwithstanding the condition he was in, the boy got on so well from the 7th June to the 14th August. I have ascertained from Dr. Barker that he has not a similar specimen in the museum, *i.e.*, a specimen of artificial anus and strangulated congenital hernia, with an enormous amount of gut. What the cause of death was I am not in a position to say. The intestine was a good deal congested, but that might have been probably an old condition.

Mr. WILLIAM WHEELER read a paper descriptive of a case of

OSSEOUS UNION IN FRACTURE OF THE PATELLA,

which will be found on page 20.

PRESIDENT—Mr. Wheeler has brought forward the important questions—first, whether bony union occurs in transverse fracture of the patella; and secondly, as to the mode of fixing the limb and fragments, so as to procure this union.

Mr. TUFNELL said that having treated a case with Mr. Wheeler's splint, he could report favourably of it. He laid the limb in the splint till effusion had subsided, and then used compression and counter-compression; and the man on whom he so operated was now in the full exercise of the

power of his limb; but whether there was bony union or not, could only be decided after his death. Prior to Mr. Wheeler's case, he was under the impression that there was no such thing as bony union known; but viewing the section submitted by him, there was undoubted bony union, as anyone who had examined the specimen would say. As to the advantages of Mr. Wheeler's splint over every other previously adopted he did not pronounce; but there was no objection to Mr. Wheeler's that he could advance. There was, however, just the possibility of not having an instrument of the kind at hand. In that case advantage was derived from using the ordinary sticking plaster, raising the lower extremity, and advancing the body to meet it, thereby bringing about a ligamentous union, which was sufficient for all the purposes of life, enabling an individual, as it did, to go about his business after a reasonable length of time. The great thing was to allow effusion to subside and then to give, before the individual returned to his habits of life, a sufficient length of time for the ligamentous or bony union, whichever it might be, to consolidate. No better result could have been attained by the use of any form of splint than what he witnessed from the use of Mr. Wheeler's; and until then he did not believe in bony union. After microscopic or any other examination, nobody could deny that bony union existed in the present instance.

Dr. JOHN BARKER said he had not examined Mr. Wheeler's specimen. In the museum there were only two specimens of bony union, and in these the fractures were not, in his opinion, complete. A third was sent to him as a specimen of complete bony union; but it was macerated for a lengh of time, and the supposed bony union had disappeared. Another specimen (which he produced) was sent as one of bony union; but he did not think there was any fracture at all, and in that opinion he was borne out by almost all who had examined it. There were few museums that contained specimens of bony union; so that its existence was a rare thing indeed. He believed there were some in Edinburgh, and one in the great German Museum in St. Tesson. It was difficult to decide whether Mr. Wheeler's specimen was one of bony union, being in a dried state, and therefore he suggested that it should be macerated in order to clear up the point. In pathology, it might be of great advantage to know whether or not bony union had occurred, though to the individual it might be of none. Mr. Wheeler had mentioned the use of Malgaigne's hooks. In Edinburgh there was lately a tendency to use hooks of a different kind by embedding them in plaster bandages one above and another below the patella, and using them exactly the same as Malgaigne's books. From this treatment, it appeared, Mr. Spence had produced good results.

Mr. W. STOKES having seen the patient in the Whitworth Hospital, from whom the specimen exhibited was taken, said had he not been told that fracture of the patella had occurred, he would not have guessed even the existence of the injury, so close and perfect did the union appear to be. It would, however, be important that Mr. Wheeler should state in his reply what was the length of time during which the bone had been subjected to maceration; for he thought there was a good deal in what Dr. Barker had said as to determining whether true bony union had taken place. Assuming that it had taken place, and judging from external appearances it had, still too much importance should not be attached to the fact of getting bony union. In saying this, he did not wish to speak in the slightest degree disparagingly of Mr. Wheeler's apparatus, but merely as to the real importance of getting true union in this fracture. Anyone who had experience of such fractures, would bear him out in saying that where they obtained fairly close fibrous union, the patient enjoyed as much use or as good use of the limb as he had done previous to the accident. In most cases the patient would be able to perform the same feat as Mr. Wheeler's patient; namely, of getting upon and down off a milk cart 440 times a week. Last summer he had an opportunity of witnessing in London a case exhibited to him by a very eminent surgeon there, that of a young gentleman who had sustained fracture of the patella, with at least half an inch between the fragments, and yet he continued to be one of the most distinguished cricketers in the University of Cambridge, and he was also equally noted at lawn tennis and football. M. Deprêt, who has published some cases lately, mentioned instances where the patient had sustained fractures on two different occasions in the same bone; and he very pertinently asked the question, "Why was it that the fibrous union did not give way when the second injury occurred instead of the bone; and would not this go rather to show that the fibrous union that took place was stronger than the bone itself?" He did not say he endorsed these views, but he mentioned them as showing they should not attach too much importance, however interesting the fact might be, to the obtaining of osseous union in those injuries. At the same time he hoped anything he had said would not be taken as in the slightest degree disparaging to the ingenuity Mr. Wheeler had displayed in the excellent appliance which he hoped to test practically at no distant time. Mr. Wheeler had mentioned that his plan was superior to the method known as Malgaigne's, and in that he entirely concurred. It was also preferable, he might have said, to a plan recently proposed and put into practice, but which, he hoped, no surgeon in Dublin would ever adopt; namely, cutting down and opening the joint, and using all antiseptic precautions, laying it open so as to stitch the fragments of bone together by wire or catgut sutures. That was a plan which had been carried out with success; but it was most unjustifiable when they had so excellent an appliance as Mr. Wheeler's to use.

Mr. ROBERT MCDONNELL thought it would be necessary to make a further examination of the specimen before concluding that it was an instance of fracture with bony union, and for that purpose different sections of it should be made. On examining the smaller of the two fragments with a lens, there was not the slightest sign of fracture visible in the denser structure. He had examined a very large number of sections of fractures—those made by Mr. Smith of Colles' fracture; and lately a beautiful collection of the ribs made by Prof. Bennett. In all these, even long after the fracture occurred, there were some signs to be seen along the denser tissue upon each side of the cancellous structure; but in the specimen under discussion, there was not the faintest sign visible along that line. It was remarkable that along the cartilaginous surface there was a ridge; but, as they knew, there were anomalous conditions in bone which would closely simulate fracture and deceive the surgeon. He had himself experienced an instance of this in a case of injury of the spine, in which he had reason to think there was a fracture of the spinal process, and a nodule was felt very much like a displaced portion of bone. The patient died, and then it was found to be a remarkably large nodulated spinous process. From the specimen before the Society, he did not think they could conclude that it was an instance of bony union without a more thorough examination than had been made of it. Maceration, he thought, was wholly useless for the purpose. He would say either it was not a fracture at all, or it was a fracture with bony union.

Mr. RICHARDSON—Have you the other patella?

Mr. WHEELER—I have (produced).

Mr. THOMSON joined Mr. McDonnell in his scepticism as to the condition of the bone under observation. Looking at the posterior surface of it, there could be no doubt there was a distinct bony ridge running in what he presumed was pointed out as the line of fracture; but certainly upon the front of it there was no indication whatever that at any time the bones were separated. There was a depression on one side of the bone to which Mr. Wheeler had alluded, and he would suggest whether that depression existing in an abnormal bone was felt during lifetime, and regarded as a separation of the fragments of the bone. He also entirely concurred with what Prof. Stokes had said as to whether they might not be aiming at too high a mark in endeavouring to get bony union, and whether they did not succeed in getting quite sufficient comfort for the patient by procuring pretty close fibrous union. The splint exhibited by Mr. Wheeler was, he had no doubt, extremely good, and he should like to have an opportunity of seeing it used in bringing the fragments together; but the apparatus was one not always available in general and especially in country practice, so that a less troublesome method of treatment must necessarily be adopted. He had himself tried the American plan of tying up the limb, and also that of simply treating the fracture by position. In the latter the fragments had approximated as closely as by any other methods he had seen. He had recently under observation a case of double fracture of the patella in a man who fell from a great height; and he was now enjoying perfect use of his limbs—the result of fibrous union—and able to go up and down stairs with great freedom. The patella had been fractured during the Indian mutiny, and about three years ago there was a separation of from three-quarters of an inch to an inch between the fragments; but

still he had perfect use of both limbs, and was able to earn his bread as a day-labourer.

Dr. ARTHUR BENSON, referring to the method objected to by Prof. Stokes—that of cutting down upon the joint, and bringing the bones together, said he witnessed a case where after the ordinary methods had been tried, no union could be effected by any other than that which was used by Prof. Lister. In that case there was a quantity of gelatinous matter exuded between the fragments.

Mr. STOKES—The case I alluded to was not operated on by Prof. Lister, but by an American surgeon. It was a recent fracture. I saw it in one of the journals.

Dr. BENSON—A very satisfactory result occurred.

Mr. WHEELER then replied. In addition to the specimens of bony union referred to by Dr. Barker, he said, as far as he knew, there were only two others. One was Gulliver's. That was produced under the most favourable circumstances; the capsule not being broken. The other was in the Hunterian Museum, and its history he did not know. His own specimen was macerated some forty-eight hours by Professor Macalister. Prof. Macalister made a section of it, and examined it microscopically with the result stated in his letter. Mr. Hamilton and Dr. Bennett had said it was the most beautiful specimen of bony union they ever saw. Of course he did not think it was of the last importance to obtain bony union. Pott had said it was better to have ligamentous union. But Jonathan Hutchinson was of a different opinion; he held that if the results followed to the patient of loss of power in the quadriceps extensor muscle and general weakness of the limb, fibrous or ligamentous union could not be considered so good as bony. The fact of the man getting up on and down off the milk cart 240 times a week, was a crucial test of the firmness of bony union. There was a gentleman in Dublin suffering from fracture of both patellæ, who walked as if he had locomotor ataxy. So widely spread were the fragments, that Mr. Swan suggested the advisability of tenotomy of the quadriceps-extensor, in order to let the fragments fall towards one another; where fractures occurred in the same bone already broken, instead of the fibrous union giving way, and not the bony, the cause was self-evident. There were certain ligaments that came down to the tibia, and were described as the ligaments of Barkow; and of course where there was the greatest amount of resistance, and not where there might be a little stretching, dependent in great measure on the amount of flexion of the joint, the fracture occurred. Mr. McDonnell had been most complimentary to him in saying either there was no fracture at all, or it was a fracture with bony union. In this instance there was not the slightest sign of fracture; but Mr. Tufnell first saw the case, and put his two fingers in between the fragments, Mr. Butcher saw it when broken, and so did Mr. Colles. It exactly answered Malgaigne's desciption, that by getting the parts adjusted, so perfect would the union become that the fracture could not be seen. This was exactly what his splint had accomplished. There was noanalogy between this fracture and a fracture of rib; for the respiration alone would account for the lines of fracture being visible in the rib. In certain conditions of fracture, good union by position was attainable; but in Sanborn's method the difficulty was to keep patients from pulling off the plaster. Unless the limb was kept in position, it was manifest that close union by position was not attainable.

Mr. MCDONNELL—I am satisfied with the answer Dr. Wheeler has given, that the evidence is sufficient of the existence of fracture.

The Society then adjourned.

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THE annual death-rate last week in the large towns from the seven principal zymotic diseases averaged 3·6 per 1,000, ranging from 0·5 and 0·8 in Brighton and Portsmouth, to 7·4 and 8·3 in Sunderland and Salford. Scarlet fever showed excessive fatality in Sunderland, Oldham, Salford, and Newcastle-upon-Tyne. Small-pox caused 13 more deaths in London, 19 in Dublin, but not one in any of the other large towns. There were 58 deaths in London last week by violence, either accidentally or negligently caused.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 8, 1879.

## THE SANITARY CONDITION OF DEWSBURY AND ITS DISTRICT.

### DR. THORNE'S REPORT.

THE very able and elaborate report to which we propose to draw attention, furnishes the strongest evidence of the great difficulties to be surmounted, and the great work to be done, before the condition of our towns and villages can be said to respond to the requirements of sanitary science. On account of strong representations on the subject, and in consequence of the prevalence of infectious diseases, Dr. Thorne was instructed by the Local Government Board to make an inquiry into the sanitary state of the Dewsbury Registration District. The long time which has elapsed between this investigation and the publication of the report, is in itself an illustration of the delays and difficulties inseparable from sanitary reform. But that this delay is in a great measure unavoidable, will be apparent to anyone who is aware of the difficult and laborious task imposed upon the Government Inspector, and of the exhaustive manner in which it has been accomplished.

Dewsbury is a manufacturing town in the West Riding of Yorkshire. Its population is about 28,000; while that of the whole district is not far short of 150,000, an increase of 92,883, having taken place since 1861. Together with this great increase of population, there has been a large development of trade within the last twenty years. Small villages have become important towns. Places that were formerly remote and comparatively unknown, are now busy centres of life and commercial prosperity. In this rapid increase of population and prosperity, however, lies one of the difficulties in the way of living in accor-

dance with the laws of health. Houses have been multiplying out of all proportion to the sanitary knowledge of those who built or of those who inhabit them. Hence, as Dr. Thorne has shown, large towns and boroughs, whose sanitary experience has been dearly bought, have failed to take advantage of that experience, when the opportunity of an effective sanitary administration presented itself. Not only have those sanitary defects, which in the older boroughs were most glaring and most injurious to health, been copied in almost every detail, but the defective conditions once having been allowed to arise, they have been all but continuously perpetuated up to the present date. Hence ill-constructed houses, back to back premises, bad ventilation, bad drainage, or not drainaged at all, offensive privies, flooded cellars, heaps of decomposing rubbish, streams polluted with sewage, poisoned wells, and so forth. Then this district is a manufacturing one, and therefore is not free from some of those nuisances from which few manufacturing towns are exempt. For instance, one stage of the woollen manufacture involves a practice which is as strange as it is objectionable. After weaving, the wool is soaked in a ley of soda, urine, pig's dung, and other detergents to remove the oil with which it is charged. The urine is collected from house to house, and, in many parts of the district, it is a regular practice to have in the yards behind the houses, old barrels, in which the stale and decomposing urine accumulates until it is removed by the manufacturers.

When we come to examine that part of the report which deals in detail with the sanitary state of this district, we find it difficult to condense within a reasonable compass all that Dr. Thorne has to say upon the subject. A large proportion of the streets and houses of Dewsbury are in a most neglected condition. The roadways have never been properly constructed or channelled, and some are all but impassable to foot passengers. In other parts the streets are needlessly offensive through the existence of midden-privies close to, or within a few feet of, the footpath. Many of the better classes of houses abut upon the pavement, while the only open spaces which break the line of houses are occupied by groups of these same midden-privies. Many of the streets consist solely of back-to-back houses, and in such cases the privies are often placed between the house and the foot-pavement. Nor is this state of things merely confined to the old part of the town, for it is noticeable in those new parts of Dewsbury where the houses have been somewhat elegantly laid out with gardens in front of them. Even in the residences of the wealthier portion of the population, the drainage arrangement is such as to facilitate the escape of sewer-gas into them. Some of the principal business houses in the Market Place are occasionally flooded with water polluted with sewage matter. The condition of the dwellings of the labouring classes is, however, the most deplorable. Not to mention those dilapitated hovels which are to be found in some parts of the town, a considerable number of the older houses are grouped round yards, which are generally unpaved, and often very filthy. In these yards liquid refuse may be seen lying about; the midden-privies are of a most offensive description, and urine tubs, accumulations of pig's dung, and at times, undrained piggeries are scattered about. In fact, the condition of the streets, yards, and houses in certain parts of Dewsbury, is so bad, that it must have had, says Dr. Thorne, a large share in producing the habits of dirt and negligence, which are so remarkable among some of the inhabitants. Coming to sewerage and drainage, we find that both are defective in the extreme. The Beck is described as a stream so laden with sewage and manufacturing refuse, as almost to defy description, and its contents are often dammed back in the sewers and the cellars in the low-lying parts of the town. As the reader may have already inferred, the midden-privy is one of the worst nuisances in this place, being the most common means adopted for the disposal of the excrement and refuse of the population. In one town, the population of which is 27,000, Dr. Thorne found several of these privies built in actual contact with houses and soaking into cellars, while one was found in a new house built in contact with the bedroom of a neighbouring house at a lower level. The report that is given of many other urban districts is equally unsatisfactory, and much of our space would be taken up were we to describe in detail all the objectionable things which Dr. Thorne saw during his tour of inspection. That such a deplorable and wide-spread neglect of sanitation was found very injurious to the health of the inhabitants may be easily conceived. Deaths from diarrhœa and from fever, have in at least six out of seven years, reached epidemic proportions. This fever was almost invariably in that form which is associated with defective sanitary arrangements, viz., enteric fever, and the mortality which it has occasioned during the past seven years has more than doubled that of London, and was one-third greater that that which has prevailed in the large towns and cities of England. In Dewsbury itself, owing to the above causes, to the neglect of vaccination, and to the absence of means for the isolation of persons suffering from infectious diseases, both small-pox and scarlet fever have also prevailed in severely epidemic form. In the urban sanitary district of Liversedge, the death-rate has been 22·3 per 1,000, which is a high rate considering the widely scattered nature of the district. In this place, moreover, the constantly recurring prevalence of fatal diarrhœa, and the heavy death-rate in children are probably to be accounted for by the sewage and excrementitial nuisances to which so large a proportion of the population are exposed. Again, in Gomersal, which has no proper system of drainage, sewer gas found its way into many of the houses, and in 1873, was no doubt the cause of 200 people being attacked with enteric fever.

It must not be supposed that the sanitary condition of the Dewsbury district, bad as it is, forms a grand exception to that which obtains in other parts of this country. Unfortunately there are numerous districts in England the sanitation of which is little better than that which led to the inquiry of the Local Government Board, and of which Dr. Thorne has given so elaborate a report; nor should this fact be a matter of surprise to anyone who will consider the comparatively recent period within which preventive medicine has been a subject of special concern to either the profession, the public, or the legislature.

As we have already observed, hygiene is but a late development of modern medicine, while the many valu-

able principles and facts with which the professional expert may be conversant are at present unappreciated by a large section of the community, and cannot always be practically brought to bear upon habitations that were built by people who were totally ignorant of or indifferent to the insanitary state of their surroundings. Then there are those obstacles which personal prejudices, vested interests, and defective legislation throw in the way of sanitary improvements. An important part of Dr. Thorne's report consists of an elaborate series of "recommendations," which should, in respect of each place he visited, be taken in order to remove the nuisances above mentioned. But then, we would ask, what guarantee is there that those recommendations will be carried out. Not until more power is given to the local authorities, and more responsibility is attached to the owners of houses and other property, can we expect the alteration of old and the construction of new premises to be in accordance with teachings of preventive medicine. The great activity, however, which is everywhere discernible in matters of a sanitary nature, the renewed attention which the Government has promised to give to sanitation, and, above all, the interest that has been awakened in the minds of the public on the subject, are a sign that the time come when the chief causes of epidemic diseases will be removed from most of the towns and villages of this country. As long as the people themselves are supine with regard to any desired reform, we cannot expect that much will be done. But when once they have been aroused to a sense of the wrongs and prejudicial influences under which they have been labouring, both the state, and local authorities, and all responsible parties, will be called upon to rectify the evils complained of, and will be obliged to yield to the pressure of public opinion. It was in consequence of a memorial sent up to the Local Government Board by some of the inhabitants of Dewsbury that a Government inspector was sent to inquire into the sanitary condition of the district, and the more such inquiries are multiplied the more hopes we shall have of the principles of preventive medicine being practically carried out throughout the country.

## THE SUPERINTENDENCE OF DUBLIN SANITATION.

In a letter to the daily press Dr. Mapother, the outgoing (?) Superintendent Medical Officer of Health for Dublin, replies to the criticisms to which the corporation job has been subjected, and takes upon himself the entire onus of its paternity. His first point in favour of the abolition of his own office is that "in no other city did the offices (of superintendent medical officer and of medical officer of health) co-exist." This is quite true, but it needs an explanation, which, in our opinion, does not mend the reputation for jobbery which the corporation enjoys. When the Public Health Act passed four years ago two ranks of superior sanitary officers were created—(a) a superintendent medical officer of health, whose appointment by any sanitary authority was optional; and (b) a medical officer of health, who was, *ipso facto*, the dispensary medical officer of the district. The Local Government Board took upon itself, in serene contempt of the newly-made law, to change those designations, and it accordingly termed the superintendent "consulting sanitary officer," and the medical officer of health it called "medical sanitary officer." This would seem to have been done intentionally, in order to remove from the minds of the medical officers under the Act the idea that it was their business to superintend anything, or that they were to be custodians of the health of their district, and to impress them with the fact that they were only consultants and sanitary officers, *i.e.*, were only to open their mouths when ordered to do so, and were to confine themselves to noticing such nuisances as they happened to see. The Local Government Board thus initiated the policy of throwing cold water on the Act and on its active execution, which policy they have since pursued in all and every matter connected with sanitary administration in Ireland. But, it will be observed, they only changed names, and did not make any new office. But the corporation was not to be baulked in its little job. It determined to make *three* classes of medical officers—(*a*) the superintendent medical officer, to supervise and originate sanitation; (*b*) the medical officer of health (an officer in all other districts identical with the medical sanitary officer), without any duty that we can understand except "helping Jack"; (*c*) the medical sanitary officer, or dispensary medical officer (properly called the medical officer of health), to report nuisances and recommend remedies. Thus, availing themselves, at the same moment, of the words of the Act and of the contrary words of the Local Government Board, the Public Health Committee of the corporation found themselves in the enjoyment of a desirable opportunity to create an extra office, and oblige a friend with an additional salary. To resist so tempting a chance would have broken in upon the traditions of the corporation, and could not be thought of, and accordingly the redundant office and redundant salary was with relish created.

Thus it comes, as Dr. Mapother says, that there is an extra supervising officer in Dublin not to be found elsewhere, and we can only regret that his strong and praiseworthy feeling that such an officer is an unneeded expense to the citizens did not find forcible expression at the time when the appointment was made, but that his remonstrance against the maintenance of such an officer should have been held over for nearly five years, until the propriety of abolishing the higher office became evident upon his mind.

Dr. Mapother goes on to say,

"Under the new Act the fifteen dispensary physicians become medical officers of health for their respective districts, and with, I hope and believe, increased salaries."

We hope so, too, but we repeat what we have already pointed out, that the dispensary doctors do not now "become" anything. They always were medical officers of health under the Act, though the Local Government Board chose to change their name, and always were charged with exactly the same functions as at present.

It is, therefore, quite erroneous to suggest that the superintendent officer may be abolished because additional subordinate officers have been provided by the new Act. The new Act, in truth, makes no change whatever in this

respect, and if there ever was a *raison d'être* for two superior health officers, that *raison* still exists.

Dr. Mapother says "the machinery for isolation—of infectious patients—removal to hospital, and disinfection, can be devised and supervised by the superintendent medical officer. He also deals with vital statistics, chemical and trade nuisances, water supply, sewerage, &c." Here is abundant work for the whole time of the most energetic officer, and it is difficult to understand how it is to be performed in the leisure hours of a lecturing and teaching professor, who has to do the analyses of pretty nearly the whole of Ireland, and whose pen is as busy in literary work as his brain and fingers in his laboratory duties. But there is one more duty—more important in the filth-afflicted city of Dublin than all the others put together—that is, eradicating the fever-haunted tenements of the poor; ferretting out these pest houses, the enforcing cleanliness and proper sanitation in them, and watching the sanitary officers to make them active in their duty. The citizens of Dublin can afford to wait for the more ambitious schemes of sanitation if they can only achieve simple cleanliness; and a medical officer of health would have done little towards abatement of the death-rate who had not devoted himself with all his energy to obtain that elementary requirement, and this no mere bureaucrat could do.

We do not grudge the superintendent medical officer his retirement, nor his successor the additional salary. A few hundred pounds a year are not worth considering when a hundred avoidable deaths in one week are before us, and the citizens would have no cause to complain if the corporation voted £1,000 a year to a really capable active chief officer. But the services of an officer who could only make a show of doing the duty would be an expensive luxury, if given gratis, and the citizens should resist by all means every proposition to commit the sanitary guardianship of the city to any person, however eminent, who is so situated as to be incapable of fulfilling the trust. Other cities might suffer such a job, but Dublin must not, for it is—amongst cities—the one which needs activity in sanitation, and to remit it and its public health to the unstimulated routine of the corporation would be to confirm all the disgraces and miseries which have made a by-word of its sanitary administration.

# Notes on Current Topics.

## Harveian Society's Conversazione.

THE annual meeting of this Society was held in the Stafford Rooms on the evening of Thursday, Jan. 2nd. The treasurer's report showed that the finances of this growing Society were most satisfactory. Eight new members were elected during the year. Only one member was missing from the last year's list—the late T. Carr Jackson, who had to retire from the post of President in consequence of disease which soon proved fatal. The rooms were handsomely decorated by paintings and etchings lent by Dr. Farquharson, Mr. George Field, Mr. Henry Sewill, Mr. Edmund Owen, Mr. Ernest Hart, and many others, while, with his wonted courtesy, Mr. Seymour Haden sent a number of his own exquisite etchings. Messrs. Kröhne and Seseman exhibited a number of surgical and other instruments, while Messrs. Collins showed a number of microscopes of different forms, with some very beautiful microscopic subjects lent by members; one, a section of the ovary of a cat, lent by Dr. Wiltshire, was an exquisite preparation, in every way. The retiring President Dr. Graily Hewitt, delivered an address in which, after referring to the affairs of the Society, he chiefly discussed chronic partial starvation, as seen in the subjects of uterine disease with consequent anorexia and nausea. He insisted strongly that a long process of such chronic starvation required a long course of systematic treatment and suitable diet before the normal condition of the organism was regained. There was a large attendance in spite of the inclement weather.

The following is the list of office-bearers for the coming year, 1879-80:—

*President.*—Henry Chas. Stewart, Esq.

*Vice-Presidents.*—John Easton, M.D.; E. Symes Thompson, M.D.; George Eastes, M.B.; Robert Farquharson, M.D.

*Treasurer.*—Henry Power, Esq.

*Hon. Secretaries.*—J. Milner Fothergill, M.D.; George P. Field, Esq.

*Council.*—W. M. Graily Hewitt, M.D.; Stamford Felce, Esq.; F. J. Gant, Esq.; Walter Cheadle, M.D.; Granville Bantock, M.D.; N. H. Stevens, Esq.; Alfred Wiltshire, M.D.; T. Fitzpatrick, M.D.; H. Sewill, Esq.; H. T. Mapleson, Esq.; Edmund Owen, M.B.; T. Buzzard, M.D.

## The "American University of Philadelphia."

A COUPLE of Graduates of this University having presented themselves for Dental Registration by the General Council, it became the duty of the Registrar to write to the Institution for information. Having done so, he received a note to the effect that the claimants were "regular graduates" of the University.

The information was also given that "the examination in all cases is made by the Faculty," not a word being said as to the *locus* of the Faculty or the nature of the examination, and that "under these the students in dentistry are constantly placed," whatever that phrase may mean—

This letter was accompanied by a pamphlet of sixteen octavo pages, entitled "The 28th Annual Announcement of the American University of Philadelphia, and Eclectic Medical College of Pennsylvania, 1878-1879," wherein it is set forth that the University possesses a "Faculty" of sixteen Professors, who are said to give six lectures daily on a great variety of subjects, comprising "Nervous Diseases," "Electricity and Jurisprudence" (united in one chair), "Gynæcology," "Operative Dentistry," &c.; that the graduates of the University "may be numbered by thousands, and that they form the great representative men of North America and Great Britain;" that their "students will have superior advantages over all other medical schools, as by our Pathology and Materia Medica the treatment of many incurable diseases is rendered easy and efficacious;" that their "lecture rooms are supplied with all modern conveniences;" and that their "Anatomical Museum is the largest in the United States, containing

25,000 specimens of normal and morbid diseases, delineating every disease incident to the human body."

With a tender solicitude lest students seeking to enjoy the great advantages thus held out to them should miss their way, or fall into the hands of the Philistines, they are urged by an especial notice to "have the address of the College (514 Pine Street) clear in their mind," and to "take advice from no one, for they must bear in mind the Allopathic Bullies are so desperate, and the Swindling-shops of Bogus Colleges are so numerous, that our students must not be imposed upon."

Of course, the graduates of this admirable institution will be capped as dental surgeons in the British roll of honoured practitioners. Their presence would pleasingly diversify the monotony of that catalogue of counter-prescribing druggists and their shop-boys, and it is to be assumed that Mr. Tomes and Sir John Lubbock in their consideration for "vested interests" have not forgotten those of the two holders of diplomas from this concern. How gratifying it will be for the surgeons who practise dentistry in Great Britain to be associated with so numerous and distinguished a body of practitioners!

## Sanitary Inspection in Ireland.

A PROSECUTION was instituted at Monastereven, in Ireland, against a constable of police, for having permitted a small-pox patient to walk the public road to hospital, and for having omitted to get the justices' order for his removal. The charge was not proved, but in the course of the evidence it came out that, in this populous district no sanitary authority had been appointed in accordance with the law—there was no conveyance for the sick—and it was nobody's business to look after the poor, although a serious epidemic of small-pox was present in the adjoining district. It is to be presumed that the Local Government Board for Ireland would have remedied this condition of things if they knew of it. That they did not know of it is the result of the omission to provide for sanitary supervision, in consequence of which the departmental authorities have no knowledge of the working of any district. For aught they know, half the districts in Ireland are in the same condition as Monastereven, and half the sanitary authorities and their officers fast asleep. Under these circumstances it is not surprising that the Public Health Act has turned out to be a sham in Ireland, and that sanitation has made hardly any progress since its passing.

## The Coming (?) Meeting of the General Medical Council.

THE Executive Committee of the General Medical Council is again summoned to meet on Wednesday, the 8th inst., to further consider (and, we hope, to complete) the long-promised report on the re-constitution of the General Medical Council, which is to form the basis of the debates in that conclave when it meets specially for consideration of that subject, if it ever does so. We cannot speak with certainty on the subject, for, although the Council is formally pledged to arrive at a conclusion on the matter before Parliament meets, we hear whispers of a disposition on the part of some of its members to "hasten slowly." Parliament is to open its doors on the 14th of February, so that there remain just six weeks for the committee to complete its report—the President to notice the Council, the members to get to London, and the discussion to be carried through, and yet we hear that some of the Executive Committee think there is time enough, and even that it might do well enough—in view of Lord George Hamilton's intention to wait for information—to postpone the subject to an early meeting of the Council, say, in May next. We caution all whom it may concern that such a move is quite possible, for the Council has already shuffled out of the question once, and there are those amongst its members who, being desperate in their apprehension of reform, would do all *per fas aut nefas* to upset the legislation which the profession so ardently hopes for. Fortunately, the Parliamentary Committee of the British Medical Association—the Irish Medical Association—Messrs. Mills and Childers—the foreign and colonial graduates—the Medical Defence Association—and the women doctors are all at work jogging the memory of Government, and it is not likely that the Medical Council will be allowed to rest happy in the hope of further procrastination.

## Women's Clothing.

APROPOS of the remarks we lately made about the inclemency of the weather, and the best means of protecting ourselves against it, we will quote some very judicious observations which Dr. Milner Fothergill has recently made in his London letter to the *Philadelphia Medical Times*. "Many poor people," he says, "cannot get proper underclothing, but many there are who can purchase proper materials, but who do not. Especially is this true of women, numbers of whom have only a cotton chemise under their corset, even in the coldest weather. It is scarcely possible to write dispassionately about female underclothing, or rather the want of it. I often study the shop windows where female underclothing is sold, and contrast them with gentlemen's hosiers, whose windows are crammed with merino vests and drawers, flannel shirts, and the female shop windows being hung with linen and cotton vestments only. Why in the name of common sense don't women wear a woollen outer skin in winter as well as men. Above the corset there is frequently nothing but a frilled chemise under the gown, and not one single scrap of flannel. The chest walls of women are not generally very thick over the subclavicular region, and the low external temperature, must affect the apices of the lungs and cause vascular disturbances in them, resulting often in disease. Moreover, no amount of external garments will compensate for the lack of sufficient underclothing." Dr. Fothergill also draws attention to the bodily fatigue and restraint arising from the weight of the thick jackets which are usually worn, and which are a check to the freedom of action and activity in walking so necessary to maintain the heat of the body, and to prevent the coughs and colds to which people are so commonly exposed during the winter months. We quite agree with all that Dr. Fothergill has said on this subject, but with regard to the greater exposure of women's chests it is questionable whether the apices of the lungs are more frequently affected in them than in men.

## Neglect of Vaccination in Ireland.

At a recent meeting of the Mallow Guardians, their attention was called by the Irish Local Government Board to the startling absence of vaccination protection amongst the children within the union. The children in the workhouse school are of course collected from all parts of the union, and if the state of vaccination amongst these children, as described by Dr. MacCabe (the Local Goverment Board Inspector) is to be accepted as an indication of the general state of vaccination throughout the union, it would appear to be extremely unsatisfactory. On the day of Dr. MacCabe's inspection he examined the arms of all the children in the schools with the view of ascertaining to what extent they were protected against the danger of contracting small-pox. 68 children were examined with the following results :—presenting 3 vaccine cicatrices, 1 ; presenting 2 vaccine cicatrices—typical, 10 ; fair, 10 ; bad, 1 ; presenting 1 vaccine cicatrix—typical, 6 ; fair, 17 ; bad, 7; presenting no trace of vaccination, 16 ; proportion per cent. unprotected on day of inspection, 33·6. And Dr. MacCabe observes that the proportion is really larger, because the seven children presenting one bad mark must be considered to a great extent as unprotected.

## Accidental Tartar Emetic Poisoning.

Last week the coroner for the county of Monaghan held an inquest respecting the death of a widow, aged sixty-nine years. It appeared in evidence that the deceased had, for some years been subject to severe attacks of dyspepsia, and for which she usually took a small quantity of carbonate of soda mixed in buttermilk. On the day of her death she was visited with one of those attacks, and on its coming she took a quantity of a white powder which she believed to be soda, and from the effects of which she died. Dr. Thompson was called in, who pronounced the powder to be tartar emetic.

## Borax as a Meat Preservative.

It is known that borax has been advantageously applied in the preservation of meat. Some experiments have lately been made by M. De Cyon as to the physiological action of that substance. He fed dogs, in one series of experiments, on meat preserved by M. Jourde's process, and in another on fresh food to which various quantities of borax were added. It was found that borax added to meat to the extent of twelve grammes daily (which is ten times what the Jourde's process requires), may be taken in diet without causing the least disorder of general nutrition. Further, borax substituted for marine salt increases the power of assimilating meat, and may greatly increase the weight of an animal, even when the alimentation is exclusively albuminoid. These observations, we are reminded, apply only to *pure* borax, *i.e.*, containing neither salts of alum and lead, nor carbonnte of soda, which are often met with in the borax of commerce.

The *British Medical Journal* says that further pressure is being put on the Government to carry out the amendment of the Medical Acts in reference to the status of Indian and Canadian degree ; and the urgency of this question will, we believe, be found to have an important influence this session in accelerating medical legislation.

## The Health of Dublin.

The death-rate had, in the week ending December 28th, decreased from 41·0 to 38·5 per 1,000 of the population. The deaths were ·61 above the average, and the ratio nearly 10 per 1,000 above that of London (27·7) the only city from which returns had been received. The deaths from respiratory diseases for the five preceding weeks were respectively 57, 73, 89, 87, 87, and the number for the week ending December 28, had risen to 96. The zymotic mortality is 5 under the previous week, but still 11 over average, 19 small-pox cases being included. There was happily a marked reduction in the number of new cases admitted to hospital.

## An Irish Centenarian.

A veritable centenarian expired at his cottage, near Clonmel, last week, named James Doheney, who had enlisted in the 60th Rifles previous to the famous year of '98. He served through the first Peninsular War under the Duke of Wellington, and under General Johnson in Ireland, at the time of the rebellion in the year '92. He retained the use of his faculties up to the last moment.

## The Passing and Coming Generation of our Profession.

The obituary list which will appear in the forthcoming issue of the "Irish Medical Directory" will contain sixty-three names of members of the profession deceased since the last publication. The new edition of the "Directory" will contain more than two hundred new names of gentlemen as having settled to practice or been registered in Ireland during the year.

## Rabies in Cows.

A Geneva journal named *La Salute*, conducted by Dr. E. Maraglione, recently published some interesting particulars of a well-authenticated outbreak of rabies among cows which occurred on a farm at St. Colombie, in the Canton Haglinvan. In the beginning of October several cows belonging to a M. Duboy were bitten by a dog belonging to the herdsman. The dog was at once tied up, and from that moment it declined to eat, and died after some days of suffering, exhibiting, among other symptoms, complete paralysis of the posterior half of the body. On November 2nd, three of the cows that had been bitten refused their usual food ; a viscid saliva flowed from their lips ; their bellowing could be heard at a distance of 3 kilometres. Shortly afterwards some paralysis of the hind limbs was noticed, and on the sixth day they succumbed, paralysis of the entire posterior half of the body being then complete. During the whole progress of the disease the animals showed no disposition to bite, nor were in any way savage ; but the accidental presence of a dog excited them in an extraordinary manner. By the end of three months eleven of the herd had fallen victims to the disease, the period of incubation having ranged from twenty-five or thirty days in the first case to fifty-six or more in the three last animals attacked.

THE milder weather of the past week appears to have caused a slight diminution in the extraordinary death-rate of the previous week. It is, however, unusually high still, the Registrar-General reporting the following rates in the principal cities and large towns of the United Kingdom, ranging in order from the lowest, were as follows:—Portsmouth, 17; Edinburgh, 24; Brighton, 24; Plymouth, 24; Nottingham, 25; Sheffield, 27; Sunderland, 27; London, 28; Leicester, 29; Wolverhampton, 30; Bradford, 30; Hull, 31; Oldham, 31; Birmingham, 33; Leeds, 34; Newcastle-upon-Tyne, 35; Glasgow, 36; Bristol, 37; Liverpool, 37; Dublin, 39; Norwich, 41; Manchester, 42; and the highest rate 44 in Salford.

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In the principal foreign cities, the annual rates of mortality, according to the most recent weekly official returns were, in Calcutta, 49; Bombay, 34; Madras, 42; Paris, 25; Geneva, 24; Brussels, 28; Amsterdam, 25, Rotterdam, 29; The Hague, 31; Copenhagen, 25; St. Petersburgh, 41; Berlin, 25; Hamburg, 24; Dresden, 21; Breslau, 27; Munich, 34; Vienna, 28; Buda-Pesth, 38; Rome, 29; Naples, 26; Turin, 33; Alexandria, 47; New York 25; and Philadelphia, 18.

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A VILLAGER in America has just taken an action against the local authorities of Rutland for forty thousand dollars damages, for the loss of three children from diseases caused by imperfect sewerage. A suit or two of this kind might do no harm in this country.

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THE Mutter lectures on Surgical Pathology, before the College of Physicians of Philadelphia, are delivered this year by Dr. S. W. Gross. The subject is the "Surgical Pathology of Tumours."

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M. PAUL BROCA, the famous anthropologist, is authority for the statement that the tallest man ever actually measured was a Finlander, nine feet three and seven-tenths inches high, and that the shortest man known reached a decimal under seventeen inches in his stocking feet.

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LAW-SUITS for malpractice are said to have lately become so common in New York as to constitute quite an epidemic.

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**Royal College of Surgeons in Ireland.**—At the December examinations at this College, the following candidates obtained the licence in surgery:—

William Theodore Atkinson, James Robert Barton, Henry Lewis Battersby, John Cashin, Patrick Francis Coglan, Daniel Corbett, Peter A. D'Alton, James Joseph Davis, Michael Donnelly, John Alexander Dockeray, Albert J. Duffey, Thomas Fitzpatrick, Samuel Flood, Armitage Forbes, Simon K. Furney, James Joseph Harding, Richard C. Laffan, Edward L. Ledwich, Henry Lentaigne, Henry Love, John William Macnamara, Michael Joseph M'Coy, William Joseph Magee, Alfred Mason, John Mason, James M'Loughlin, George Mark P. Murray, Charles G. O'Connor, Walter Stephen Palmer, Charles Parke, Thomas Heazle Parke, William Johnson Patton, Henry Pentland, Bernard Reddy, Denis Daniel Redmond, Edward James George Rothe, Thomas Sheedy, Henry Wm. Smith, Edward George Stokes, Thomas Joseph Tobin, Charles Vokes, H. L. E. White.

# Literature.

## GANT'S SCIENCE AND PRACTICE OF SURGERY. (a)

THE second edition of Mr. Gant's surgery has appeared in two volumes. It has been thoroughly revised, and in many parts re-written, and enlarged to the extent of five hundred and thirty-two pages, with a full and valuable index. Practical anatomy of various important parts has been introduced in connection with injuries and diseases, and attention has throughout been paid to pathology. Not a little advantage has been gained by referring chapters in special diseases to those who devote their time to those subjects. Hitherto this has only been attempted in encyclopædias, but these are too bulky and expensive for the majority of general practitioners and students; and now that Mr. Gant has adopted the plan in his comparatively small and inexpensive work, we shall be much surprised if it does not go far to make it one of the most popular surgical text-books in the English language. Mr. Hy. Power, of St. Bartholomew's Hospital, has revised and considerably enlarged the chapter on Diseases of the Eye, Dr. Purves has written a chapter on the Ear, Mr. Charles Tomes, F.R.S., one on Dental Surgery, Dr. Morell Mackenzie, on the Throat, Mr. William Adams on Deformities, Prof. Erasmus Wilson, F.R.S., on the Skin, and Dr. Robert Barnes on Diseases of the Female Genital Organs. In addition, Dr. Mahomed has communicated a special description of the Sphygmograph and its applications in various clinical investigations, the simplest and most explanatory account of the instrument and its uses with which we are acquainted.

These valuable revisions and additions by authors, so well known, are a guarantee at once of much useful information and of the value of the work. In the preface we are informed that 849 new wood engravings have been introduced, the pathological series having been selected from the rich collections in the Royal College of Surgeons, and most of the metropolitan hospitals.

The first chapter enters upon the subject of Inflammation, and is in itself one of the most exhaustive and best written treatises to be found in any existing text-book. The views of Professor Burdon Sanderson here predominate, whilst those of Billroth, Virchow, Simon, Cohnheim, and other writers, help to make it complete.

In the subject of Tumours the description of each variety is good, and the diagrams are both numerous and excellent, and materially assist the student both to recognise the appearance and to remember the structure of each growth. We do not, however, agree altogether with the classification. The classification of tumours ought certainly to be upon an anatomical basis, as being the most simple to comprehend, and as the truest reasoning upon their development.

Treating of the subject of Syphilis, Mr. Gant points out under the head of "chancroid," that form of chancre which is least likely to be followed by the secondary disease. It commences usually as a pustule, which, bursting, leaves a circular ulcer as if punched out, and having a cellular or honey-combed, worm-eaten appearance, covered with a greyish yellow membranous secretion; the margin of the ulcer is a little undermined, instead of sloping, as in hard chancre. The ulcer heals by granulation, and being attended with loss of structure, leaves a depressed and permanent scar.

The chapter on Aneurism is much improved, and rendered more interesting by the addition of diagrams of sphygmographic tracings. Doubtless, the introduction of these diagrams, and the excellent description of the instrument and its uses, will be the means of bringing the subject more under the notice of surgeons, and of introducing the employment of the instrument in surgical diagnosis. To the student, and the practitioner generally, the full description and illustrations of the surgical anatomy in connection with ligatures of the arteries, given in this work, will prove most valuable.

The chapters on Fractures and Dislocations are profusely illustrated by diagrams of preparations selected from the different hospital museums, explaining the positions of the fragments or of the extremities of the bones, and of the muscles by which the abnormal positions are brought about.

The last chapter of the first volume is on Deformities, and has been supervised by Mr. Adams, from whose pen we should

(a) "Science and Practice of Surgery." By Frederick James Gant. London: Baillière, Tindall, & Cox.

expect nothing but what is well worth reading. The explanation of this subject is quite up to expectation; it is short, concise, and well written, and the diagrams, which are numerous, can hardly be surpassed.

*(To be continued.)*

## Literary Notes and Gossip.

With the commencement of the year 1879, the Medical Press has entered upon the forty-first year of its existence. In these days of short-lived journalism this sounds almost ancient, and we believe that with the single exception of our contemporary, the *Lancet*, we can boast of being the oldest medical journal now published in the English language. We have much to thank our readers for in the past, and by their continued support, and the steady influx of fresh subscribers with each volume, we trust that we shall not be considered arrogating to ourselves too much by saying that the Medical Press has fulfilled a useful purpose.

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Some few weeks ago we mentioned the fact that another medical journal was in the market, open to the highest bidder. We presume this advertised-for individual did not present himself, as the said monthly medical journal, like a good many of its predecessors, is now "numbered with the dead." But three months ago, and the *Medical Examiner* perished; now *The Doctor* is out in the cold. Truly 1878 has been fatal in more ways than one.

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With the decease of *The Doctor* a very useful compendium of foreign medical literature has passed away. Started upon the embers of *The Medical Mirror* it, in like manner, has ceased to exist for lack of adequate support. There now remain in the field but the four old-established weeklies: The *Lancet*, Medical Press, *British Medical Journal*, and *Medical Times*, with a few monthly journals, and one or two quarterlies on special subjects.

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In speaking of medical journals, we should perhaps be remiss did we not mention the *Students' Journal*. True, it does not profess to be classed in that category, but soars altogether into another atmosphere from the older journals; treating its readers to occasional ebullitions of "Young England," it indulges in lively interchanges of opinion, tries to squeeze a peck into a pint measure, and gives the gossip of every hospital and college in the United Kingdom through the medium of its local secretaries. On the whole, we have formed high opinions of this little fortnightly, and are glad to hear that students support it as "their representative," and that members of the various hospitals staffs recommend it for its elevated tone and general usefulness.

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When, several years since, we introduced the improvement of cutting the edges of this journal, busy practitioners and advertisers, recognising its great advantage, clamoured for the cutting of the other medical jouanals which they patronised. But editors and publishers, like other men, object to "play second fiddle," and so the excuse was constantly advanced that their circulation was so large that it was impossible to cut the edges with sufficient rapidity to save post. "Public opinion" has, however, proved too strong for them, and the fallacy of the objection was strikingly shown last week by the issue of the *British Medical Journal* and the *Medical Times* with their edges trimmed, as ours. How small the circulation of these journals must have suddenly become!

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Alcohol still continues to be the topic of the day in the medical and lay press. We have before us two quarterlies devoted to this subject, *The Quarterly Journal of Inebriety* (Baillière, Tindall, and Cox), and *The Medical Temperance Journal* (Tweedie and Co.). That sufficient interest should be awakened to support two such journals, beside the many weeklies of a less pretentious nature, is in itself a noticeable feature. The new number of *The Journal of Inebriety* is full of interesting reading upon the various phases and treatment of that weakness which is specified in its title. *The Medical Temperance Journal*, on the other hand, is composed almost entirely of reprints from papers in *The Contemporary* and other journals.

We understand that 240 new medical works and new editions have been issued during the past year. At first sight this would appear to indicate a considerable amount of energy on the part of authors and editors; but in reality it is a lower figure than usual, and when we take into account that innumerable pamphlets, introductory addresses, &c., which appear in book form are included, we are forced to admit, that medical literature of 1878 has shared in the general depression.

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A want has been felt and expressed of a general index of medical works and papers; but no English publisher had sufficient enterprise or cared to embark his capital in the venture. So it has fallen to the lot of America, to supply the need, and with the new year will be issued monthly an *Index Medicus* of the current medical literature of the world. This new publication will record the titles of all new works in medicine, surgery, and the collateral branches, received during the preceding month. These will be classed under subject headings, and will be followed by the titles of original articles upon the same subject, found during the like period, in medical journals and transactions of medical societies. The periodicals thus indexed will comprise all current medical journals and transactions of value, so far as they can be obtained. At the close of each yearly volume a double index of authors and subjects will be added, forming a complete bibliography of medicine for the preceding year. Personally we shall find such an index of inestimable value, and we tender in advance our best thanks to Drs. Billing and Fletcher, the editors, and Mr. Leypoldt, the enterprising publisher, for opening up so valuable a literary mine.

## Correspondence.

### THE VACCINATION SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Tuckey's paper on the above subject, though carefully prepared, has to my mind several faults. I have had as large, or perhaps a larger, experience in public vaccinating in Ireland than the author, and I can say that I did not meet with the "unwillingness" to bring children for inspection, and allow the lymph to be taken. I am aware that great unwillingness exists, but as a general rule it is caused by the manner in which the operation is performed. If public vaccinators used the same precautions and tenderness in dealing with the children of the poor as they would with their own children, and let the mothers see that in performing a public duty they do so with as little pain and uneasiness to the child as possible, things would be different. I have seen arms after public vaccination which were quite enough to account for "unwillingness." Surely the Local Government Board are culpable in this. They require no guarantee that their medical officers are *competent* vaccinators. Until some change is made in this direction, it is to be feared vaccination will show a default.

Mr. Tuckey is quite right in what he says about the age at time of vaccination. It is always better to have it over before teething begins.

As regards a public vaccine collector, such an appointment would be a direct slur on the proficiency of the Irish public vaccinators, and would be an unnecessary burden on the already over-taxed ratepayers.

I am, dear Sir,

Yours faithfully,

William Donovan.

Whitwick, Dec. 26, 1878.

### VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The continued prevalence of small-pox amongst us has become a subject of such great and painful interest that any suggestion for the prevention of that dire disease cannot fail to obtain attention, and I therefore hope you will consider the following observations, which I venture to make on the subject, worthy of insertion in your journal.

It has been stated that when small-pox broke out in Paris after the seige in the Franco-Prussian war, and spread, as it did, like a plague over France, Great Britain, and Ireland, that Belgium enjoyed a comparative immunity from the disease. It has also been stated that in Belgium medical men are constantly in the habit of vaccinating their patients with the vaccine taken fresh from the cow, as in the days of Jenner, while medical men in this country are restricted by law from using any vaccine but that obtained from the human subject.

Now there can be no doubt that vaccination of late years is not by any means as perfect a protection against contracting small-pox as it was, say, thirty years ago. At that time, I am old enough to remember that small-pox occurring after vaccination was very exceptional, and it was asserted by some that no *fatal* case of small-pox ever occurred after vaccination, and all know that such is not the case now. But while I still assert and believe that vaccination is the greatest and best protection we know of, I regret to say it is not so effectual as formerly.

Should, therefore, those alleged facts with regard to small-pox and vaccination in Belgium prove correct, which I myself cannot vouch for, it is surely a case for inquiry, and our sanitary authorities should be directed by Government to obtain the necessary statistics, which is the only way of ascertaining the truth; and if it should appear that it is from our mode of vaccination that the virus has lost, in any degree, its protective qualities by having passed through so many generations of human beings, I can see no objection to our following the example of Belgium, as stated, and take our vaccine again from the fountain head—that of the cow.

I am, &c.,

GABRIEL STOKES, M.D.

Mullingar.

# Obituary.

## DR. TYRRELL, OF DUBLIN.

WE regret to announce the death of Dr. Henry Tyrrell, of Dublin, which took place on Tuesday last at his residence, Merrion Square North, Dublin. Dr. Tyrrell received his first surgical qualification in 1855, and took the Fellowship of the Irish College of Surgeons in 1863. By his death, which arose, we understand, from gout in the stomach, following upon renal disease of long standing, a surgeoncy to the Mater Misericordiæ Hospital, and the Professorship of Surgery in the Catholic University become vacant. He was also the Surgeon to Maynooth Catholic College. He published in our pages two papers on the "Treatment of Traumatic Tetanus by the Use of Local Application of Tobacco," and others "On the Treatment of Fractured Patella," and "On Trephining the Spine."

## DR. STAFFORD.

ANOTHER name has been added to the long roll of Irish Poor-law medical officers, who in past years, whilst in the active discharge of their onerous and responsible official duties, have died at a comparatively early age, truthfully, it may be said, martyrs to duty, and victims of acute disease, contracted in the faithful pursuit of their unremitting and toilsome professional labours.

Sad and sorrowful it is at all times to witness the death, and experience the loss of relatives and friends, who in the maturity of years have "reached the sere and yellow leaf," when age and infirmity clearly indicate that the period of dissolution is at hand; but doubly sorrowful and sad it is when in the prime of life and vigour of manhood, when the soul is full of high and noble aspirations, and "decay's effacing fingers," have not yet left their mark on the human frame, the chill and pitiless hand of Death rudely snaps asunder in this life the golden links of friendship, love, and affection, which have bound us together in the bonds of peace and happiness.

Dr. Pierse Barron Stafford, of Soir Ville, Ardfinan, co. Tipperary, whose lamented death occurred on the 18th Dec., at his residence, was the third son of Pierse Stafford, Esq., of Kilmacthomas, co. Waterford, and decendant of a family which occupied a high and influential position for centuries gone by in the counties of Waterford and Wexford. Having completed his medical studies in the Queen's Colleges of Galway and Cork, he received his diploma of M.R.C.S.E. in 1855; and, subsequently, for two years held the position of Poor-law medical officer to the Tullagh Dispensary, Baltimore, co. Cork.

During the brief period of his connection with that locality, he succeeded, owing to his great zeal and medical skill, the kindness of his manner, and the amiability of his character, in gaining the love and esteem of the people, and the sincere friendship of numerous friends.

Amongst the grateful and kind-hearted peasantry along the sea coast of Caibery and its "Hundred Isles" the memory of his kind and useful services as a medical man is still treasured and preserved with fond recollection and affectionate regard and respect. Whilst stationed at Baltimore, Dr. Stafford married Harriet, third daughter of the late Dr. Donovan, of Spilbereen.

A vacancy having occurred in the Dispensary of Ardfinan, co. Tipperary, Dr. Stafford applied for the position, and was unanimously elected. In that populous and important district he officiated as dispensary physician for the last twenty years, and for fourteen years as medical officer of the adjoining district of Ballymacaibery.

The heavy and responsible duties of two districts—duties which he always performed with the most devoted zeal and untiring energy—broke down his constitution, and undermined his health; but the guiding star and ruling principle of his life were strong and predominant to the last. He was devoted heart and soul to his professional duties; and his love and regard for the suffering poor never wavered or declined.

Called away on a visiting ticket during the late inclement and severe weather, though in delicate health at the time, he faithfully responded to the call, and a severe attack of inflammation of the lungs was the result, which terminated in death, after a week's illness.

Rarely, indeed, has the death of any person through the wide county of Tipperary been so sincerely and thoroughly regretted. Dr. Stafford, by his kind-heartedness, pleasant genial manners, amiability of disposition, manly bearing, and gentlemanly demeanour, had gained for himself a host of true and sincere friends wherever he was known. Except when laid up by illness he never was absent from his post during his useful, honourable, career in life.

His loss will be deeply lamented by all his friends, but more especially by the poor, to whom he was always kind and devoted; and by them many a tear of sorrow will be shed, and many a fervent prayer will be offered up to the Throne of Mercy for the eternal repose and happiness of one who had always proved himself in the hour of need their generous friend and kind-hearted practical benefactor.

**Queen's University in Ireland.**—We understand that at a recent meeting of the Senate of the Queen's University it was decided that in future the University Examiners in Medicine, Surgery, Medical Jurisprudence, Materia Medica, and Midwifery should hold office for four years, instead of two years as formerly.

**Court Dress for the Medical Profession.**—The Queen has approved that the honorary physicians and honorary surgeons in the Royal Navy shall wear a gold and black sash of the same pattern as that worn by the honorary physicians and surgeons in the army. The sash is to be worn only with full dress when in attendance on the Sovereign or on State occasions.

# NOTICES TO CORRESPONDENTS.

## DEPARTMENT OF LUNACY.

IN accordance with the suggestion of several subscribers interested in, or attached to, asylums, we have decided to commence next week a "Department of Lunacy," under which heading space will be devoted to the discussion of those various subjects and questions in lunacy which are of such constantly recurring importance as to be practically beyond the pale of existing quarterly and half-yearly psychological journals. This Department, as with every other in this journal, will be open for the free expression of the opinions of all who are interested in public or private asylums; and as we are promised papers and clinical cases from several

valuable pens, it will become one of constant reference to all interested in the political, the social, or the clinical aspects of lunacy.

We beg herein to thank those many gentlemen who have promised us their support, both moral and pecuniary. Upon them depends whether the Department shall be weekly, fortnightly, or monthly, according to the supply of interesting matter with which we are favoured. That many "burning questions" will occupy the attention of the next Parliament is certain, it behoves all therefore, to be prepared.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7½, Council Meeting.—8, Dr. Buzzard, "On Cases of Syphilitic Affection of the Nervous System."

SANITATION IN DUBLIN.—The *Irish Builder*, of Jan. 1 does us the honour to publish, at full length, our article of the 25th ult. on this subject, but says: "While admitting the sanitary condition of Dublin is very bad, and that the corporation are to blame for past neglect, we will be no party on any occasion to endorsing charges which are not thoroughly true in substance and in fact." We fail to understand the *Builder's* position. If our charges are not true, why republish them and thereby endorse them? If they be true, why insinuate that they are not? If partly true and partly false, why not point out the errors? The *Builder* ought to know something worth knowing about the dwellings of the poor in Dublin, and has often enough descanted on the absence of sanitary arrangements therein. We can surely form a judgment whether or not it is desirable to leave a city like Dublin to a merely nominal sanitary supervision as is now proposed. Why, then, does it not honestly express its opinion upon the subject and spare its readers the usual formula about its "right to independent opinion," which no one has ever challenged.

MR. A. LEATHER, Nunhead.—We believe there are between three and four thousand medical men in London and suburbs, and about ten thousand in the provinces. We are unable to give you any idea of the probable success of your proposed undertaking, not being conversant with commercial undertakings of this class.

DR. S. T. E.—The entire series will appear in due course.

AN INTERESTED ONE.—Your inquiries are answered in the notice which appears at the head of this column.

A GENERAL PRACTITIONER.—A meeting is announced for to-day (Wednesday).

DR W.—Many thanks. We have forwarded the letter on.

DR. H. M.—You are not at all behind, if all our subscribers were equally punctual there would be nothing to complain of. Our publisher will forward your account in due course.

DR. A. H. J.—It is so long since we do not remember the date. If you will favour us with the year the Index shall be searched.

DR. CARPENTER.—The reply to Mr. Upton, if inserted *in extenso*, would occupy three columns. We will reduce it to moderate limits and insert in our next, being much pressed for space.

THE Medical Society of the College of Physicians, Ireland, will meet on Wednesday next, at 8 o'clock, at the College Hall, Kildare Street, when the following communications are set down for reading:—Adjourned discussion on Dr. Hayden's paper on "The Treatment of Chorea."—Dr. Walter Smith, "On Illustrations of the Use of Chrysophanic Acid in Diseases of the Skin."

CLINICAL SOCIETY OF LONDON.—On Friday, Jan. 10, at 8 p.m., Annual Meeting—Election of Officers. The following cases will be brought forward: Dr. Cayley and Mr. Lawson, "Intestinal Obstruction, for which Gastro-Enterotomy was performed." Mr. Heath, "Case in which a Silver Catheter was broken in the Bladder." Dr. Southey, "A Case of Pleuritic Effusion treated by Capillary Drainage." Dr. Althaus, "Case of Disease of the Spinal Accessory Nerve."

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. John Harley, London. Dr. Andrew Clark, London. Dr. Phillips, London. Dr. Wheeler, Dublin. Dr. Whipham, London. Dr. Billings, New York. Dr. R. Fletcher, New York. Dr. Bodington, Kingswinford. Dr. Winslow, London. Dr. Timms, London. Mr. Douglas Hemming, Bournemouth. Prof. Charcot, Paris. Dr. Berkart, London. Dr. Johnston, Dublin. Dr. Tuckey, Castletownroche. Dr. Hugh Davis, Newport. Dr. Watson, Edinburgh. M. Preterre, Paris. Dr. Fryer, Sherburn, Yorks. Dr. Wood, Philadelphia. Dr. Walsh, Dublin. Dr. Williams, London. Dr. Wharton, Dublin. Dr. Brady, Rathgar. Dr. Robinson, Dublin. Dr. Ewing Whittle, Liverpool. Dr. Rutherford, Ballinasloe. Dr. Sterling, Thomastown. Dr. Sheill, Killyleigh. Mr. Frend, Manchester. Dr. Coates, Portumna. Dr. Stanley, Stokestown. Dr. Jackson, Ballyhaise. Mr. McNeary, Gurvagh. Dr. Hime, Sheffield. Dr. Woodhouse, Westport. Dr. Walsh, Enniskillen. Dr. Mackenzie, London. Dr. Harrison, Roscommon. Dr. O'Flaherty, Kingstown. Dr. Liveing, London. Dr. Jacob, Maryboro'. Dr. Ryan, Ballinebro'. Dr. Fisher, Mediterranean Squadron. Dr. Madras, Dripsey. Dr. Rooney, Athboy. Dr. Lyster, Kilkenny. Dr. Milton, London. Dr. Robinson, Beragh. Dr. Scott, Aughnacloy. Dr. Sproule, Moville. Mr. Pearce, Pimlico. Dr. Kidley, Tullamore. Dr. Moore, Rockcorry. Dr. Myles, Colehill. Dr. Bath, London. Dr. Harley, Dublin. Dr. Moore, Ardee. Dr. Brereton, Oughterard. Mr. Jabez Hogg, London. Dr. Dudfield, Kensington. Surgeon-General Gordon, Madras. Mr. Rathbone, M.P., Liverpool. Dr. Smith, London. Mr. Redman, Lincoln. Mr. Marston, Ludlow. Dr. Dolan, Halifax. Dr. de Fonmartin, Greenwich. Mr. Hyslop, Church Stretton. Dr. Craig, Bedford. Dr. Fixott, St. Heliers, Jersey. Dr. Harmer, Hawkhurst. Dr. Byas, Bow. Dr. Herbert Major, Wakefield, Dr. Milner Fothergill, London. Dr. Hicks, Hendon. Dr. Woakes, London. Dr. Carpenter, London. Mr. Leather, Bayswater, &c., &c.

## VACANCIES.

Bristol General Infirmary.—Medical Superintendent. Salary, £130 per annum, with board, apartments, &c. Applications to the Secretary before Jan. 23.

Celbridge Union, Kilcock Dispensary.—Medical Officer. Salary, £115, with fees, &c. Election, Jan. 14.

City of Dublin Hospital.—House Surgeon. Salary, £100 per annum. Full particulars on application to Surgeon Wheeler, 27 Lower Fitzwilliam Street, Dublin. (See Advt.)

Clogheen Union, Ardfinane Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Jan. 20.

Clonmel Union, Ballymacarbry Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Jan. 13.

Limerick Union Workhouse.—A Resident Apothecary or Pharmaceutical Chemist. Salary, £150, with apartments. Election, Jan. 15.

Longford Union, Killashee Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Jan. 14.

Melton Mowbray Union.—Medical Officer for the Waltham District. Salary, £40, with extra fees. Applications to the Clerk, Union Offices, Melton Mowbray.

Rotherham Hospital.—Resident House Surgeon. Salary, £100, with board. Address the Hon. Sec. on or before Jan. 23.

Settle Union.—Medical Officer for the District and Union. Salary, for the former, £25; the latter, £25, with the usual extras. Apply to the Clerk of the Union on or before Jan. 20.

Swinford Union, Kilkelly Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Jan. 18.

University of London.—Registrarship. Salary, £800, increasing £25 until the maximum of £1,000 is reached. Applications not later than Feb. 1.

Whitechapel Union, London, E.—Assistant Medical Officer for the Infirmary. Salary, £150. Applications to the Clerk, Union Offices, Whitechapel, E.

Wigan Union, District and Union.—Medical Officer. Salary, £130, with the usual extras. Apply to the Clerk of the Union before Jan. 15.

## APPOINTMENTS.

COLLETT, R. W., M.R.C.S.E., Resident Medical Officer to the Ramsgate Royal Dispensary and the Seamen's Infirmary.

ELLIS, T. S., M.R.C.S.E., a Consulting Surgeon to the Gloucester General Infirmary.

HORDEN, J. O., M.B., C.M., L.R.C.P.Ed., L.R.C.S.Ed., Resident Medical Officer to the York Dispensary.

JONES, D. J., C.M., M.R.C.S.E., Junior Assistant Medical Officer to the Gloucestershire Lunatic Asylum.

KEBBELL, W., L.R.C.P.L., M.R.C.S.E., Senior Assistant Medical Officer to the Gloucestershire Lunatic Asylum.

MACAULIFFE, A., L.R.C.P.Ed., Medical Officer and Medical Officer of Health for the Kilgarvan Dispensary District of the Kenmare Union.

MACMILLAN D., M.B., C.M., Medical Officer and Medical Officer of Health for Kilcalmonell and Kilberry, Knapdale South, and Saddell and Skipness, Argyllshire.

MACNAUGHTON, W. A., M.B., C.M., Medical Officer for the South District of the Parish of Great Yarmouth.

SHANAHAN, John Francis, L.R.C.S.I., L.K.Q.C.P.I., Medical Officer Adare Dispensary, Croom Union.

## Birth.

BRODIE.—Dec. 2, at Kurrachee, India, the wife of Surgeon-Major J. F. Brodie, of a daughter.

MOORE.—Dec. 26, at Cavan, the wife of Mark Moore, L.R.C.S.I., of a daughter.

PALMER.—Dec. 26, at Durrow, Queen's County, the wife of John R. Palmer, L.R.C.S.I. & L.K. & Q.C.P.I., of a son.

SMITH.—Jan. 1, at Croydon, the wife of W. H. M. Smith, L.R.C.P., of a son.

## Marriage.

JOHNSTON—STAPLETON.—Jan. 2, at Castleblaney, co. Monaghan, Henry Maturin Johnston, M.D., L.R.C.S.I., to Mellicent Agnes Blennerhassett, youngest daughter of the late David Stapleton, Esq., R.N.

## Deaths.

BLAKE.—Dec. 20, at Beaufort Villa, Cumberland Road, Bristol, Frederick George Blake, L.R.C.P.L., aged 27

BUSFEILD.—Dec. 28, at his residence, Booth Fold, Newchurch, Harcourt M'Leod Busfeild, M.D., in his 37th year.

CAMPBELL.—Dec. 26, at Knock House, Sleat, Skye, suddenly of cerebral apoplexy, Edward Eilice Campbell, M.B., C.M., Parochial Medical Officer, Sleat and Strath.

DIXON.—Dec. 31, at Penrith, George Dixon, M.D., M.R.C.S., late of Thames Ditton, aged 38.

O'DONNELL.—Dec. 15, at Astaki Bay, Sea of Marmora, Joseph Francis O'Donnell, M.B., Surgeon H.M.S. *Thunderer*.

REID.—Nov. 20, at Rosalie Beau Bassin, Mauritius, Francis Reid, M.D., C.M.G., Inspector of Hospitals.

RINGROSE.—Dec. 28, at Wood Green, John Ringrose, M.R.C.S.E., aged 74.

ROBINSON.—Dec. 25, at Charlotte Street, Christ Church, Surrey, John Robinson, M.B, aged 85.

SHORTO.—Dec. 25, at West End, Southampton, James Shorto, M.R.C.S.E., aged 71.

SNAPE.—Dec. 25, at Millbrook Road, Brixton, William Heathcote Snape, M.R.C.S.E., aged 65.

STABB.—Dec. 26, at Montpelier Terrace, Ilfracombe, Thomas Stabb, aged 78.

SMITH.—Dec. 23, at Derry, Charles Smith, M.D.

TYRRELL.—Dec. 31, at 13 Merrion Square North, Dublin, Henry J. Tyrrell, F.R.C.S.I., M.R.I.A., &c., aged 45.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 15, 1879.


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A COURSE OF

## Clinical Lectures

ON THE

## PATHOLOGICAL ANATOMY OF THE LUNGS.


By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.



(*Continued from page* 24.)


### V. Visceral Epithelial Cirrhoses in General.

In finishing the preceding lecture I brought forward an anatomo-pathological character common to certain forms of sub-acute or chronic broncho-pneumonia. As you will remember, this consisted in the fact that whilst the wall of the respiratory canaliculi is transformed into embryonic tissue, the endothelial investment is replaced by an epithelium of the cylindrical type, and analogous consequently to that which lines the bronchi. I cited as examples, *fibroid pneumonia* of tuberculous patients as described by M. Thaon; the *lobular pneumonia* of syphilitic infants after Cornil and Ranvier; the case of *carnification* of the lung described by Legendre and Bailly which represents, as I believe, in the chronic state common broncho-pneumonia. I should have added, that in those animals whose recurrents were divided who survived some weeks the results of the operation, M. Friedlander has met with alterations in the lungs closely analogous to those which I have briefly described to you in man. In all the cases I repeat, with respect to the lesions of the respiratory canaliculi, two elements may be distinguished, cellular vegetation of the connective wall of the alveoli leading to destruction of the special elements of the region, that is to say, muscular fibres of organic life, bundles of elastic fibres, &c.; (2) substitution of an epithelial investment of cylindrical type for the investment of flat cells, morphologically endothelial, which exist in man after birth in the normal state. We must now recal some details of elementary embryology which I brought before you in a former lecture. Recal to mind the first details of the development of the lung. You know how the two swellings or diverticula appended to the posterior extremity of the œsophagus are composed of two very distinct parts:—

1. A layer of *hypoblastic* cells, soon represented by an investment of cylindrical epithelium extending through the whole of the respiratory channels.

2. A thick layer of mesoblastic tissue, at the expense of which are developed the muscular and elastic elements, the vessels, &c. (Fig. 16.)

FIG. 16.

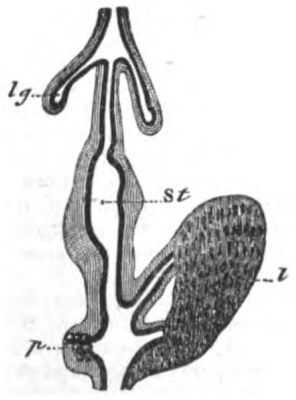
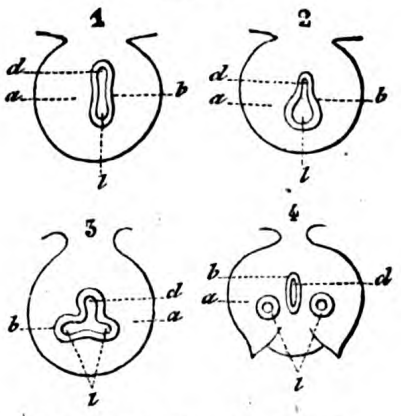



Diagram of a portion of the digestive canal of a chicken at the fourth day. The internal black line represents the hypoblast, the outer lighter part the mesoblast. *lg*, Pulmonary diverticulum, presenting a terminal swollen extremity, forming the primitive pulmonary vesicle. *St* Stomach. *l* Two hepatic diverticula, the terminal extremities of which are united by uninterrupted rows of hypoblastic cells. *p* Pancreatic and vesicular diverticula. (Foster and Balfour).

To return to the sub-acute and chronic broncho-pneumonic lesions on which I have just treated, it is interesting to see, I told you, the epithelial investment, originating from the hypoblast, take, under the influence of an irritative process, the form which it presents in intra-uterine life, at the same time that the walls of the alveolus, which in their first development arise from the mesoblast, also take the embryonic character.

FIG. 17.




Four diagrams to show the formation of the lungs. *a*, Mesoblast. *b*, Hypoblast. *d*, Cavity of the digestive canal. *l*, Cavity of the pulmonary diverticulum. In 1, the digestive canal has undergone a strangulation, which separates it into two channels, the one superior, the other inferior; the first is the true alimentary canal, the second the pulmonary tube; they are in communication with one another. In 2, the inferior (pulmonary) tube is the larger. In 3, the enlarged portion is divided so as to form two canals, communicating with one another, and both with the digestive canal. In 4, they are completely separated from one another, as well as from the digestive tube; the mesoblast has also begun to show signs of the internal changes which are produced. (Foster and Balfour).

Incontestably this is, I repeat it, a remarkable incident in the anatomical history of chronic broncho-pneumonias. The fact will appear to you, doubtless, still more worthy of interest if I show you that it is reproduced with the same characters and the same signification in some varieties of interstitial inflammation, *cirrhoses* (if you like to call them so), which attack other viscera than the lungs. I have already shown you that in my opinion this is not merely a partial fact or episode, but an anatomical character common to an entire group of *visceral cirrhoses* belonging consequently to the domain of general pathological anatomy. The following details will justify the proposition which I have just enunciated afresh. Recalling to mind our studies of last year on the diseases of the liver, bile ducts, and kidneys, I propose to examine from the special point of view to which I have directed your attention, first, the case of the kidney, then that of the liver. I shall lead you into a digression which will conduct you apparently a little away from the immediate aim of our actual studies; you will not regret this if I am able to make you feel that considerations such as those which are about to be presented to you, may contribute, some day, to relieve the chapter of chronic pneumonias from the obscurity which, up to the present time envelopes it at more than one point.

I. I will first bring forward the example of the form of chronic interstitial nephritis which, in the language of macroscopical anatomy, bears the name of *contracted kidney*, *small red kidney*, *gouty kidney*, and *granular kidney*, titles borrowed, as you know, almost all of them, from English nomenclature. This is, I think, from an anatomical, as well as from a nosographical, point of view, a species, distinct from another form of renal affection, belonging itself to the old class of Bright's disease, a form in which the organ is equally atrophied, *cirrhosed*, and which Dr. G. Johnson has called *small yellow kidney*; others call it *small fatty kidney*, and *mottled kidney*. This last variety of renal alteration is connected, as Dr. Johnson has shown, with the history of *parenchymatous nephritis*, of which it represents an advanced stage. It has nothing in common with the alteration called the *small red kidney*, except that it is situated in the same organ of which it causes sclerous atrophy, and reveals itself clinically by a certain number of analogous symptoms; a circumstanee which need not surprise us, since the two affections have the same organ for their principal foundation. (*a*)

I recal, in passing, this distinction between the *small yellow* or *fatty kidney*, and the *small red kidney*, because the anatomical grounds on which it is based do not appear to me to be sufficiently recognised, if I may judge at any rate by certain critical articles recently published, which review my instruction of three years ago, and whose conclusions differ from those which I put forward at the time. It is in the region of the labyrinth that the lesions in the case of the small red kidney are especially situated. I have endeavoured to establish with M. Kelsch that the atrophy of the labyrinth and the relative integrity of the medullary radii explain the existence of the *granulations* which project on the surface of the organ, and appear pale on a red ground. The red and depressed parts answered to the labyrinthine region or atrophied *canaliculi contorti;* the clear projecting parts, granulations in fact, to the central region of the lobule, in other words to the medullary radii composed especially of secreting canals and remaining relatively healthy.

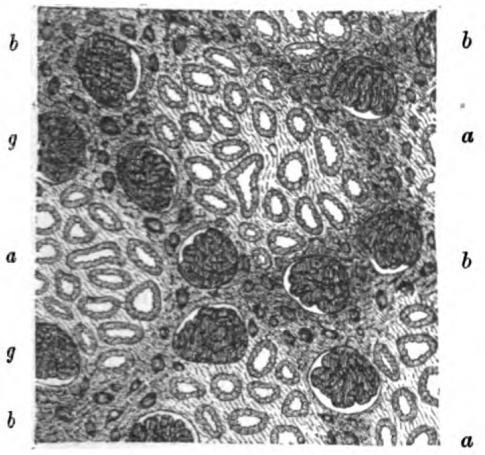
Histologically, these facts predominate; 1, the glandular epithelium of the convoluted tubes as the result of various alterations, presents a granulo-fatty change, and finally disappears; 2, at the same time the connective tissue which serves to support these tubes undergoes embryonic growth, and is developed in excess. This is the point to which I wish to-day very specially to draw your attention. At a given period of the process the granular glandular epithelium, which in the normal state lines this part of the uriniferous tubes is replaced by a cuboid epithelium resembling morphologically the cylindrical epithelium of the collecting tubes. This modification of the epithelial investment has been described by all authors who have studied the histology of the contracted kidney, G. Johnson, Cornil and Ranvier, Kelsch, &c. (Fig. 18.) It appears to be a fundamental character in the pathological histology of the small red kidney, and if it be met with in other forms of renal sclerosis, it is then never more than a partial, and to some extent, accidental fact.

You will easily see the analogy which I wish to establish from an anatomo-pathological point of view between the form of renal cirrhosis to which I call your attention and broncho-pneumonic cirrhosis. The relation will appear to be more striking if I recal to your mind, in connection with the kidney, as I did just now *à propos* of the lung, some embryogenic details. From the second day in the chicken we see a group of cells on each side of the middle undivided part of the mesoblast, outside the proto-vertebra, between them, the epiblast, and the mesoblast. This is the first rudiment of the Wolffian body. The mass in question, composed of mesoblastic cells, is soon hollowed out into a small cavity which is seen lined with cylindrical cells. It is thus that the canal of Wolff is formed. Whence come the cylindrical cells? Waldeyer supposes, but this is purely theoretical, that they are of epiblastic origin, and that they have been by a sort of inclusion separated from the epiblast at the period of the apparent union of the epiblast and mesoblast. However that may be, about the fourth day the structure of the Wolffian body begins to be seen. We see then a series of convoluted tubes brought together into the canal of Wolff, and ending in the vascular glomeruli, which during this time are formed in the thickness of the mesoblast. The mode of development appears to be as follows: from the anterior part of each canal arise on the

(*a*) G. Johnson, "On the Forms and Stages of Bright's Disease of Kidneys." Med. Chir. "Transactions," vol. xlii. 1853.

internal surface diverticula which lengthen, little by little, and form tubes folded on themselves. These tubes are, like the canal of Wolff itself, lined by a cylindrical epithelium always thicker than in the first case. Such is, in brief, the first development of the Wolffian body,

FIG 18.




Section of a Contracted Kidney, perpendicular to the direction of the Lobules. The clear parts *a*, forming granulations correspond to the centre of the lobule, and represent sections of the collecting tubes. The shaded parts *b*, are composed of the convoluted tubes, atrophied by the newly-formed embryonic tissue, and of the glomeruli *g*. (Semi-diagrammatic figure, after preparations by Kelsch.)

FIG. 19.

Atrophied uriniferous tubes, containing small cells partly disintegrated, and fatty granules. X 428

which is called primitive kidney; as for the definitive kidney, which alone here concerns us, it is developed soon after on exactly the same model in the sheep as well as in the chicken by a prolongation from the posterior part of the Wolffian body. We now see that the comparison of the lesions of broncho-pneumonic cirrhosis with those of the small red kidney shows us that in both cases the fundamental process has, *mutatis mutandis*, the same basis, viz., a return to the embryonic state of the elements originating from the mesoblast, and as regards the epithelial investment, a tendency to the reproduction of the character of the fœtal state.

*(To be continued.)*

# Original Communications.

## ON PERIODICAL HÆMOGLOBINURIA.

BY PROF. L. LICHTHEIM, M.D.

Translated from the *Allgemeine Wiener Medizinische Zeitung*

By J. C. COPLAND, M.R.C.S.,

Member of the Court of Examiners, Apothecaries' Society.

THE complex symptoms which characterise this very rare affection are, on the whole, well marked. The patient suffers severe paroxysms of fever which very closely resemble an attack of intermittent fever, but they are of shorter duration, and are quickly followed by a discharge of urine containing hæmoglobulin. Observe, however, that this disease is no ordinary hæmaturia, but that the urine discharged during a paroxysm of this fever contains actually a solution of hæmoglobulin. It has, indeed, completely the colour and the peculiarities of lac-coloured blood, the blood corpuscles of which have through some cause or other been broken up, and their hæmoglobulin set free in the serum. Hence the urine is almost absolutely free from red blood corpuscles, as may be proved by microscopical examination. If it be boiled it is seen to contain a quantity of albumen, which, however, is not precipitated in the usual manner, but forms itself into a consistent brown scum, or curdled mass, which floats on the surface of the urine. This scum will be found to give all the usual re-actions of hæmoglobulin.

Through the loss of the colouring constituents of the blood the skin of the patient has a waxy appearance, and the external mucous membranes are of a pale colour. Each attack commences with a dragging sensation in the loins, a feeling of general *malaise*, great feebleness, followed by a long rigor, and, after the hot and sweating stages, terminating in complete recovery. The urine at first passed is of a dark-red colour, afterwards it becomes clearer, while that which is passed last of all is perfectly free from hæmoglobulin.

The attacks of this disease are quite absent during the hot season of the year, returning in the course of the autumn and winter, and all patients who have suffered from it feel certain that the complaint has been occasioned by a "cold," or, more correctly speaking, by the effect of a low temperature upon their skin. Moreover, all the patients agree in saying that they are remarkably susceptible to cold, so that an attack of the complaint may in them be brought on by a degree of cold which would have no effect upon a person in health. An English writer (Hassall) has on that account called the disease "Winter Hæmaturia." Hence a patient may be attacked with the disease if he happens to take a cold bath when the weather is cold, or if he gets very wet.

As regards the seat of the disease, the symptoms are very trifling. One constant symptom is great sensibility to pressure in the neighbourhood of the kidneys; and sometimes there is enlargement of the liver and spleen. Œdema is always absent. The blood is remarkably pale, and a microscopical examination shows a great diminution of its colouring matter. From a number of physiological experiments, as well as from the phenomena observed in patients who have, while suffering from the disease, been submitted to the operation of transfusion, we may conclude that we have here a destruction of red blood corpuscles and an escape of their hæmoglobulin into the blood; but what occasions this destruction is more than we can say, as we are entirely ignorant of the essential nature of the disease. Nor have any post-mortem examinations thrown any light upon the question, as at present no one has died from this strange affection. It is, however, worthy of remark that hæmoglobinuria is apparently confined to the male sex.

With regard to the progress and treatment of this disease I may remark that however weak and miserable patients are immediately after the paroxysm, they quickly recover during the intervals of the attacks, and even regain their natural colour and appearance. When summer has put a temporary stop to the disease, the strength of the patient becomes completely restored. The progress of this affection is tedious, but its prognosis favourable.

With respect to treatment, English writers have recommended quinine and the preparations of iron. But those means are scarcely sufficient to protect the patient from the injurious influences which appear to occasion the paroxysms. This is best effected by warm clothing, and

by the patient keeping to his room during rough weather. During the attack itself he should keep to his bed, and wine or some other alcoholic stimulant should be administered during the cold stage.

# Clinical Records.

## ST. PETER'S HOSPITAL.

*Stone in the Bladder of an Old Man—Lithotrity—Erysipelas—Death.*

Under the care of Mr. TEEVAN.

WILLIAM P——, æt. 72, by occupation a gas-fitter, was admitted into the hospital on Nov. 19, 1877.

*History.*—From notes taken by Mr. Arthur Simon, the House Surgeon, it appeared that one year ago the patient began to experience great pain when he passed water, which he was frequently obliged to do. Three months ago blood escaped when he urinated. The patient was born at Brighton, but was not aware of the birthplace of his parents. He was so very deaf that only an imperfect history of the case could be obtained.

*Condition on Admission.*—The patient was very emaciated, feeble, and haggard-looking. He was unable to ride in an omnibus on account of the pain he suffered. Was very frequently obliged to make water and found that the stream of urine would often stop and then commence to flow again. There was but little mucus or pus in his water, which was faintly acid, with a sp. g. of 1015. The man was sounded by Mr. Teevan, who found a stone apparently of medium size, but as the patient was so debilitated, deferred any interference till he had been kept at rest and well fed for some time. He was also ordered henbane and potash to relieve local symptoms.

*Treatment.*—On Nov. 28, at 3 p.m., the patient was put under the influence of gas and ether by Mr. Knott. Mr. Teevan then introduced a medium-sized lithotrite, and having found the stone to be 1¼ inches by 1 inch in its diameters, he there and then crushed it.

29th.—Patient has had a good night. Micturition is painful and slightly bloody. At 8 p.m., temp., 101; pulse, 80.

30th, 10 a.m.—Had some shivering in the night, but feels more comfortable this morning. Passes water in a small stream. Tongue, dry and brown. Bowels open. Pulse, 94; temp., 100·6. Only a little *débris* has come away.

Dec. 1st.—Had a bad night. Bowels rather relaxed. Ordered ten grains of chloral.

2nd, 9 a.m.—Had another bad night. Suffers a good deal of pain. Tongue, parched. Pulse, 92; temp., 98·5. 11.45 a.m. As the patient was unable to make water on account of a piece of stone impacted in the prostatic urethra, Mr. Teevan introduced a lithotrite, pushed the fragment back into the bladder, and crushed it together with some other pieces. 10 p.m. The patient has had a slight rigor. An ordinary elastic catheter was passed to ascertain if patient emptied his bladder. Urine, bloody; pulse, 100; temp., 101·1.

3rd.—Has had a very good night; felt much better this morning. Pulse, 88; temp., 97. At 3.30 a catheter was introduced; the water which escaped was bloody. 10.30 p.m. Has taken food well. Pulse, 100; temp., 99.

4th.—Had a restless night; bowels relaxed. There is an erythematous blush over the right side of face and neck, which is swollen and tender. Ordered hot fomentations, brandy, and carbonate of ammonia and bark. 10 p.m. Temp., 99; pulse, 120; bowels have been very loose all day.

5th, 9 a.m.—The erysipelas has increased; pulse, 110; temp., 98·5. The urine drawn off was quite clear. 9 p.m. Temp., 100·5; pulse, 120.

6th.—Passed a better night; pulse, 114, intermittent; temp., 99, very feeble. 10 p.m. Pulse, 130; temp., 99·5. The erysipelas has increased; patient sinking.

7th.—9 a.m. Pulse scarcely perceptible. Patient died at 3 p.m.

Permission could only be obtained to examine the urinary organs, which was done on Dec. 8, at 9 a.m. The bladder was fasciculated, and its mucous membrane congested. The body of the prostate was enlarged, and the third lobe the size of a hazel-nut. The stone, which was phosphatic, was found broken into three pieces, which collectively weighed ℥vj. The ureters were not dilated or thickened. The right kidney weighed 4½ ozs., and the left one 5 ozs.; both were examined by Dr. Mahomed, who pronounced them to be affected by chronic interstitial nephritis.

*Stone in the Bladder—Lithotomy—Recovery.*

Under the care of Mr. TEEVAN.

ALFRED L——, æt. 10, was admitted into the hospital on Nov. 20, 1878, having been put under Mr. Teevan's care by Dr. Lloyd, Surgeon to the Lambeth Infirmary.

*History.*—The boy's mother stated that her son had suffered from difficulty in making water, and pain in the penis for three years. Latterly he had been much troubled with priapism and prolapse of the rectum. The boy and his parents were all born in London. His maternal grandfather died in St. George's Hospital after an operation for stone.

*Condition on Admission.*—The boy was thin and pale, but notwithstanding the pain he suffered, was bright and cheerful. When at rest he only experienced pain when he made water. The urine was only slightly clouded by mucus and contained no blood. He had previously been sounded by Mr. Teevan on Nov. 17 in the out-patient's room, when he detected a large stone lying at the neck of the bladder.

On Nov. 27, at 3 p.m., Mr. Knott administered chloroform to the boy, and a rectangular staff having been introduced, it was taken charge of by Mr. F. Heycock. Mr. Teevan performed the lateral operation and extracted a lithic acid calculus weighing 1 oz. There was scarcely any constitutional disturbance after the operation; the temperature as taken daily night and morning for one week by Mr. White, the House Surgeon, was found to vary from 98·5 to 99·6.

On Dec. 10 the lad began to pass his water by the penis, and on the 24th he left the hospital quite well, not suffering from incontinence.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, JAN. 10TH.

Dr. MURCHISON, Vice-President in the chair.

Dr. MURCHISON drew the attention of members to byelaw 50, which provides that, though a patient may be exhibited at any meeting, no paper on the case can be read which has not been submitted to the secretaries in the usual manner, at least one week previously. He nominated Dr. F. H. Hall and Mr. Johnson Smith to act as scrutineers of the ballot.

Mr. LAWSON read the history of a

CASE OF INTESTINAL OBSTRUCTION FOR WHICH GASTRO-ENTEROTOMY WAS PERFORMED,

which had been under the care of Dr. Cayley and himself at the Middlesex Hospital, and for which Mr. Lawson performed gastro-enterotomy.

H. C., æt. 23, a compositor, was admitted into the Middlesex Hospital under the care of Dr. Cayley on June 3, 1878. For the last six weeks he had been somewhat costive, and had suffered occasionally from colicky pains. The bowels acted every day, but the motions were scanty, and composed of small hard lumps. On May 29, while at work, he was

seized by an attack of colicky pain much more severe than the previous ones. In the evening he vomited, and he states that the matters brought up had a fæcal smell. The bowels had acted that morning, but there was no motion afterwards up to the time of his admission. During the following three days he had frequent retching, but brought nothing up, and he took no food except a little milk; the colicky pains continued unabated. His medical attendant had given him sulphate of magnesia, and several enemata. *State on admission.*—The countenance was natural and free from anxiety; the tongue was thickly coated, there was a slight blue line on the gums of the lower jaw. He complained of a twisting pain in the belly, especially on moving. It was most marked in the umbilical region, and though constant, was aggravated by frequently recurring paroxysmal exacerbations. The abdomen was considerably distended with some tenderness on deep pressure in the umbilical region. There was marked fulness in the epigastric region, below which there was a slight depression. On percussion there was tympanitic resonance in the epigastric, right hypochondriac, lumbar and iliac regions. In the umbilical the resonance was less markedly tympanitic on the left side, there was dulness in the iliac and lumbar regions, but it was noticed that the position of the dulness sometimes shifted across to the right side. The circumference of abdomen at the umbilicus was thirty-three inches. The patient belched up wind, but had passed none per anum since the 29th. The urine was abundant; sp. gr. 10·37; free from albumen. Resp. 24; temp. 99·2; pulse 108. The patient was placed on his elbows and knees, and a flexible tube passed as high as was practicable; and an enema of warm water administered by a syphon from a vessel placed eighteen inches above the level of the anus. It was not found possible to administer more than two quarts of fluid, which caused considerable distress from a feeling of distension. The enema returned quite free from fæcal matter. Digital examinations of the rectum gave negative results. Ordered extract opii, gr. ½, every four hours. After two pills, the pain was relieved, and the patient fell asleep. The patient continued to get worse, the pain increased, the belly became more distended, and in June 5, he vomited a flaky yellow fluid, with a distinct fæcal odour. On June 6th. The symptoms still unrelieved, notwithstanding repeated doses of opium, and repeated enemata. He continued to vomit stercoraceous matter. The temperature had risen to 101·2; the belly was more distended, and there was tenderness. As peritonitis was beginning, it was thought that further delay in resorting to an operation was undesirable. It was therefore decided that a search should be made for the obstruction. The patient having been placed under ether, Mr. Lawson made an incision in the median line of abdomen, commencing just below the umbilicus. The coils of intestine were seen greatly distended, and with a red velvetty appearance, but still shining, and without any deposit of lymph on them. On passing his hand into the abdomen, Mr. Lawson felt a portion of the intestine tightly distended to beyond the size of the adult stomach, and extending from just below the liver on the right side downwards to the right iliac, and across the belly to the left iliac region. From the fixity of the intestine, he concluded that it was the cæcum. He failed to detect any band or constriction, or collapsed portion of the intestine. He now endeavoured to unravel the small intestine by withdrawing it, and replacing it through the wound coil by coil; but this proceeding was found impracticable, in consequence of the excessive distension of the gut. A considerable portion of the intestine was therefore withdrawn from the abdomen to give room for further exploration; and on again introducing the hand, nothing could be detected but the enormously distended piece of intestine which was supposed to be the cæcum. This portion of the viscus was now punctured with a large trocar close to the lower end of the wound in the abdominal walls, and a large chamber-vessel full of liquid fæces was drawn off. The canula was now withdrawn, and a large india-rubber tube, about six inches in length, and the size of the finger in circumference, was introduced through the opening the trocar had made, and the end of the tubing was brought out through the bottom of the wound in the abdominal walls. A single suture was applied to one edge of the opening in the intestine, and [fastened to the lower cut edge of the abdominal wall, but owing to the fixity of that portion of the intestine, it was found impossible to draw it sufficiently forward to unite it completely to the edges of the external wound. The intestines were then, after some difficulty, returned, and the wound closed with sutures in the usual manner. The parts were dressed with carbolic oil and a compress, and a well-fitted bandage applied to keep the whole *in situ*. During the progress of the operation, as the intestines were drawn from the abdominal cavity they were covered with flannel, made moist and warm, by being wrung out of hot water. This flannel happened to be quite new, and consequently the fluff from the flannel adhered to the peritoneal surface, and remained attached where the bowels were replaced into the abdomen. The small intestines as before stated, were greatly distended, so as to approach in size the normal colon. In returning these into the abdomen, the peritoneal coat in two places cracked to the extent of about three-quarters of an inch. Each of these peritoneal wounds, Mr. Lawson closed with a continuous suture of fine silk, such as is used in operations on the eye. Taking care that the needle perforated only the peritoneal covering, and did not wound the muscular coat of the bowel. The patient was then returned to bed. A profuse discharge of liquid fæces continued to take place through the tube. The next morning his pulse was 160, small and sharp; temp. 103. Belly much distended, has had no more vomiting, and has passed flatus per anum. A free discharge of fæces continues through the tube. He continued to improve from this date; he had no further vomiting, and on the 11th, the fifth day after the operation, he passed a copious semi-fluid motion per anum. After the stitches were removed, the abdominal wound gaped a little, but the edges were kept in apposition by adhesive plaster and a bandage round the abdomen, and ultimately the wound united by granulation, leaving at the lower end a small fistulous track, through which a small quantity of fæces continued to escape. The patient left the Hospital for the Eastbourne convalescent establishment in the second week of October, but after having been there a fortnight, he was sent back with symptoms of obstruction, and distension of the belly. A large enema gave him relief, but, unfortunately, he has had several recurrences of obstruction. The bowels seem to have lost much of their power of propelling onwards their contents, and as they have, probably, become more or less adherent to the walls of the abdomen and to each other, a complete block may at any time occur, for which a right lumbar colotomy will afford the only chance of relief.

Dr. MURCHISON, after congratulating Mr. Lawson on the fortunate termination of this case, remarked that it gave fresh evidence of the remarkable toleration of interference by the peritoneum sometimes witnessed; and related a case where a boy had sustained a laceration of the abdominal wall whilst bathing, which was followed by protrusion of the intestines. These, although covered with sand, were successfully replaced by the medical man, after the sand had been washed off as completely as possible. The boy recovered. He regretted that in the paper no definition of the cause of the obstruction had been given. It was clearly not of the nature of intussusception, but was seated low down in the colon; and he asked Mr. Lawson to favour the meeting with his opinion.

Mr. LAWSON replied that he believed the obstruction to have been caused by a kink in the intestines, which had been straightened by the manipulation.

Dr. CAYLEY added that the seat of the obstruction was uncertain before the operation; it was believed to be low down in the large intestine, though it must be remembered that two quarts of fluid were retained. As to the nature of the hard swelling in the left groin, it would hardly be considered fæcal, for it remained unchanged after several free evacuations of the bowels. The probabilities were in favour of its being inflammatory, for it had remained stationary and not diminished in size—facts which seemed to exclude the diagnosis of a tumour.

Mr. CRIPPS was reminded of a case which he brought before the Society last year. The symptoms had been sudden and severe. Through a small incision the intestine had been explored; a band discovered, and divided after an enlargement of the first cut. The operation, however, which was done antiseptically, had been followed on the ninth day by a fatal result, which he was inclined to attribute to the delay and consequent exhaustion that had followed a temporarily successful use of opium. In his opinion the necessary delay constituted a serious objection to the employment of this drug.

Mr. BRYANT congratulated Mr. Lawson on the result of his case, one which could have hardly been anticipated. The history, he thought, pointed to an acute obstruction added to

some chronic trouble, such as might be caused by a matting together of a part of the intestine by previous peritonitis. A point of great importance in these cases was to operate early—in fact, immediately a mechanical obstruction was diagnosed. No doubt in this case lumbar colotomy would have been sufficient, though this could hardly have been anticipated; but he thought that opening the bulging intestine in the flank would have been here the best procedure.

Mr. THOMAS SMITH allowed that waiting was prejudicial; but the first point was to make a diagnosis, and this was often most difficult. He recalled a case where sudden pain and vomiting had set in. The patient remained in the hospital for fourteen days, and died unrelieved, for at that time abdominal section was not readily undertaken. The post-mortem disclosed an acute enteritis with a sloughing patch of intestine, such as no operation could have benefited. Three days ago he saw a boy who had been attacked, shortly after Christmas, with vomiting and sudden pain. The abdomen was not much distended, and mucus was passed *per anum*. He had diagnosed an enteritis, but after death a band was found strangulating a diverticulum of small intestine. In another case there had been the same symptoms of acute strangulation, where he had diagnosed volvulus. An operation through a small opening was performed; a band was found, and the intestine released; but the patient, who had taken the anæsthetic badly, died in half-an-hour, from the effect of the ether as he believed.

Mr. HULKE quite agreed that the diagnosis was often a matter of great difficulty; the acuteness of the vomiting and the seat of the pain he had often found fallacious guides. In one case, where the symptoms were acute and severe, they were found to depend on an abscess in Douglas' pouch. In a second, when the vomiting was immediate and uncontrollable, the obstruction was at the lower end of the small intestine. Having had an opportunity of witnessing the present operation, he still believed the obstruction to have been caused by a band constricting the hepatic flexure; and the cause of this band was to be sought in the history of the burn, and its attendant suppuration—conditions which were known to be often followed by peritonitis or ulcer.

Mr. HEATH criticised the treatment of the distended intestine by puncturing it with a trocar and inserting a drainage tube, while no attempt was made to attach the intestinal wall. Escape of the intestinal contents might so easily have taken place into the peritoneal cavity. He also thought the probability of a band constricting the colon in some part of its course was great. He referred to Mr. Teale's treatment of a similar case who had, without opening the intestine, closed the abdominal wound and done a lumbar colotomy, and thought that this would be a better treatment to adopt in future.

Dr. BUZZARD believed that the future history of this case would be still more interesting. The fact that two quarts of fluid were retained negatived, in his opinion, the idea that the obstruction could be low down. For his part he thought the treatment adopted had not conduced to the man's recovery. He quoted the case of a young man who had recovered from two attacks of obstruction, one of which, at least, he believed, to have been dependent on a strangulating band, under a free administration of opium.

Dr. YEO had received an altogether different impression from the history. A distended condition of the intestine had been described which it would have been useless to treat by opium, a treatment which, in his opinion, had been too often fatal.

Mr. HOWSE could not agree that in this case nothing had been done to relieve obstruction. The mere emptying of the intestines was often enough where a band was the cause of the strangulation, just as in a strangulated hernia evacuation of the contents of the bowel often allowed replacement to be effected. He allowed that the diagnosis of such cases was often difficult, but the treatment of a clear case of mechanical obstruction by opium could only be prejudicial. After tapping it was a serious objection that the puncture so often allowed oozing to occur. It was of little use then to sew up the hole; the punctures by the needle increased the difficulty.

Mr. HULKE entirely agreed with the remarks of the last speaker, that to tie the puncture often added to the danger, for in spite of all care the intestinal wall was most easily cut through by the ligature.

Mr. CROFT considered that here the value of antiseptic precautions was most valuable; flannel, which had been objected to by Mr. Bryant, for covering the protruded intestine was perfectly harmless if antiseptic. The peritoneum tolerated larger and harder foreign bodies than the hairs from flannel, provided that they were antiseptic.

Dr. STEWART wished to call attention to the importance of substituting belladonna for opium in the treatment of such cases.

Dr. CAYLEY, in replying, said that he was responsible for the delay in operating, but he could not allow that the symptoms were too urgent for this delay. Just before the operation the man had been reading the newspaper.

Mr. LAWSON added that he had no alternative but to puncture the intestine, otherwise the small gut could not have been replaced. Dr. Buzzard, he thought, had not noticed that the fæcal vomiting which had existed for twenty-four hours before the operation, had, after it, ceased, and the patient uninterruptedly got well.

The Annual Report was then read by Dr. CAYLEY as follows:—

The Council of the Clinical Society, in presenting the 11th annual report, is again able to congratulate the members on the continued prosperity of the Society, as shown by increasing members, and full attendance at the meetings. During the past year, twenty-one new members were elected, two members died, viz., Mr. Hilton, an original member, and former Vice-president, and Mr. Esra Hunt. The Society has also to deplore the loss of one of its most distinguished foreign honorary members, Baron Rokitansky. Three members have withdrawn, leaving a net increase of sixteen ordinary members. The Society now comprises 250 ordinary resident members, fifty-five non-resident members, and thirteen honorary members, making a total of 318. The treasurer's balance sheet shows an income for the year of £533 14s. 5d., including a balance for the previous year of £211 16s. 7d., and an expenditure of £280 6s., leaving a balance of £253 8s. 5d. The Society holds £400 consols. The 11th vol. of the Transactions is more richly illustrated than any of the preceding ones, and the Council trusts that the increased outlay upon it has produced satisfactory results. The Committee appointed to investigate the "Incubation Period of Certain Contagious Fevers," and the "Effects of Prolonged and Continuous Use of Chloral," have not yet completed their labours, and have applied for an extension of time before sending in their reports. In conclusion, the Council is desirous of impressing upon the members the necessity of complying with the regulation which requires the reports of cases to be sent on to one of the Secretaries a week before it is intended to read them, the increasing numbers of the communications renders the observance of this rule essential to the proper working of the Society.

Its adoption was moved by Dr. STEWART, and seconded by Dr. SOUTHEY.

Mr. BROWN proceeded to draw attention to the manner of electing the officers of the Society, but

Dr. MURCHISON pointed out that the best course would be to address a letter to the Council on the subject.

A vote of thanks to the retiring President, Mr. Callender, was moved by Mr. MACCORMAC, and seconded by Mr. HOWSE.

Mr. HULKE moved a vote of thanks to the Treasurer, Dr. Greenhow, which was seconded by Dr. CHOLMELEY.

Mr. S. WELLS moved a vote of thanks to the retiring officers, which Dr. BURNEY YEO seconded.

The meeting then adjourned.

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THE death-rate in the principal cities and large towns of the United Kingdom last week was:—Portsmouth 20, Brighton 20, Oldham 25, Edinburgh 25, Sheffield 26, Newcastle-upon-Tyne 26, Nottingham 27, Leicester 27, Sunderland 27, London 27, Leeds 28, Bradford 28, Hull 29, Glasgow 30, Birmingham 30, Liverpool 33, Bristol 33, Plymouth 36, Norwich 36, Manchester 37, Wolverhampton 37, and Dublin, the highest of all, 51. Scarlet fever showed fatal prevalence in Sunderland, Birmingham, and Oldham. Small-pox caused 13 deaths in London, and 22 in Dublin, but not one in any of the nineteen large provincial towns.

# Department of Lunacy.

## INTRODUCTORY.

In our last number we informed our readers that it was our intention to devote some of our space to the discussion of matters of interest in connection with Lunacy.

We have had the matter under our serious consideration as to the best means of furthering the end, and we have decided to devote a portion of our columns every fortnight to this subject, and we trust that all those interested in the question will assist us by forwarding to our office any material which bears directly on Lunacy. And here let it be understood that we do not, nor do we intend to, represent the exclusive views of any party or clique, nor the special interests of public or private asylums. As with every other department of this journal, this will be open to the free and impartial discussion of every phase and interest—political, social, and clinical.

At the present time we read in the Report of the Commissioners in Lunacy that there are 68,538 persons of unsound mind in England and Wales actually under certificate, and confined as lunatics. Of this number, 37,763 are in county or borough hospitals, and 4,202 in provincial and metropolitan licensed houses. The remainder are distributed in the naval and military hospitals, in registered hospitals, as single patients; and 11,859 are resident in ordinary workhouses.

To protect and watch over these lunatics a Parliamentary Committee was appointed to inquire into alleged abuses; and their Report is now before Parliament. Mr. Cross, in reply to a question put to him by Mr. Taylor, at the end of the late Session, stated that it was receiving the attention of the Lord Chancellor, and that legislation would doubtless follow.

We have carefully perused this Report, but must confess that we are unable to detect any suggestion by the Committee worthy of the attention of the Legislature on the subject. A vast amount of evidence was laid before the Committee, who hopelessly failed to grasp the matter under their immediate consideration, and a verdict to the effect that no *mala fides* was proved against licensed houses was the result.

If a weary sitting of a Parliamentary Committee of three months' duration, in which matters bearing directly and indirectly on the question was taken in evidence, failed to convince the world at large that the accusations and allegations brought against asylums were groundless, surely the extraordinary meetings now being held will not do so.

The lay press have contented themselves by heaping abuse upon all engaged in cases of lunacy, heedless of the facts, and very frequently upon *ex parte* statements. Some of the medical papers have abused the authorities in lunacy, and also the proprietors of private asylums. It will be part of our duty to prove that the allegations brought against private asylums are unjust and false, or else to bring them more substantially before the profession.

In conclusion, we invite the assistance of those who are concerned in the treatment of lunacy, whether in public or in private asylums, in effecting an interchange of ideas between all who are connected with this special branch of the profession, and at the same time to enable us to carry out the undertaking in a manner which shall do justice to the importance of the subject.

The following letters have been received:—

## ONE MORE PLEA FOR THE REV. MR. DODWELL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A friend of mine has just received a letter from Mr. Dodwell, in which he relates that the Commissioners in Lunacy, in their last visit to Broadmoor Asylum, said to him—"Mr. Dodwell, we feel sure, that you will tell the truth, and we are quite satisfied that you did not intend any harm to the Master of the Rolls." Why is it that this unfortunate gentlemen is detained so long, as if he were a dangerous lunatic? The Commissioners in Lunacy have no power to liberate him. The responsility rests with the Home Secretary, at whose instance three medical men visited Mr. Dodwell at Broadmoor, but the public are still kept in the dark as to the reasons on which they founded their opinion of his mental state at the time he fired a blank cartridge at the Master of the Rolls; and Mr. Gibson, the surgeon of Newgate, was ready to give evidence as to his sanity at the trial, when strange to say, neither he nor any medical man was called to give a professional opinion.

I remain, your obedient servant,

J. M. Winn, M.D.

Harley Street, London,
January 10th.

## A WORD FOR PRIVATE ASYLUMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Much is being said and written at the present time on the management of public and private asylums, and, as the last eleven years of my life have been spent in these institutions, I have had opportunities allotted to few of studying the merits and defects of both classes of places, and I most unhesitatingly assert my unprejudiced belief that there is no contrast between these two distinct sort of establishments.

In private asylums I have always received all the kindness and attention that a comfortable home could afford; in sickness I was served with every luxury, and was attended upon by the proprietors and their families with assiduous care and unremitting watchfulness. In the other institutions, no matter how I suffered, or how I longed or implored for anything, there was no attention or the slightest heed paid to my sufferings; they had one and all a fixed set of rules and regulations, in some instances of the most cruel character, and beyond these they (the authorities of the asylums) could not be got to stir. I use the word "cruel" advisedly as far as common humanity is concerned. I saw no person from day to day and month to month save my attendants and the medical officer on his single hurried visit. As regards illegal detention, I thought at first that there were some cases not requiring confinement, but I had only to wait, when time invariably showed the wisdom and propriety of needful seclusion from society and the world (for their own benefit) in every case; and I have no hesitation in saying that during all these years I have never known a single case of illegal detention. Then, as regards inspection, I found the same amount of supervision by the commissioners in lunacy and the justices in the one class of asylums as in the other, and I always found that these gentlemen, one and all, paid the utmost attention to every case; but, for the very nature of things such could not exist; private asylums having become the resort for recreation and amusement in the districts in which they are situated, and where the friends of patients are allowed to visit at all times, and to mix freely with them, and to sit by their sick-bed, &c.; indeed, the comforts afforded in these asylums are such as to induce no less than six of us to take up our abode here permanently, and of our own choice and free-will, in preference to those other places of resort where people go in search of health, and peace, and happiness; and I most firmly believe that it will be a sad day and a lamentable misfortune for them (that is, the mentally afflicted) should anything come in the way, or any innovation be projected, to mar or check the usefulness of private asylums and the inestimable boon conferred by them on the unfortunates so situated as the class above-named.

I am, faithfully yours,

J. R.

C—— S——, Shropshire.

NORTHAMPTON LUNATIC HOSPITAL.

Since the beginning of the year this hospital has changed its name to St. Andrew's Hospital, Billing Road, Northampton, with the object of preventing confusion with other institutions of the same description, and bearing the same name, in or near Northampton.

# Translations.

## FIRST OPHTHALMOLOGICAL SOCIETY OF HEIDELBERG.

### Tenth Session.

*Extract from the "Klinische Monatsblattern für Augentreil Kunde,* 1877."

Translated from the "*Annuales d'Oculistique.*"

By ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I,

Sometime Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and Dublin Eye and Ear Infirmary.

(*Continued from page 5.*)

Second Meeting of 18th of August.

President—Doctor Williams (of Boston).

VI.—Knies.—*Changes of Accommodation during an Epileptic Attack* (pp. 61—64).—Case of a boy fourteen years of age, who had even so many as 500 paroxysms daily. At a period of from ten to twenty seconds before each paroxysm, the arteries of the retina contracted, and did not return to their normal condition until the fit was over; the veins then became temporarily enlarged. The papilla was also affected, appearing to recoil and to diminish in size; this state of things either persisted throughout the attack, or returned by starts.

*Discussion.*

Leber has examined an analogous case, but did not find in it anything worthy of note.

Rahlmann has also examined a woman during the paroxysms, which were always preceded by a venous pulse extending rapidly to all the branches. The radical pulse showed, by means of the sphygmograph, a higher wave at the same moment.

O. Becker remarked that when rabbits are put to death by means of chloroform, at a certain moment both an arterial and a venous pulse may be observed in the eye, during a period from half to a quarter of a minute.

VII.—Lattler.—*Tuberculosis of the Eye* (pp. 64—72.)—Three cases: In the first case tuberculosis had attacked the exterior parts of the globe of the eye, the conjunctiva, the conjunctive episcleral tissue, the sclerotic, and the cornea; this had at first been taken for a case of cancer, but examination of the enucleated bulb rectified the diagnosis.

In the second case, tuberculosis proceeding from the chiasma, had extended as far as the retina. The symptoms were similar to those arising from tumour of the optic nerve. The child died of basilar meningitis some months after the enucleation. The third case had been mistaken, and with reason, for glioma.

The retina was completely detached, and had become exceedingly thickened. This was properly speaking a case of inflammation of the ciliary body of the retina, and of the choroid, with miliary tubercles in the inflammatory products.

VIII.—Kühnt.—*On the Architectonic System of the Retina.*—The author proposes, firstly, to distinguish between the nervous substance and the lamina which serves as its support, and secondly, to demonstrate the intimate connection existing between the visual epithelium and the ganglionic cells. For this purpose he has especially employed the artificial digestion of pepsine and of trypsine, following in this the example of Ewald and of Kühne, and the process of colouration by means of osmic acid, hematoxyline, and of picrocarmine. From these reseaches it results: firstly, that the molecular layer is a tissue formed of fine fibrils, dependent on the glia of the optic nerve; that, from the external portion of this tissue, corresponding to the internal nucleolei, fibres of considerable strength extend. Secondly, that these latter are furnished at different points with characteristic nuclei, that they become partly sub-divided in the intermediate granular layer, and penetrate, in part, between the external granules, where they can no longer be clearly distinguished from the system of the radiating fibres.

These researches confirm the results obtained by Merckel.

*Discussion.*

Leber has distinctly remarked, in pathological retinas, a reticular tissue in the intermediate granular layer and in the molecular layer.

IX.—Samelsohn.—*On several forms of Secondary Luxation of the Lens* (pp. 82—91.)—A.—In the first form, during the period of the swelling of traumatic cataracts, the lens turns in such a manner that the edge opposite to the lesion protrudes into the anterior chamber. The author having made experimentally a discision below, perceived that the superior edge of the crystalline advanced and fell into the anterior chamber.

*Discussion.*

V. Arlt was well-acquainted with this evolution; which, in his opinion, is simply the result of the relation of the pressures acting upon the capsule. The zonule is not necessarily torn.

O. Becker believes that this may sometimes, but not invariably, occur, as there are other cases, described by Samelsohn for the first time, in which the effect of traumatism on the zonule is such, that, secondarily, and in consequence of the enlargement of the lens, this latter, is with the capsule, detached from the zonule.

B.—In a second form, when a foreign body becomes encysted in the vitreous humour, the connective capsule is sometimes prolonged as far as that point at which the posterior crystalline capsule touches the fosse patellaire, and by the retraction resulting from its cicatrisation produces dislocation of the lens. This projection has been twice remarked by the same author. In the first case the sight was partially preserved; and the folds of the ciliary body were visible by means of lateral illumination, a fact which may be accounted for by the refraction of the dislocated lens.

*Discussion.*

Yany has observed a case in which a cicatrice of part of the corneo-scleral had produced an analagous luxation.

X.—Zehender.—*On the Chemical Constitution of the Substance of the Cataract* (pp. 91—94.)—The index of the refraction of cataracts is either very high, or much below the normal condition; the different layers of the cataract also vary greatly as to their index.

In four cataracts of high index, three contained a great quantity of cholesterine, of which the index is 1,525. In fifty cataracts, which were analysed, the cholesterine amounted to 7 per cent. The contradictory result obtained by Max Kneis, arises probably from the fact that these cataracts were preserved in alcohol, which dissolves this substance.

XI.—H. Knapp.—*On Capsulitis* (pp. 94—104).—Capsulitis shows itself in three different forms, which may be best observed if a square piece of the capsule be taken off by means of a sharp cystotome. The first form is that of simple or spreading capsulitis; this form is accompanied by little, if any, reaction; the affection extends to all parts of the capsule, and then disappears. The second form, plastic capsulitis, occurs when part of the capsule becomes enclosed in the wound. The reaction is considerable; and this form is attended with much pain during the night, injection, &c.; the pupil becomes closed, and only re-opens after a considerable lapse of time in favourable cases, while in unfavourable it shrivels, and leads to cyelitis. The third form, or purulent capsulitis, developes itself in a portion of the capsule; it is accompanied by hypopyon, and the reaction is considerable. This latter subsides in from three to five weeks; there are, however, relapses, and that frequently. These remarks relate only to primary capsulitis. The second form is the least favourable. As to the treatment for the second form, it should be slightly antiphlogistic with atropine, and the patient should remain in bed in a darkened room; in the second and third forms the treatment should be severely antiphlogistic.

As to precautions, it should be remarked that reaction is much more frequent after recent experiments with iridec-

tomy, than after the more ancient with extraction of a portion only. The extraction of a portion of the capsule does not, however, always obviate capsulitis, but the results are very favourable. Cutting completely round by means of a cross-action cystotome is the most successful method; on other occasions, when the patient is young, an incision in the form of the letter T seems preferable.

*Discussion.*

Manveg has been very successful in six cases, in which he followed the process of Wecker by means of combined forceps and scissors. Arlt, on the contrary, has abandoned this process. He thinks that it is better to practise firstly iridectomy, and at from six to eight or ten weeks later, when the membrane is thickened, dissection of the diaphragm by means of combined forceps and scissors.

Samelsohn is of the same opinion; he has adopted the process of Snellen; namely, discision of the membrane by means of a very sharp von Graefe knife.

Röder has already (at the Congress of Heidelberg in 1875) communicated a favourable series of cases of section of the capsule by means of the combined forceps and scissors. Since then he has employed this instrument on about 200 occasions with very favourable results, the details of which he hopes soon to make public.

(*To be continued.*)

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 15, 1879.

## ORIGIN OF DIPHTHERIA IN DISEASED MILK.

It will be remembered that some time ago public attention was drawn to a fatal epidemic of diphtheria at St. John's Wood, respecting the origin of which various opinions were entertained. Some attributed it to bad drainage, some to contaminated milk. Since then an official inquiry has been made into the causes of the outbreak by Mr. W. H. Power, from which we learn that the whole of the 264 cases and 38 deaths was not due to bad drainage or to milk contaminated with sewage, as so many supposed, but to milk, *per se*, and to milk supplied by one particular dealer. In the opinion of Mr. Power, the milk, in some way or other, conveyed to those who drank it throat illness, and that in regard of each retail business, this relation of milk service to throat illness was observed for a limited period only, that period beginning for one business about the time it ceased for the other. It was further found that no external conditions, no sewage contamination, could account for this morbific agency of the milk, so that the origin of the disease appeared to be some condition of the "cow as cow, and of her milk as milk." This interesting question was, at the last meeting of the Pathological Society, the subject of a communication by Dr. Buchanan from Mr. W. H. Power. The paper was suggestive of a connection between diphtheria and diseased milk from a disease in the cow known as "garget." On the same evening the nature of this latter affection was discussed by Mr. Smee, and was referred for further investigation to a special committee nominated by the President.

Considering the supreme importance that should at the present time be attached to the etiology of diphtheria, it is to be hoped that some of our most prominent pathologists will follow up the clue which they appear to have found in the able and suggestive report of Mr. Power. That diphtheria may originate in some contagion derived from the lower animals is by no means improbable. In many respects diphtheria is allied to scarlet fever, and long ago scarlet fever, as well as small-pox, was thought to have been first generated by the lower animals. The older physicians were of opinion that it first occurred among the lower animals as a pestilence, perhaps, among horses, and was thence communicated to man. Besides, as to the probability of such contagious diseases being communicable from animal to man, Mr. Power truly observes that already we know of several diseases in the cow and other animals capable of infecting the human subject. There is vaccinia, which is well known to be *ejusden generis* with small-pox. There is the "foot and mouth" disease; which may so affect the milk secretion as to give rise to aphthous affections and disturbance of the stomach and bowels among consumers of the milk. There is miliary tubercle of the cow, which is communicable to other animals. There is the anthrax fever, which has been known to have been communicated to persons eating the flesh of cattle which have died from that disease. Then there is the parasitic disease, trichiasis; and, lastly, that terrible and fatal disease, hydrophobia. In whatever form, however, the original disease appears in the cow, it must, as Mr. Power remarks, be an affection which disturbs but little the general health of the animal, whilst affecting the quality of the milk—that is, supposing the above outbreak of diphtheria to have originated in diseased milk—inasmuch as the health of the cows which supplied the milk was not seriously affected. The results of Mr. Smee's investigation of "garget" show that there are two or three forms of this disease, one of which not only affects the health of the cow, but seems also to affect the milk in such a way that it may injure the health of calves. It is also a curious coincidence that when diphtheria broke out at the Princess Mary's Home at Woking this "garget" existed in the farm which supplied the Home with milk. Nevertheless, as Mr. Smee

admits, the chain of evidence connecting "garget" with diphtheria is incomplete, and as the further investigation of this most important question involves an amount of labour and expense far beyond the means and the opportunities of either individual members of the profession or of our scientific societies, we trust that before long Government will authorise a special inquiry into the subject. In the meantime, Dr. Murchison has done well to appoint a committee to investigate the nature of "garget," as well as the chemical and microscopical characters of the milk secreted by the affected gland.

## THE IRISH COLLEGE OF SURGEONS AND THE DENTAL DIPLOMA COMMITTEE.

It will be recollected that at the last meeting of the General Medical Council a combined and obviously venomous attack was made by a few of the Scotch and London representatives against the Irish College of Surgeons in reference to the dental diploma recently instituted by that body, and respecting the proceedings of an organisation called the Dental Diploma Committee, in connexion with the concourse of candidates for that diploma. It was alleged or insinuated *firstly*, that the College had admitted persons of a doubtful competency to a sham examination, and, *secondly*, that it had "touted" throughout England for candidates with the object of getting their diploma fees. *Thirdly*, that the Dental Diploma Committee, who were alleged to have acted for the College on this occasion, had obtained money to all intents as a bribe for their recommendation of candidates to the College, and that the College had made that recommendation an essential of admission to examination. These statements having been broadly and unexpectedly made in the General Medical Council, the representative of the Irish College found himself unable to refute them. But he earnestly protested his knowledge of the untruth of a part and his disbelief in the whole of the other, promising that his College would inquire as soon as possible, and —if it appeared that there was any justification for the statements,—would no longer accept the recommendation of the Dental Diploma Committee. Accordingly, after the rising of the General Medical Council the Council of the College took immediate action, and, finding on inquiry that the Dental Diploma Committee had been supposed by many to have been directly associated with the College, they resolved no longer to accept the recommendation of that Committee, or of any other organisation, as a whole, though being still ready to receive the recommendation of its individual members, and accordingly an alteration to that effect was made in the ordinance of Council. The members of the Dental Diploma Committee, learning of this action of the Council of the College, and being aware of the accusations made against them in the General Medical Council, felt themselves bound to set themselves right with the College and with their profession, and they therefore wrote to the Council of the College, asking that they might be heard in explanation, and requesting that their diplomas might be retained until those explanations should be heard.

This request the College Council readily complied with, and named a day to receive the Committee, remitting it, meanwhile, to a sub-committee to make all possible inquiries as to the truth of the charges against the committee put forth in the Medical Council. On the appointed day the five gentlemen who are the executive of the Dental Diploma Committee were in attendance, and were heard at great length in answer to the charges and inuendos made against them, and were subsequently, we may say, cross-examined, respecting the facts. They having retired, the Council deliberated for some time, and ultimately resolved—

"That having heard from the Dental Diploma Committee a full statement of the origin, objects, and history of their Committee, this Council feels bound to express their conviction that the gentlemen composing the Dental Diploma Committee were actuated throughout by the sole desire to benefit and elevate their profession, and that their united action in this matter was honourable and disinterested. At the same time the Council regrets that through the wording of certain letters and circulars issued by the Dental Diploma Committee, and through the zeal of some of its members, an unfounded impression was created that reflected injuriously on the character of this College."

This resolution, it will be observed, at once and clearly acquits the Committee of the grave charges made by Mr. Turner, Dr. Storrar, and by the editor of one of our dental contemporaries; and at the same time it justifies the College in the confidence which it placed in the recommendation of the Dental Diploma Committee.

The naked truth of the matter—divested of the misinterpretations and insinuations put upon it by persons who were anxious to injure the Irish College, and still more anxious to "smash" the Committee—was, that certain members of that Committee worked with great energy to make the Irish diploma a numerical success. In doing so they wrote private letters to very many dentists throughout the kingdom whom they believed to enjoy a repute which might entitle them to admission to the College. These letters were quite unofficial, and many of them confidential, and were couched in familiar and persuasive language, and, of course, they used freely the name of the Irish College without in the least implying that they were authorised by that College. Certain of the persons who had received these letters, and who had decided to present themselves for the dental diploma, were found afterwards not to enjoy the highest professional reputation, and being unable to obtain such testimonials to character as would satisfy the College Council, were not admitted to examination. In retaliation upon the College and the Committee, they therefore made public these private letters, which, though perfectly unobjectionable between individuals, would not have been suitable as official or collegiate communications, and they represented them as the *litera scripta* of the College. Certain Scotch members of the General Medical Council, who were jealous because the Irish College had taken the lead of Glasgow and Edinburgh in the initiation of a diploma, and certain London members and editors who were equally irate because the Irish College received dentists whom they considered the legitimate spoil of the London College, were happy in the opportunity to attack the College, and will, no doubt follow up that attack, although it has now been shown that there was no ground for it. The modicum of truth which it contained was that the terms in which the letters of the Dental Diploma Committee were couched were not

always discreet or dignified. All the rest, the charges of dishonesty, of black-mailing, and of disreputable touting on the part of the College, were utterly untrue and unjustified by any evidence.

## THE SANITATION OF DUBLIN.

We are glad to state that the proposal of the Public Health Committee of the Corporation, to superannuate the superintendent medical officer, and give his duties to the medical officer of health, has not outlived public opinion. The Local Government Board has vetoed the proposition in a communication which says :—

It will be seen that the order of the L. G. B. required the appointment of two separate officers, and as at present informed the Local Government Board are not enabled to approve the proposed amalgamation of officers, nor consequently to rescind the orders.

In reference to this, the following resolution was adopted by the Public Health Committee, viz :—

The recommendation to the Local Government Board of a change such as that contemplated, could only be made so far as the Dublin sanitary authority is concerned by the Municipal Council, and not by this or any other committee. The committee, therefore, regret that the Local Government Board should have come to a decision on the subject before the sanitary authority had an opportunity of considering whether it would recommend it or not. Had the board awaited the discussion of the subject by the sanitary authority, they might have been more fully informed as to the reasons which caused, and still cause, the committee to think that the proposed change, if effected, would be a most beneficial one. The committee regret that they cannot but consider the premature decision of the board upon a matter of such public importance, a decision which, in the opinion of the committee, will retard sanitary improvement in Dublin.

The committee is evidently chagrined at the miscarriage of its proposal, but it can find no better reply to the Local Government Board than the complaint that that department did not wait for discussion in the Town Council. In our opinion the Irish Local Government Board acted with perfect propriety in stopping a discussion in favour of an illegality. It would have been just to complain, had they done so, that they allowed the Corporation to waste its time upon a subject over which that body had no control.

We do not propose to revert to the subject of the proposed amalgamation of offices, but as to the general question of Dublin sanitation we cannot refrain from quoting, in corroboration of our views, a pen-portrait of the dwellings of the poor in Dublin, clipped from the *Irish Times* (which journal paradoxically supported the proposed job). Our contemporary says:—

We cannot over-estimate the fatal results accruing from ignorance, indolence, and neglect. Those who have taken the trouble of making a tour or inspection in the districts to which we refer, cannot soon forget the misery, wretchedness, squalor, and filth to be met with on every hand. Enter one of these houses let in tenements. It is not alone that some of the precautions indicated by sanitary science are omitted, that some of the conditions suggested by the ordinary principles of cleanliness are neglected, but *all* precautions and observances are overlooked, and their opposites obtain. There are no offices, no suitable ash heaps, no ventilation, no pure air. Water is the one thing fresh and pure amidst hideous surroundings of everything that is foul and impure. Fetid moisture reeks from the clammy walls, slime makes slippery the stairs and the floors. In the rooms, the windows are closed so tightly that no breath of air can enter. Where the glass has been broken, the aperture is filled up. This in cold weather, is possibly intelligible, for fuel is scarce and dear. Then the room is overcrowded, a whole family living there, if the word living may be applied to such an existence. From cellar to attic it is the same—dirt and stench, unspeakable and indescribable. There are tumble-down buildings impregnated with filth, yards that would sicken a strong man to see if he were unprepared for such sights, dull, helpless, apathy characterising the dwellers in these pest houses. And the human beings—they show in the sallow cheek, lustreless eye, heavy movements, and stolid demeanour the hopeless misery which is their lot, to which they themselves so greatly contribute. If, as the homely adage says, "cleanliness is next to godliness," it may almost be affirmed that its opposite leads quite the other way. Need we wonder that these wretched people get drunk and mad when they emerge from their abominable dens, which they have no great objection to change for the prison? Need we wonder that the mind is debased by the very associations? The women—almost unsexed—are haggard, hollow-eyed, ragged. The children are neglected—thin, scrofulous, decrepid. "Can such things be," asks some humane person, to whom, possibly enough, the above may seem exaggeration. Inquire, sir or madame, of any clergyman—Roman Catholic priest for choice—inquire of any dispensary doctor, and if they do not fear to shock your ears they will tell you things far more appalling than that which we have set down above, and we speak of what we have seen with our eyes

We believe we are correct in stating that, upon the renting of these tenements, wealthy people in Dublin make profits of from 10 to 25 per cent. on their investments. All this could be changed at an insignificant expenditure, if the Public Health Committee pleased. The law is ample, all costs are payable by the defendant on conviction, the thing might be done in three months if the Public Health Committee chose to speak the word. But it does not choose. It will harry the squalid inhabitants of these dens, but it will not move a finger against the landlords. Why? it is for the Committee to say. If they attempt an excuse, let them not talk of expense, for none is needed for the discharge of this part (and the most necessary part) of their duty.

## ANTI-REFORM IN MEDICAL MATTERS.

It is very desirable that, in the consideration of all great political questions all parties, even those numerically insignificant, should have some journalistic representative; and generally speaking, it is so, for the moment that a party, no matter what its principles may be, becomes sufficiently strong, either in mouey or in numbers, to afford a newspaper, it has one. The Anti-Vivisectors, the Anti-Contagious Disease advocates, the Anti-Vaccinators, and even the Tichbornites, have each their own journal, and the intelligent (?) members of those parties can thus readily interchange their opinions and the mental aberrations which they please themselves by calling arguments. But it cannot be so, as a rule, in medical politics, because the profession is neither so numerous, so rich, nor so literary in appetite as to enable minorities to secure journalistic representation of their views.

We must, therefore, presume that the section of the profession which believes in the General Medical Council is gaining either in numbers or in influence when we find the *Medical Times and Gazette* taking up their cause, and

"going in" as the champion of the existing Council against the somewhat numerous and united host of enemies whose complaints have been expressed by all other medical journals including ourselves. In an article on "The Promised Medical Bill" in our contemporary's last issue it is stated that, "beyond (conjoint examination) there lie only two really important points of reform to be secured—*first*, the registration of colonial and foreign degrees and qualifications; and, *secondly*, the rectification of the penal clauses." We feel that gallantry compels us to remonstrate with the *Medical Times* for forgetting the women, who are certainly "important points" in every sense of the words, for it was they who (if we may use so inapplicable a term) "furthered" Lord Ripon's amendment of last year, and who stopped the further progress of the Bill, and ignominiously defeated the Government and the medical reformers.

The *Medical Times* goes on to say "we wish heartily that, with these few remarks we could dismiss our anticipation of the new medical bill. . . . . If Conjoint examination were accomplished we might be able to afford the time and trouble of looking at certain collateral questions which, growing out of little more than sentiment have been written and talked about, and kept before the profession and Parliament by means of petitions and deputations until they have come to assume an aspect of serious importance, and have positively been sufficient to obstruct all useful reform. Foremost amongst these "fads" is what is called direct representation—otherwise the reconstruction of the Medical Council. We do not believe that the feeling respecting direct representation which has been incessantly reported as strong and genuine, exists to any very important extent among the independent portion of the profession."

As soon as we hear from our contemporary whom it designates the *independent* portion of the profession we shall know how much truth there is in the assertion. If it means the metropolitan big-wigs we can readily understand the remark, for we know by experience that as a rule the wealthy, take-it-easy, luxurious aristocracy of medicine have little knowledge of, and less sympathy with, the wants or feelings of the "helots" who practice in the lower grades of medical practice, and, moreover, are essentially ultra-conservative of abuses, and averse from change of any sort. But, if any considerable number of the profession be classed as "independent," we assert that the statement of the *Medical Times* is discordant with fact. True, the majority of medical men are undecided as to what "direct representation" may mean, and very many have their own idea that something more than the election of six general practitioners to seats on the Medical Council is needed. But we nevertheless assert that not less than three-fourths of the medical men throughout the United Kingdom are strongly of opinion that the General Medical Council has proved itself constitutionally inefficient, and must be reformed before any really honest effort to amend medical affairs will be made. We may add that those who concur in opinion with the *Medical Times* number but few more than the members themselves of the Medical Council, and those who have thriven upon the abuses which that Council has showed itself incompetent to remedy.

# Notes on Current Topics.

## The Contagious Diseases Acts.

We have been favoured by Dr. Nevins, of Liverpool, with a copy of the *Shield*, containing a memorial promulgated by a number of persons in Portsmouth as a sort of counterblast to the facts in favour of these Acts, quoted by the Rev. Mr. Grant, in our issue of Nov. 20, 1878. Dr. Nevins challenges us to publish the memorial, which, for the sake of fairness, we would readily do if it threw the least light upon the subject, either for or against the Acts. But it does not. The memorialists quote the statistics given by Mr. Grant, and "desire to express their entire disbelief in those figures," and for a strange reason—not because they can show any evidence to the contrary, nor because the figures are incredible of themselves, but because Mr. Grant's "are the identical figures that have been supplied to the authorities in London by the officials, surgeons, and police who have administered the Acts in this district." It is, we presume, expected by the memorialists that we are to discredit Mr. Grant's figures because they are corroborated by the authorities. The memorialists, as we have said, "entirely disbelieve" these facts, and "declare their firm conviction that the aforesaid figures are grossly inaccurate and misleading." The only facts they can quote *per contra* are—1. That the decrease in the number of brothels cannot be due to the Contagious Diseases Acts, because those Acts give no power to the police who work the Acts to close them. But the operation of the Acts may have a very important indirect effect by calling to the brothels the attention of those who have the power, and who, no doubt, work in accord with the police who work the Acts. 2. That the apparent enormous diminution of disease (from 70·56 in '65 to 4·84 in '76) is due to the fact that the present Acts give power to examine all prostitutes, whether diseased or not, while the former law gave power only over the diseased. There is, we admit, considerable force in this statement, if it be true.

The rest of the memorial consists of protestations upon the religious and constitutional principles involved in the Contagious Diseases Acts, with which we have nothing to do, and with very little of which we concur. The signatories to the memorial, we find, consist of 2 clergymen of the Church of England, 17 nonconformist ministers, 28 artisans and shopkeers, 1 town councillor, 1 engineer, and *one* surgeon—all most excellent, well-intentioned people, no doubt, but what do they know about the propagation of syphilis? Are they unprejudiced witnesses? Where are the facts on which they depend to counterbalance the figures already before the public? We have had enough of protestations and denunciations in italics and small capitals. Might not the opponents of the Acts vary the monotony of their argument with a little proof!

## Sanitary State of the Russian Army during the late War.

The statistics that are furnished by certain official documents show in a remarkable manner that the health of the army rapidly improved after the wounded returned home. The number of sick, which on the 18th of June was as high as 49,080, fell on the

14th of July to 29,047, so that in the course of twenty-six days there was a diminution of the sick to the extent of 20,033, while 12,054 of this number were sent back to Russia. A large number of troops were conveyed by sea to Odessa, Nicolaïeff, Sebastopol, and Theodosia. From the beginning of May to the 17th of July 36,000 sick troops were sent home, and of this number there were only 41 deaths during the transport. It was in April that the most sickness prevailed, typhus and intermittent fever being most common; while cases of bronchitis, pneumonia, dysentery, scurvy, &c., were also observed.

## Festivities at St. Mary's Hospital, Paddington.

St. Mary's has been unusually well decorated this year, owing to the combined efforts of the matron (Miss Williams) and her nursing staff, house surgeons, lady visitors, and students. The effect is charming, especially in the Accident Ward, where cotton wool has been used to imitate snow in a very seasonable manner. A Christmas-tree entertainment was held in the board-room, at which all patients capable of leaving the wards were present. A magnificent tree, over twenty feet high, laden with three hundred presents, was much appreciated. In order that all the patients should participate in the festivities, Father Christmas (impersonated by Mr. Wills) marched through the wards, accompanied by a juvenile troupe draped in scarlet, and carrying a huge snowball from which presents were distributed to all. After the distribution of presents the "St. Mary's Lily Minstrels," under the management of Mr. Byres, assisted by an amateur band, gave a serio-comic entertainment, the part of "Bones," which was taken with great spirit by Mr. Hayes, causing constant merriment. The whole performance gave great satisfaction, not only to the patients, but also to a large gathering of ladies and gentlemen who had been invited. A vote of thanks to the matron (Miss Williams) and the gentlemen who had so kindly assisted concluded the entertainment.

## Mortality in Marylebone.

In illustration of the effect which, as we recently remarked, very cold weather has upon the death-rate, it appears from the last monthly report issued by Dr. Whitmore, the medical officer of health for Marylebone, that the death-rate for the four weeks ending December 28 was as much as 30·20 per 1,000 of the population, 8·0 per 1,000 in excess of the average death-rate of 1877, and nearly 7·0 per 1,000 above the average of the last 15 years. Amongst the deaths was that of a widow, who died at the Home for Aged Poor, aged 103 years. Owing to the life-destroying effects of the cold bronchitis was fatal in 99 cases out of 370 from all causes, and 60 of which were in persons above the age of 50. It is also stated that at least 75 per cent. of those who fell victims to the cold weather belonged to the indigent classes, a large proportion of whom might have been saved had they been properly cared for. Therefore, Dr. Whitmore thinks that some more prompt, direct, and efficacious method of saving human life in seasons of severe frost than is at present adopted becomes an imperative duty, alike incumbent upon the parochial authorities as on the wealthy and benevolent. Had some well-devised system been in operation during the past five or six weeks of searching out the infirm and destitute in their wretched abodes, and supplying them temporarily with food, fuel, and warm clothing, the death-rate from diseases of the breathing organs would undoubtedly have been infinitely less. The births for the quarter were 1,311, and the deaths 955, the latter being equal to 24·03 per 1,000 of the population, or 3·66 per 1,000 in excess of the previous quarter.

## Le Dr. Tardieu.

With much regret we have to announce the death of Dr. Tardieu, than whom, probably, few members of the profession are better known throughout the civilised world. Not a few remarkable works on pathological and clinical medicine has the world to thank this great mind for, the latest of which has just reached us, bearing the date 1879, entitled "Etude Medico-Legal sur les Blessures." Tardieu was, perhaps, best known in this country for his "Dictionnaire Hygiéne Publique," and also for his celebrated *brochure* "Etudes Medico-Legal sur les Attentats aux Mœurs," which in a short space of time has been through seven editions, and is, so far as we are aware, the only scientific treatise ever written on this repulsive subject. But a great genius may undertake that which would be almost ruin to one of an inferior grade, and so it happened that whatever Tardieu undertook, it was with such a masterly hand, that love of science for science sake and the benefit of humanity was seen in all his writings, and he will be mourned as an almost irreparable loss wherever his influence was felt or his works known; and the Faculté de Médècine of Paris has lost by his death one of its brightest ornaments.

## Liability of Hospital Surgeons to give Evidence at Coroners' Inquests.

On the 16th inst. an inquest was held at the Radcliffe Infirmary, Oxford, to which Mr. Horatio Symonds, surgeon of the infirmary, who had attended the deceased, was summoned by written summons. He, however, did not appear, and the inquest was accordingly adjourned until the 16th inst., when he was brought up in custody on the coroner's warrant, and gave the necessary evidence. It is further alleged that a short time since another medical officer of the town refused to appear to give evidence at an inquest, although formally summoned by the summoning officer.

If we understand correctly the motives of Mr. Symonds and his co-recusant, it seems to us that these gentlemen deserve the thanks of the profession for having entered a formal protest against the most unjust and somewhat impracticable law which compels an hospital surgeon to testify before a coroner's jury without fee or reward. By the Coroners (Ireland) Act, Sec. 32, it is provided that "when any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or any building or place belonging thereto, or used for the reception of patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be

supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the diseased person as a medical officer of such institution as aforesaid to the fees or remuneration herein provided."

This section has been long felt to be very unjust to hospital surgeons and physicians, and in Dublin it has been systematically evaded. The hospital surgeon usually occupies a high professional position, and is in full swing of practice, and it has not been found practicable or fair to recognise his attendance at hospital inquests. Therefore, uniformly, the evidence of the resident medical officer is taken, and consequently, inasmuch as many of the Dublin hospitals are not officered by a qualified medical man but by a student, we have very frequently the coroner's witness box occupied by a witness who possesses no medical qualification whatever, and is forbidden by the Medical Act to testify on medical questions. He is not, either as a matter of fact or in law, "the medical officer whose duty it may have been to attend the deceased person," and it is, therefore, contrary to law to receive his evidence, and any verdict arrived at thereupon might, no doubt, be upset on appeal.

In institutions which are maintained by the State there might be some ground for requiring medical officers to give expert evidence at inquests if that were set down as part of their salaried duty, but in privately supported institutions the case is different. The State has no equitable claim whatever, in such cases, upon the time or the skill of medical men, nor is the duty one which a professional man could be expected to perform gratuitously for the benefit of the community. Moreover, in very many instances the law works to the public prejudice, for usually in every case of accident or sudden death in the street, the patient is taken at once to the hospital, and though he may be dead long before he is so brought, yet he must be retained there. Thus in a multitude of cases in which his medical attendance can be of no avail, the hospital surgeon may be called from his other avocations, and he is, furthermore, refused a fee for his testimony when the cause of death comes to be investigated.

## Gratuitous Attendance on Gentlemen's Servants.

We have been frequently interrogated as to the liability of Poor-law Medical Officers in Ireland to attend upon the servants of the neighbouring gentry upon the usual "tickets." As a general rule, the doctor who is retained by the family attends the servants without fee; but there are numerous instances in which the masters and mistresses have their own pet doctor, and, when needed, send for the dispensary doctor for the servants. Attendance in this way is especially irksome, and the more so because the upper servants of first-class country gentry are usually not only "in clover" as regards present wants, but also comfortably provided with money laid by; and are, moreover, not likely to trouble themselves to conceal their contempt for the doctor, who is obliged to attend them for nothing, and is not allowed to prescribe for the master or the young ladies.

As to the doctor's position under the circumstances, we may say that there is no law to make masters liable for their servants' health; and, therefore, if the doctor be sent for by the servant he must look to him or her for payment. But if the master sends for him—without a medical relief ticket—then he at once becomes liable under contract with the doctor. If a "red ticket" is served upon the doctor he must attend, under all circumstances, for the law does not put any limit to the granting of tickets, saving that the recipient must be "poor" in the opinion of the person who issues the ticket. There is no doubt, however, that upper servants are not, in most instances, fit persons to receive a ticket, nor are they "poor" on any fair interpretation of the word. Indeed, the Irish Local Government Board has said so in a communication to a Medical Officer some years ago Their letter runs :—

"On the one hand, it would be an abuse to call upon the Medical Officer to attend domestic servants in the families of well-to-do people. On the other hand, it is impossible to say that in no case of a domestic servant the granting of a dispensary or visiting ticket would be justifiable."

In this pronouncement we perfectly agree. The Poor-law Medical Officer is, in fact, in the power of the ticket issuer, and at the disposal of his sense of fairness.

## Instructions to Medical Officers under the New Public Health (Ireland) Act.

Nearly six months have now elapsed since the new Act became law, and the medical officers who are engaged in administering it are not up to the present time officially informed as to the changes in the law which that Act involved. The Irish Local Government Board has issued a couple of circulars to the Boards of Guardians throughout Ireland, but have not instructed the medical officers on the subject, and, except for what they have learned through the Medical Press, those officers are in complete ignorance of the altered law so far as it affects either their duties, responsibilities, or emoluments. The Local Government Board has stated to one medical officer that they do not propose any change in their General Order, which defines the duties of their officers (a determination from which we very emphatically dissent, inasmuch as that order is in some respects at variance with the law), but they have not said a word as to the change of title, additional authority, and special fees for sanitary prosecutions, for burial certificates, and for ship visiting provided by the new Act. Are we in too great a hurry about it? Possibly the Local Government Board considers six months a reasonable time to incubate a circular.

## Salicylic Acid in Beer.

M. Blas, corresponding member of the Belgian Academy of Medicine, has in *La Presse Médicale* called attention to this subject. Four years ago, he says, Prof. Kolbe, of Leipzig, was the first to notice the anti-putrescent and anti-fermenting properties of this acid, and at the same time indicated the possible applications of this new agent. It is now generally acknowledged that when this acid is added to beer in the proportion of from one to two decigrammes to the litre, or 10 to 20 grammes to

the hectolitre, the beer is preserved from secondary and injurious fermentation. Without either the taste or the appearance, or the slow alcoholic fermentation of beer being at all modified, the action of secondary ferment is paralysed, and it is only in larger quantities than that above-mentioned that the acid has any destructive effect upon the ordinary constituents of beer. It occurred, therefore, to M. Blas to inquire whether this acid was used by brewers for the purpose of adulterating their beers, and the result of his investigations showed that this acid was used by them on a large scale, approximating in the proportion of 5 to 10 grammes per hectolitre. He found, however, by several experiments, detailed in his paper, that this quantity of salicylic acid in beer did not exercise any injurious influence upon the health. Other observers are of the same opinion, but further experience is acknowledged to be necessary before beer thus adulterated can be said to be absolutely harmless.

## The Combination of the Cinchona Alkaloids with Opium.

Several recent writers have urged the value of this combination. It is one perfectly familiar to Southern and Western physicians. Dr. P. G. Skillern claims that—

1. By a combination of the cinchona alkaloids with opium a much better effect is obtained; a paroxysm being aborted with much more certainty, and a much earlier and more complete cure ensured.

2. Only half the amount of quinia or cinchona is required.

3. It relieves any painful sensations which might be associated with periodic affections.

4. Exemption from certain disagreeable effects upon the brain, headache, tinnitus aurium, &c.

5. It enables the stomach to retain quinia much more readily.

6. Large and continuous doses of quinia or cinchona may be given without producing cinchonism, if combined with morphia.

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As one of the effects of the recent legal proceedings in reference to the Hampstead Small-pox Hospital a communication was received on Saturday by the Metropolitan Asylums Board from the solicitors of an owner of property in the vicinity of the Stockwell Small-pox and Fever Hospitals, who, although they have been erected some nine or ten years, has just discovered that the value of the property on his estate has been "greatly lessened" thereby, and wishing to know "if the managers are disposed to make him a fair and proper compensation for the injury they have done him."

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In the principal foreign cities, the rates of mortality, according to the most recent official weekly returns were, in Calcutta, 57; Bombay, 28; Madras, 44; Paris, 25; Geneva, 27; Brussels, 31; Amsterdam, 26, Rotterdam, 25; The Hague, 27; Copenhagen, 19; St. Petersburgh, 46; Berlin, 25; Hamburg, 27; Dresden, 26; Breslau, 32; Munich, 32; Vienna, 27; Buda-Pesth, 34; Turin, 32; Venice, 33; Alexandria, 48; New York, 23 per 1,000 of the population.

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The Registrar-General estimates that the population of the 23 principal cities and towns of the United Kingdom on the 1st of January, 1879, was 9,416,068 souls; the returns of mortality will be based upon this calculation.

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The population of London and its suburbs amounts now to 4,534,040 persons, showing an increase of 84,025 during 1878. To what proportions this modern Babylon will eventually expand it is difficult to conjecture.

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Sir Wm. Jenner, Bart., Physician to Her Majesty the Queen, has resigned his Professorship of Morbid Anatomy at University College and Hospital, which he has held since 1849.

# Scotland.

Weather and Death-rate.—During the past four weeks severe weather, which still continues, has been experienced in Glasgow, and over the west and north coast in general. Heavy falls of snow continue to occur at short intervals, and frost has been almost uninterrupted. It has been estimated that in Glasgow alone as much as 782,000 tons of snow fell from the 12th to the 18th of December. There has been a preponderance of deaths from pulmonary affections, as may be anticipated; while, though the temperature was much lower during the past four weeks than during the four weeks ending 2nd Jan., 1875, the death-rate has, notwithstanding, been lower. This is contrary to past experience here. The average death-rate for the last four weeks in 1874-75 was 66, and that of the four weeks just passed, 32⅞. During the past week the Glasgow death-rate has been only 29.

Epidemic of Scarlet-Fever at Lesmahagow.—The outbreak of this fatal zymotic at Lesmahagow has evidently run its course. Seventy cases existed, and at least twenty-six deaths took place within a period of less than two months. Since the 4th December no new cases have appeared; and the village schools are now re-opened. During a considerable period milk from an infected house was distributed in Glasgow. The matter was accidentally discovered by the Glasgow contractor, and the supply at once stopped.

The Incidence of Mortality in Gourock.—Out of the 93 deaths in Gourock last year 18 were at the time of death over 70 years of age, and 15 between 60 and 70.

Edinburgh Royal Infirmary.—The annual meeting of the contributors to the Edinburgh Royal Infirmary was held in the Queen Street Hall, Edinburgh, this week; Lord Provost Boyd presided. The annual report of the Managers for the year ending 1st October, 1878, was read, and stated that the ordinary income was £19,570 and the expenditure £25,129, showing an excess of expenditure over income of £5,559. Deducting this sum of £5,559 from the legacies, &c., received, amounting to £13,533, there remained to be added to the capital for the year £7,974. The total amount of stock and funds at the audit of the Infirmary at 1st October was £126,061. The total amount subscribed to the building fund up to 1st October £236,994, while the expenditure amounted to £242,446, showing a deficiency of £5,331. There had been 5,186 patients admitted into the Infirmary between 1st October, 1877, and 1st October, 1878, while between 10,000 and 12,000 attended the out-patients'

department. The average daily number of patients for the year was 460, an increase of 6 on the previous year; the greatest number on any one day was 497, and the lowest number 374. The average time during which each patient remained was 30·1 days. The number of deaths which took place within 48 hours of admission was 98. The percentage of deaths to the whole cases treated was 80. The number of patients received into the convalescent home during the year was 660, being 46 more than during the preceding year. Messrs. John Weir, James Haldane, Christopher Douglas, Robert Besson, William I. Ford, and Dr. H. D. Littlejohn were re-elected managers.

Andersonian School of Medicine.—A movement was inaugurated recently, chiefly among the medical staff, with a view to the removal of the entire school to a neighbourhood contiguous to the University. At a meeting of managers held a week ago, that project was, for the time, at least, shelved. It is generally feared that any such action on the part of the managers would not further the ends for which the school was originally founded; the medical staff, on the other hand, think that, by proximity to the larger teaching corporation a healthier rivalry would be called into action, and that their chances would be thus bettered. Distance cannot be of much moment in such a city as Glasgow, the present site is close to the Royal Infirmary—one of the largest institutions of its kind in the kingdom—and it seems hardly complimentary to the teachers themselves to urge the importance of locality in such a matter. It is perfectly obvious that the class of students which crowded at one time the ranks of such schools as the Andersonian and its rival school in connection with the Infirmary is fast diminishing, and that this will eventuate in benefit to the profession there is no reasonable doubt.

Edinburgh University.—The matriculation returns for the past year have just been made up. The aggregate number of students on the register in residence for 1877 was 2,560; for 1878 they amount to 2,617. These were divided among the different faculties as follows: In the Faculty of Arts there were 885 students; in the Faculty of Divinity, 71; and in the Faculty of Medicine, 1,293. It is supposed that the increasing ratio in the latter faculty is due to the wide range of supply of students to which India, our colonies, and even foreign countries, contribute. From the register it is shown that of the 1,293 medical students 565 are from Scotland, 445 from England, 22 from Ireland, 75 from India, 149 from different British colonies, and 34 from foreign countries. The average age of students in the Faculty of Arts is 20-6 years; in the Faculty of Divinity, 23-5; in the Faculty of Law, 22-3; and in the Faculty of Medicine, 20-8 years. During 1878, 30 took the degree of M.D., and 115 the double degree of M.B. and C.M. During the same period additions have been made to the list of university prizes, bursaries, &c. 1. "The Cameron Prize," a sum of £2,000 has been left by the late Andrew Robertson Cameron, M.D., of Richmond, New South Wales, for the purpose of establishing a prize to be given at the graduation ceremonial in August in each and every year to the practitioner or member of the medical profession who shall be adjudged to have made the most valuable addition to practical therapeutics during the preceding year, the word "therapeutics" to be taken in the widest sense as including every agent or agency capable of influencing the human body in the maintenance or improvement of health, the avoidance or cure of disease, or the alleviation of suffering. 2. "Dr. John Aitken Carlylis Bursaries," two bursaries of the value of £30 each to be awarded by competitive examination. One is open annually to students in the first year of their medical course for proficiency in anatomy and physiology. 3. Two "MacKenzie Bursaries," of the annual value of about £25 each, have been founded in memory of the late William MacKenzie, F.R.C.S.E., formerly Demonstrator of Anatomy, and Curator of the Anatomical Museum in the University. They are open to students in each of the junior and senior anatomy classes respectively, and will be awarded at the end of the session to the student who has displayed the greatest industry and skill in his practical anatomy work.

Glasgow Western Infirmary Samaritan Society.—A meeting of this Society was held in the Religious Institution Rooms last week. The Society has existed for four years, and seems to be instrumental in relieving much distress and want otherwise. Since the 1st December last 440 received relief. Convalescents to Dunoon, number 40; Lenlie, 191; Kilmun, 42; Saltcoats, 13. Surgical appliances, artificial limbs, crutches. blankets, chemises, petticoats, &c., have been largely given to needy applicants.

Death of a Centenarian in Orkney.—Jane Ballantyne, an unmarried woman, has died in Orphir, Orkney, aged 102 years. She was a pauper, and lived in her native parish the whole of her life.

Glasgow Medico-Chirurgical Society.—A meeting of this Society was held in the Faculty Hall on Friday the 10th inst. There was a large attendance. Dr. Joseph Coats read a paper on "Descending Sclerosis of the Spinal Cord," exhibiting microscopic specimens. Drs. Gairdner, MacCall Anderson, Foulis, and Mr. John Reid, took part in the discussion. Mr. Reid deprecated with much force the meanderings of minute microscopic examinations in their bearings on practical medicine.

# Literature.

## DIPHTHERIA, ITS NATURE AND TREATMENT, VARIETIES, AND LOCAL EXPRESSION (a)

The views on the subject of diphtheria have within the past few years been so modified that it becomes a matter of considerable importance for the practitioner to have a concise epitome of the etiology, pathology, symptoms, and treatment of this disease ready to hand to consult in a case of emergency. The work now published by Dr. Mackenzie fulfils this object, and the treatise is specially valuable as coming from the pen of one who has himself had vast experience of this disease, and whose accurate acquaintance with all forms of throat affections enables him to speak with confidence and authority.

There is embraced in this book of about 100 pages, everything of interest and importance to the physician. The views in reference to the origin of the disease from bacteria, more especially those of Oertel, Hueter, Nassiloff, Letzerich, &c., are all touched upon in the chapters on the pathology, etiology, and proof of inoculation with the diphtheritic exudation; the various complications, glandular, respiratory, cardiac, splenic, hepatic, and renal, are fully entered into. So are several questions discussed which have lately arisen as to the septicæmic condition induced by the diphtheritic poison, and the mode of propagation of the latter, more especially its relation to ordinary catarrhal states of the throat, &c. The chapter on the history of the disease is replete with interest, and in it is given a historical sketch of the affection from the time of Pythagoras, tracing the descriptions of it as they have appeared in Sanskrit, Latin,

(a) "Diphtheria, its Nature and Treatment, Varieties, and Local Expression." By Morell Mackenzie, M.D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest; Lecturer on Diseases of the Throat at the London Hospital Medical College, &c. Pp. 104. London: J. and A. Churchill. 1879.

Dutch, Spanish, Italian, French, American, and British writings.

As in the case of scarlatina, the spontaneous origin of diphtheria is at all times a theme for curious speculation when it occurs in localities the most isolated and the healthiest.

"A very remarkable instance of the apparently spontaneous origin of the disease was observed last year by Dr. Semon, at a small health resort called 'Bad Fusch,' in the Tyrol. This place, consisting of only two houses, is situated at an elevation of from 3,000 to 4,000 feet above the sea, and is celebrated for its fresh air and pure water. In one of these houses a little girl, five years of age, who had left Vienna five weeks previously, was suddenly attacked with diphtheria, which was subsequently followed by paralysis. The visitors consisted almost entirely of tourists, ascending the high mountains in the neighbourhood. Although other children had been playing with the little girl up to the day on which she was attacked, no other case of the kind occurred."

"Dr. Thursfield found in certain isolated hamlets and houses where in recent years he had been called upon to investigate cases of diphtheria, that at intervals of five, ten, fifteen, twenty-five, thirty, and even more, years, there had been previous outbreaks of fatal sore throat. An instance is recorded by Dr. William Squire in which the virus remained latent eleven months, and then led to the development of the disease when a person occupied the room in which a case of diphtheria had previously occurred. I have known the poison to remain dormant for four, seven, and fifteen months, and in one instance for three years, and then again to become active. From the above considerations the vitality of the diseased germs would seem to be considerable."

The various channels through which the poison enters the system are minutely discussed, (*a*) direct implantation, (*b*) the circumambient air, (*c*) the water drunk, or the food that is eaten; the cause of an epidemic having been lately traced to milk infection is a proof of the last.

Dr. Mackenzie places the average period of incubation from two to three days; though this period is by no means the rule, as the poison appears to take a much longer time to develop in a large number of cases from the time of exposure to contagion. Age is apparently one of the strongest of predisposing causes. Of 1,000 cases 540 occurred before the age of five years, and 800 before the age of ten years.

The chapters on the symptoms, paralyses, and diagnosis, are replete with valuable hints, and especially we would direct attention to the description of "mild or catarrhal diphtheria," which, if carefully studied, would save many a fatal blunder. Not seldom has the evidence of the diphtheritic taint been overlooked until some poisonous symptoms are developed, or a lingering paralysis supervenes, the attention being then for the first time aroused to the true nature of the ailment. The practitioner is taught the safe rule in all suspicious cases, to examine carefully the pharynx, and to test the urine for albumen. A point of vital interest is the occurrence in diphtheria of endocarditis, and frequently accompanying leucocytosis; the consequent thrombosis, it may be, in an obscure case diverting attention from the original evil. But unquestionably the most valuable portion of the book is that devoted to the subject of treatment and the consideration of laryngo-tracheal diphtheria or croup. The belief in the affinity of croup and diphtheria, and indeed their identity, both clinically and pathologically, though differing anatomically, is more and more gaining ground. Dr. Mackenzie is a strong advocate of this view. Many useful and novel suggestions, for the management both of the pharyngeal and laryngeal affections, are to be found in the chapter on the treatment of the disease. We think the weak part of the book is discoverable in the paucity of the remarks bearing on the medical treatment of croup, and the want of more explicit instruction, which the author's enlarged personal experience would have made doubly valuable, regarding the operation of tracheotomy. Nor do we find that reference to his own experience of the results of the operation which we might have anticipated. In this we were disappointed. Sufficient evidence, however, is adduced by a mass of reliable statistics to show the necessity for the operation.

There are two short chapters at the end of the work on nasal diphtheria and secondary diphtheria, or diphtheria complicating other diseased states, particularly the exanthemata. It would appear from the table of Sanné that of 229 cases 137 occurred in measles, 95 during scarlatina, 20 during whooping-cough. We have read this little work through with interest and profit. It is just the type of work required for the hand of the general practitioner. It is written in a clear and explicit style. It contains a fund of valuable hints. We welcome its advent as the latest and best contribution to British literature on the subject of diphtheria.

# Correspondence.

## UNQUALIFIED PRACTICE—THE APOTHECARIES' SOCIETY, THE PROFESSION, AND THE PUBLIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Upton, the solicitor and clerk to the Society of Apothecaries has addressed a letter to you which appeared in your issue of January 1st, purporting to enclose a statement in reference to the cost of the Apothecaries' Society *v.* Shepperley. The publication of the following, in reply, will not, we venture to think, be uninteresting to your readers.

After the action referred to had been brought and concluded, we discover the Society in the act of "*attempting to show*" that it had reasonable grounds to authorise the prosecution of Mr. Shepperley; that the trial was, to a certain extent, compelled by the observations of the two judges (Kelly and Cleasby), who ordered the cause to be removed by *certiorari* to the Superior Court; and that the case, as tried by Mr. Baron Pollock, dealt merely with the evidence, and involved no important decision on the law one way or the other. Why the Society should attempt to show these facts, which were abundantly manifest, is difficult to understand. Here we find an august and deliberative body—the Master Wardens and Society of Apothecaries—intrusted with the administration of a penal act, attempting to show that it had reasonable grounds for sanctioning proceedings under that act when such proceedings had been taken out and had failed.

But the point to which we particularly wish to draw attention is Mr. Upton's statement, that the position of the Society in reference to prosecutions is one of difficulty—on the contrary, it is remarkably easy. Since we have been connected with the prosecution—as solicitors for the Medical Defence and the Medical Alliance Associations—the practice has been this: the Associations have received complaints from all over the country of unqualified practice, some of a most serious character. These complaints have been investigated at an amount of trouble and expense that outsiders know nothing of. An *epitome* of the evidence has been forwarded to the Society, which has then given a printed consent, containing the following paragraph:—"*The Society must be relieved from all expenses attending the proceedings, and they can only be commenced on that understanding.*" The actions have then been initiated, the *entire* expenses defrayed by our clients; and within the short space of two years and a half, sixteen judgments in favour of the Apothecaries' Society have been the result. Most of these cases were tried in the Superior Court.

This is a brief outline of the "difficult position" to which Mr. Upton refers, from one point of view. We now ask the attention of your readers to it from another—the broad and moral aspect. Why should the position of the Society be difficult in the matter of prosecutions, supposing that it desires with honesty to administer the Act with which it is entrusted? The acting and practising as an apothecary has been clearly defined by some of the best and most learned judges—notably, by Creswell, in the case of the Apothecaries' Company *v.* Lotinga. The Society and its legal adviser have only to apply the test of the definition contained in Mr. Justice Cresswell's judgment, and if the evidence is sufficient to satisfy that test, we maintain that their duty is clear, they have no discretion, and a consent to prosecute under the penal clauses of the Act *must* be granted.

A word about the two pending cases to which Mr. Upton refers, in which the Society has received an intimation—on behalf of several of its licentiates—that a mandamus will be applied, requiring them to prosecute or to allow our clients to do so. In speaking of these, we are, of course, under a certain restraint. That they are gross cases is conceded even by Mr. Upton and the Society itself. The one is the case of a man totally unqualified, in large and active practice in Wales; the other, of a person practising in virtue of the

degree of "Doctor of Medicine of the Metropolitan College of New York," in a metropolitan district. In the latter case, copies of certificates of death in six medical cases, signed by the offender, were forwarded to the Society, with an *epitome* of the evidence. In the former, there was abundant specific testimony of acting and practising as an apothecary. Now, what is the use of the Society, if not to take immediate action in cases of this sort? Has it any right to put its licentiates to the expense of a mandamus to ascertain whether it has any discretionary power vested in it to refuse a consent in this class of cases? We know it may be said on behalf of the Society that it has not refused consent in either of these two cases. It has not, however, granted the consents applied for, though the cases have been under its notice *upwards of six weeks*. In one—the Welsh case—our clients have received an intimation that the Society is willing to consent to the institution of proceedings in the County Court; but is this a kind of case that ought to be tried and decided by a County Court judge? Nor should our clients be exposed to the extra costs which any defendent proceeded against in the County Court is entitled to incur, to remove the cause to one of the Superior Courts—in fact, to repeat the costly and tedious proceedings which occurred in Shepperley's case, and to leave them open, in case the defendants are unable to pay, to all the extra expenses which would be the consequence of such a course.

The Society appears to be prepared to leave its licentiates and the public to the mercy of the quacks, and to put its licentiates to the expense of applying for and arguing a writ of mandamus to ascertain what their discretion is to withhold even the qualified sanctions they have previously given. In the actions which our clients have instituted, not only has the Society been relieved of every halfpenny of expense, but when the penalty (£20) has been recovered it has actually applied for, and received *half* the amount—*i.e.*, it has been paid £10 for its licence to prosecute in each case. These being the facts, where does the revenue of the Society go? and for what purposes is it applied? Certainly not in the execution of the Apothecaries' Act. As this question does not relate to the prosecution of quacks, we do not desire to pursue it; but in our humble judgment, Sir, the Society deprives itself of the *only* claim it has on the consideration of the profession and the public, in officially announcing not only that it has *not* conducted the prosecutions, but that the feeling of its leading members is undoubtedly adverse to them.

We are, Sir,

Your obedient servants,

GREEN & PRIDHAM,
Solicitors to the Medical
Defence and Medical
Alliance Associations.

5 Verulam Buildings, Gray's Inn,
January 2nd, 1879.

## MODERATE DRINKING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The paper of Dr. Morton on "The Mortality Referable to Alcohol," suggests the inquiry whether a large amount of what is physiologically the intemperate use of alcohol is not covered by the expression, "Moderate Drinking." It is therefore of the utmost importance to ascertain what it is customary to consider a moderate use of stimulants.

We all know what is a moderate use of bread or beef. As to one's sensations, it is eating slowly till one is satisfied. As to quantity, it is eating daily from half a pound to a pound of bread, and from half a pound to a pound and a half of meat. So of other articles of diet. The appetite forms an excellent guide as long as it is supplied with wholesome, well-cooked food, not in too great variety. People generally eat too much only when they eat to kill time, or when they are tempted by a variety of cookery. Those who have sufficient occupation of mind and body seldom eat too much, and all such may sit down to dinner day after day and eat till they are satisfied without any dread of undermining their constitution or laying the foundation of insidious disease. With alcoholic drinks, on the other hand, the case is wholly different. One cannot sit down and drink of these till he is satisfied with the same assurance that his sensations will warn him when he has taken enough. *Enough* does not take away the appetite for *more*. There is, therefore, no easily accessible standard by which to determine what moderate drinking consists in, and very great discrepancy will be found in the estimate of what it is. A thirsty iron puddler considers six to ten quarts of porter in the day moderate drinking. And so it is to him, so far as the quantity of water is concerned. But how about the alcohol which is taken with it? Can that be taken with impunity in such quantity? And yet there is nothing in his sensations to warn the man that he is exceeding moderation. His quart of porter quenches his thirst for the time, but does no more. It gives no such sense of repletion as eating a pound of beef steak does, and therefore when the thirst returns in an hour, he is quite ready to repeat the draught.

But to turn to less extreme cases. I believe a tumbler of punch after dinner, and the same at bedtime, would not be considered as other than a moderate use of stimulants. Many would consider two on each occasion not too much. One shilling and threepence a day is the usual allowance for "wine money" on board of ship. That means about five glasses of sherry. Dr. T. K. Chambers gives as his own daily allowance from five to seven glasses of port or sherry. On the whole, therefore, one cannot be far wrong in assuming that a moderate use of stimulants, as recognised by the profession and the public, consists in taking from two to five ounces of proof spirit in some shape in the course of the day. Now it would be interesting to know what medical men, whose experience extends over twenty-five or thirty years or more, have to tell of the personal history of patients who have been moderate drinkers during that period. I believe it will be very much like this: Some have become habitual drunkards; some have got those diseases of liver and kidneys which are universally admitted to be pathological effects of alcohol; and a good many are hale, healthy men who have passed the great climacteric, and bid fair to live to a good old age.

I do not think I have put the case at all too strongly against moderate drinking, and it seems to me that in the face of such an impeachment medical men incur a grave responsibility in recommending it.

There is only one answer that can be given to this, and it is that the good outweighs the evil, and that serious mischief, moral and physical, would result from the disuse of alcohol. Sir James Paget has recently gone so far as to assign their drinking habits as a chief reason of the superiority of Occidental to Oriental nations. There have been many prescriptions for the "sick man" since Nicholas of Russia first gave an unfavourable prognosis in reference to him. Diplomatists should turn their attention to this most recent one. England once "drank herself out of the Alabama difficulty." Possibly a solution of the Eastern question might be found in the introduction of the English institution of the public house into Turkey. I would, however, suggest that as swine's flesh is prohibited equally with wine in Moslem countries, possibly the superiority of the West is quite as much due to its bacon-eating, as its bibulous, propensities.

Passing from this, one would like to see a categorical statement of the diseases which result from abstinence from alcohol.

The dyspepsia arising from albuminoid food being altogether withheld is well known as amylaceous dyspepsia, and not less marked is the dyscrasia resulting from fresh vegetables being lacking in the diet. But I confess I never met with a total abstainer's cachexia, nor am I acquainted with any one who ever did. I believe, however, that the ground generally taken is, that though alcohol is not required in a state of health, yet that it is required by many as a habitual medicine. Now without entering on the general question of the value of alcohol as a medicine, since I believe that a great deal has still to be done to define the extent of its curative powers, I must say that it is a most dangerous practice to commit the administration of such a potent drug to the patients themselves. No one would be justified in prescribing strychine, aconite, or digitalis, without constant supervision of the patient and the most watchful care, lest an overdose should be taken. No doubt the risk is not of the same kind in the case of alcohol. There is no danger of a coroner's inquest because a patient has happened to take four doses in one, but the danger is not the less real. Nervous patients, with little sense, and less self-control, find that their daily dose of alcohol brings them wonderful comfort, and as the doctor has prescribed one dose with such good effect, they conclude that another prescribed by themselves will be equally beneficial, and so the drinking habit is formed. I suppose there is not a reader of these columns who cannot call to mind

instances of persons who have acquired drinking habits through medical prescription; and I believe the rule of a recent contributor to your journal is an excellent one—that when alcohol is prescribed it should be so disguised as not to be recognised by the patient, and that it shou d only be taken by him by prescription and while under observation.

It must be clearly understood that in making these remarks I am not looking at the question from a teetotal point of view. I am not taking the ground that drinking wine is morally wrong, either inherently or because a pledge has been taken against it, and that therefore it is equally wrong to drink a teaspoonful or a quart. Neither do I raise the question whether there are any reasons why a man should abstain altogether rather than drink say half a glass of sherry in water at his dinner, seeing that the alcohol in such a quantity of wine can have no physiological effect one way or the other. I simply raise the question, What are the physiological and pathological effects of moderate drinking in the usually accepted signification of the expression? and my contention is that the expression has sufficient latitude to cover an amount of drinking which in numerous instances leads to fatal results.

I would add, in conclusion, that the experience of the Temperance and General Life Assurance Association is of much interest. This Association divides its policy-holders into two classes, professed total abstainers, and persons who make no such profession. The last class must of course include both moderate drinkers and a large number of persons who, though not teetotallers, make only a limited and occasional use of alcoholic drinks. The Association affirms that the mortality among the abstainers is very much less than among the other class, as the latter contains many persons whose use of stimulants does not produce any physiological effect, it would appear that if stimulants be indeed the cause of the difference of mortality between the two classes, they must be debited with even a greater amount of mischief than the mere difference of opinion would show.

I am, &c.,

ALEX. WALLACE, M.D.

Parsonstown, 9th Dec., 1878.

## VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If it is not too late to reply to your correspondent, "Ivory Point," I beg to say that my opinion on the subject to which he refers is not so paradoxical as he supposes. Judging from the appearance of vesicles which I have seen in persons who have not been vaccinated for many years, I still think that another individual "might be both successfully and harmlessly vaccinated" from such persons, provided they were in a perfectly healthy state, but it would not be "sound practice" to do so, because we cannot *make sure* that the person has not suffered from any disease which may have affected his health, or that sufficient time has elapsed between the first and second vaccinations for the effects of the former to have been completely eliminated from the system. In answer to the questions of your correspondent, I would say that both "the many years" and the "good health" admit of the lymph being pure; that bad health does in many instances undoubtedly modify the character of the lymph, although not perhaps the appearance of the vesicle; and that the effects of a primary successful vaccination may, after many years, be "entirely" eliminated from the system, although it would not be sound practice to rely upon this possibility. I will, however, own that I may be wrong in the opinion which I have expressed, and that were the question submitted to the arbitration of such authorities as Dr. Seaton or Mr. Peel, of Aylesbury, their decision might be in favour of your correspondent.

I am sorry that through an oversight of your printer my letter appeared without a signature, but now remain, as before,

Yours, &c.,

VESICLE.

**Odontological Society of Great Britain.**—At the Annual Meeting held on **Monday, Jan. 13**, the following officers were elected for the year 1879:—President: Edwin Saunders, F.R.C.S. Vice-Presidents: H. J. Barrett, C. J. Fox, T. A. Rogers, H. Campion (Manchester), David Hepburn (Edinburgh), Alfred Meara (India). Treasurer: James Parkinson. Librarian: Felix Weiss. Curator: C. S. Tomes, F.R.S. Honorary Secretaries: W. G. Ranger (for foreign correspondence) Ashley Barrett, M.B., (Council). S. J. Hutchinson (Society). Councillors: H. B. Longhurst, H. Sewill, A. P. Reboul, E. B. West, J. S. Turner, T. Underwood, Oakley Coles, J. Walker, M.D., W. H. Woodhouse, W. Margetson (Dewsbury), W. Campbell (Dundee), J. Doherty (Dublin), W. R. Wood (Brighton), H. Hunt (Yeovil), T. W. G. Palmer (Cheltenham).

## NOTICES TO CORRESPONDENTS.

### SCOTLAND.

YIELDING to the suggestion of some of our subscribers in Scotland, that as England and Ireland are well represented in our columns, the third division of the United Kingdom should not be neglected, we have this week commenced a "Department for Scotland" under the editorship of a well-informed and competent physician, who will keep our readers *au courant* with all that transpires of medical interest, and from time to time will supply the best clinical lectures, and cases obtainble from hospital physicians and surgeons. In this undertaking we shall be in a great measure dependent upon the good feeling and kindness of the staffs of the various Scotch hospitals and schools, who we trust will co-operate with us in order to make this department worthy of the high prestige of the Scotch School of Surgery, and thus enable us to give our readers scattered throughout England, Ireland, India, the Colonies, and America, as much information with regard to the medical doings of our Northern *confreres* as they now have in respect of the other divisions of the United Kingdom.

F.R.C.S.—Such acts do, unfortunately, exist in our profession, as in every other. You did well in not making an abnormal virtue of anomalous illiberality. "The truth will out" sooner or later.

HEALTH OFFICER.—The annual meeting of Public Analysts and Health Officers is announced for this evening (Wednesday), at 5 o'clock, in Burlington House. The annual dinner takes place after the meeting.

DR. SIMPSON.—Thanks for complimentary remarks on our "Literary Notes and Gossip." There is, however, not sufficient stirring in the literary department of the profession to yield notes for this column every week. Thanks, nevertheless, for the suggestion.

E. C.—Letter on "Medical Advertising" will appear in our next.

MR. SOPER, of Reading, has issued a challenge to all other rifle manufacturers in the world to a "killing" competition in which he stakes his reputation that two marksmen with the Soper rifle, which gained the bronze medal at the Paris Exhibition, shall kill more men at the distance for ordinary warfare than three marksmen with any other weapon. Upon whom does Mr. Soper intend practising for this supremely human competition?

DR. GORDON.—We shall be glad to receive the clinical cases for publication.

INDIAN MEDICAL SERVICE.—The next examination of candidates for this department of the public services will be held in London on the 17th February as per advertisement in another column.

L.R.C.P.—The new *Medical Register* will, we understand, be published about the first week in February.

HARVEIAN SOCIETY OF LONDON.—On Thursday, Jan. 16, at 8.30 p.m., "Cases illustrating Diagnosis of Cancer of Uterus in the Early Stages," by Dr. Edis; "Talipes Varus," by Mr. Osman Vincent; "On Digitalis in Spasmodic Affections of Childhood," by Dr. G. de Gorrequer Griffith.

A HUMANITARIAN.—"Frost Cogs" were the invention of Mr. Fleming. You can have them affixed to your horses shoes at any blacksmith, as Mr. Fleming generously declined to patent them.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Liddle, London. Surgeon-General Gordon, C.B., Madras. Dr. Carson, Cincinnati, Ohio. Dr. Winn, London. Mr. Hyslop, Church Stretton. Mr. Taylor, Henbury. Mr. Field, London. Dr. Kisch, Liverpool. Dr. Fixott, St. Heliers, Jersey. Dr. J. W. Martin, Dronfield, Sheffield. Mr. Squire, London. Dr. Black, Glasgow. Mr. Teevan, London. Dr. Knapp, Wyoming, America. Dr. Mare Harrison, Audiem, Cheshire. Dr. James, London. Dr. Pinder, Manchester. Dr. Carey, Taunton. Dr. Barry, New York. Dr. Agar, Ponder's End, London. Dr. Marjolez, Brussels. Dr. Scudder, Cincinnati. Dr. Rumbold, St. Louis, America. Dr. Dolan, Halifax. Dr. de Fonmartin, Greenwich. Prof. Charcot, Paris. Mr. Hemming, Bournemouth. Dr. Donovan, Whitwick. Dr. Stokes, Mullingar. Dr. Hicks, Hendon. Mr. Ley, Prestwich, Manchester. Dr. Vesey, Magherafelt. Dr. Fry, Moate. Dr. O'Farrell, Dunmore E. Dr. Hobson, Ballylinan. Dr. Maguire, Castleknock. Dr. Brownrigg, Moira. Dr. Frazer, Dublin. Dr. Fryer, Fenagh. Mr. O'Grady, Dublin. Dr. Redmond, Cappoquin. Dr. Jones, Rathgar. Dr. Halton, Kells. Dr. Clarke, Dunmurry. Dr. Berry, Mallow. Dr. McIntire, Coleraine. Dr. Haughton, Trinity College. Dr. O'Hagan, King's Court. Dr. Symes, Skemis. Dr. White, Dublin. Dr. Reardon, Bruff. Dr. L. Higgins, Cheltenham. Dr. Bigger, Dublin. Dr. Swan, Abbeyleix. Dr. Macnamara, Corofin. Dr. McGusty, Slane. Dr. Stuart,

Donaghadee. Dr. Sandiford, Castlemartyr. Dr. Vaughan, Lebasheeda. Dr. McNulty, Killala. Dr. Jamison, Newtownards, &c., &c.

### BOOKS AND PAMPHLETS RECEIVED.

The Indian and Colonial Mercantile Directory for 1879. London: Street & Co.

The Family Physician. London: Cassell, Petter, & Galpin.

A Glossary of Biological and Anatomical Terms. By Thos. Dunman. London: Griffith & Farran.

Papers on the Female Perineum. By J. Mathews Duncan, M.D. London: J. & A. Churchill.

Report of the Broadmoor Lunatic Asylum for 1877.

Report on the Sanitary Condition of Islington for 1877.

Manual of Practical Chemistry. By A. W. Blyth, M.R.C.S. London: Griffin & Co.

St. Bartholomew's Hospital Reports. Vol. XIV.

Three Months in the Paying Ward of a London Hospital.

### VACANCIES.

Bristol Royal Infirmary.—Medical Superintendent. Salary, £130, with board and residence. Applications to the Secretary before Jan. 23.

Chester General Infirmary.—House Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 20.

Clogheen Union, Ardfinane Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Jan. 20.

Cootehill Union, Drum Dispensary.—Medical Officer. Salary, £100. Election, Jan. 27.

Crediton Union.—Medical Officer for the Cheriton District. Salary, £40, with the usual fees extra. Applications to the Clerk of the Guardians before Jan. 31,

Inverness District Asylum.—Assistant Medical Officer. Salary, £80, with board. Applications to Dr. Aitken before Feb. 8.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board. Applications to the Chairman before Jan. 31.

Liverpool Dispensaries.—Two Assistant House Surgeons. Salary, £108 per annum each. Applications to the Secretary before Jan. 22.

Mallow Union Workhouse.—Medical Officer and Consulting Sanitary Officer. Salary, £100. Election, Jan. 24. (See Advt.)

Manchester Hospital for Sick Children.—Lady Superintendent. Salary, £100, with board and residence. Applications before Feb. 1. (See Advt.)

Sussex Lunatic Asylum, Hayward Heath.—Apothecary. Salary, £100, with board. Applications to Dr. Williams, Medical Superintendent.

Swinford Union, Kilkelly Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Jan. 18.

Tuam Union, Abby Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Feb. 3. (See Advt.)

Warrington Infirmary.—Resident Surgeon-Apothecary. Salary, £200. Applications to the Hon. Sec. before Jan. 21.

### APPOINTMENTS.

Barnes, Dr. F., Assistant Physician to the Royal Maternity Charity.

Bridges, A. C., L.S.A.L., Assistant House Surgeon to the Cumberland Infirmary.

Caithness, J., M.D., Deputy Coroner for the County of Denbigh.

Cross, F. R., F.R.C.S., a Surgeon to the Royal Infirmary, Bristol.

Hamilton, S., L.R.C.S.I., L.K.Q.C.P.I., appointed by the Secretary of State for the Colonies to be Medical Officer of the Falkland Islands.

Hassant, W. H., F.R.C.S.E., Assistant Surgeon to the Royal Infirmary, Bristol

Hope, W. M., M.R.C.S., House Surgeon and Secretary to the Stamford, Rutland, and General Infirmary.

Morgan, W., Ph.D., Public Analyst for the County of Pembroke.

Smith, J. G., M.B., a Surgeon to the Royal Infirmary, Bristol.

## Marriages.

Moorhead—Dibben.—Jan. 9, at Holy Trinity Church, Bournemouth, John Moorhead, M.A., M.D., and J.P. of Weymouth, to Harriette Fanny, eldest daughter of Harry Dibben, Esq., of Crichel, Dorset.

Robinson—O'Reilly.—Dec. 31, at Clontarf Church, William Robinson, L.K.Q.C.P.I., &c., Newtownhamilton, co. Armagh, to Sarah Isabella, youngest daughter of the late Edward Sterling O'Reilly, Esq., of Enniskeen, co. Cavan.

## Deaths.

Barry.—Dec. 30, at Mallow, co. Cork, Phillip Barry, M.D.

Behrend.—Jan. 9, at 26 Norfolk Cresent, London, W., Priscilla, the wife of Dr. Hy. Behrend.

Black.—Jan. 2, at Donegal House, Green Lanes, Stoke Newington, Robert John Black, M.D., aged 50.

Blackeney.—Jan. 3, at Chester Street, Birkenhead, William Purdon Blackeney, L.F.P.S.G., aged 47.

Byass.—Jan. 9, at The Holly Trees, Rayleigh, James Byass, M.R.C.S., aged 81.

Carter.—Jan. 5, at 52 Upper Parliament Street, Albert Edward Carter, L.R.C.S.I.

Good.—Dec. 29, at Launceston, Thomas Good, M.R.C.S.E., aged 74.

Otway.—Jan. 10, at 13 Kennington Park Road, S.E., C. W. Carrol Otway, F.R.C.S., aged 63.

Owen.—Jan. 6, at Florence, Italy, J. Smyth Owen, Madras Medical Service, aged 75.

Saxton.—Jan. 6, at Berkeley Gardens, Kensington, William Waring Saxton, L.R.C.P.Ed.

Stillwell.—Jan. 5, at Epsom, George Stillwell, M.R.C.S.E., aged 73.

Wade.—At Belturbet, co. Cavan, William Maxwell Wade, F.R.C.S.I., aged 78.

Walker.—Dec. 29, at Hampton Terrace, Whalley Range, Manchester, John Walker, M.B., aged 30.

## NEW SUBSCRIBERS for 1879.

We beg to tender our warmest thanks to the following gentlemen for the extension of their patronage to this journal as New Subscribers. Our thanks are equally due to our numerous Old Subscribers for their continued support, scarcely one of whom has discontinued the journal for the New Year. We would also acknowledge, with thanks, the receipt of several congratulatory letters on our journal having attained the 40th year of its circulation, as well as the good wishes of the writers for continued success.

Dr. Abbott, Bray
Dr. Adrien, Drogheda
Dr. Allen, Midleton
Dr. Allison, Dungiven
Dr. Arthur, Waterford
Dr. Auchinleck, Dublin
Dr. Barker, Kilcullen
Dr. Barrington, Enniskerry
Dr. Barry, New York
Dr. Bernard, Dundrum
Dr. Black, Glasgow
Dr. Blackall, Killadysert
Dr. Bleakley, Letterkenny
Dr. Bodkin, Glenamaddy
Dr. Bolton, Bangor
Dr. Boxwell, Portland
Dr. Brady, Clara
Dr. Brady, Clonmellon
Dr. Brereton, Oughterard
Mr. Bryant, F.R.C.S., London
Dr. Burdon, Macroom
Dr. Burgess, Coagh
Dr. Byas, Bow
Dr. Campbell, Aldershot
Dr. Campbell, Portrush
Dr. Carpenter, Claddagh
Dr. Carson, Cincinnati, Ohio
Dr. Cassells, Glasgow
Dr. Chartres, Strangford
Dr. Chartres, Lisnaskea
Dr. Clarke, Castleblayney
Dr. Clibborn, Moate
Dr. Connolly, Waterford
Dr. Cox, Sligo
Dr. Coyne, Kilcock
Dr. Craig, Bedford
Dr. Creagh, Mallow
Dr. Croghan, Dublin
Dr. Delahoyde, Dublin
Dr. Dempster, Duncannon Fort
Dr. Donovan, Ballincollig
Dr. Downing, Queenstown
Dr. Dwyer, Newport
Dr. Eaton, Glendalough
Dr. Eccles, Toome
Dr. Elmes, Limerick
Dr. Fergus, Moy
Dr. Flannery, Tobercurry
Dr. Fox, Dublin
Dr. Fox, Innisboffin, Clifden
Dr. Fryer, Sherburn, Yorks
Dr. Furlong, Limerick
Dr. Gartlan, Dundalk
Dr. Gelston, Limerick
Dr. Gillespie, London
Dr. Goggin, Limerick
Dr. Gordon, C.B., Madras
Dr. Griffin, Kildimo
Dr. Haines, Midleton
Dr. Harley, London
Dr. Harmer, Hawkhurst, Kent
Dr. Harrison, Berehaven
Dr. Harvey, Cork
Dr. Hawkins, Hollymount
Dr. Healy, Miltown-Malbay
Dr. Henry, Brookborough
Dr. Henry, Clones
Dr. Hicks, Hendon
Dr. Hillary, Blackrock
Dr. Hornidge, Tyrrells Pass
Dr. Hudson, Redruth
Mr. Hyslop, Church Stretton
Dr. Ireland, Ravensdale
Dr. Ivers, Ballyshannon
Dr. James, London
Dr. Jennings, Hull
Dr. Jennings, Skibbereen
Dr. Jordan, Birmingham
Dr. Kearney, Louth
Dr. Kelly, Drogheda
Dr. Kelly, Oulart
Dr. Knapp, Wyoming, U.S.A.
Dr. Laird, Sligo
Dr. Lever, Gowran
Mr. Ley, Prestwich, M'chester
Dr. Loughnan, Rathmullen
Dr. Love, Castlederg
Dr. Lowndes, Liverpool
Dr. Lyndon, Ballinagh
Dr. Mackay, Kanturk
Dr. Manley, Belfast
Dr. Marks, Dublin
Dr. Marshall, Bradford
Dr. Martin, Ballybay
Dr. McCay, Cloughmills
Dr. McClelland, Newtown
Dr. McCullough, Clonmany
Dr. McIver, Moneymore
Dr. McLaughlin, Killaloo
Dr. McLoghlin, Cloughjordan
Dr. McParland, Armagh
Dr, Moorhead, Cootehill
Dr. Moran, Galvaston, Texas
Dr. Nesbitt, Monaghan
Dr. Newett, Belfast
Dr. Nicolls, Belmont, Navan
Dr. Nolan, Gort
Dr. Nolan, Shanagolden
Dr. Norman, Monaghan
Dr. Nugent, Dublin
Dr. O'Brien, Rathmines
Dr. O'Flynn, Lismore
Dr. O'Keeffe, Cork
Dr. O'Leary, Milford
Dr. O'Neill, Cliffoney
Dr. Orr, Killeagh
Dr. O'Sullivan, Limerick
Dr. O'Sullivan, Brosna
Dr. Palmer, Armagh
Dr. Patterson, Passage West
Dr. Poole, Rathgar
Dr. Purdon, Carristown
Dr. Pye, Galway
Mr. Rackham, Norwich.
Dr. Reede, Carrickmacross
Dr. Riordan, Bruff
Dr. Roe, Coolaney
Dr. Ronayne, Youghall
Dr. Ryan, Dublin
Dr. Sheppard, Colney Hatch
Dr. Shinkwin, Cork
Dr. Smith, London
Dr. Slevin, Granard
Dr. Stack, Dublin
Dr. Stephenson, Killough
Dr. Stock, Clonroche
Dr. Taggart, Carrickfergus
Dr. Taylor, Coachford
Dr. Thompson, Dervock
Dr. Truell, Clonmannon
Dr. Tyrrell, Newbridge
Dr. Walsh, Ballyclough
Dr. Walsh, Cappoquin
Dr. Weldon, Rathvilly
Dr. White, Celbridge
Dr. White, Kilkenny
Dr. Wigmore, Pentre Rhondda
Dr. Williams, London
Dr. Wilson, Edgeworthstown

# IRISH POOR-LAW INTELLIGENCE.

## CONTAGIOUS DISEASES ACT.

29 Vict., Cap. 35, 11th June, 1866.

An Act for the better Prevention of Contagious Diseases at certain Naval and Military Stations.

Be it enacted by, &c.

1. *Short Title.*
2. *Interpretation of Terms.*
3. *Act to commence from Sept.* 30, 1866, *and then* 27 & 28 *Vic.*, c. 85, *cease to operate.*

### Extent of Act.

4. *Act to Extend only to Places in Schedule of Amendment Act.*

### Expenses of Execution of Act.

5. *Expenses of Act to be Defrayed by Admiralty, &c.*

### Visiting Surgeons.

6. *Appointment of Visiting Surgeons and Assistants.*—The Admiralty or the Secretary of State for War may, on the commencement of this Act, appoint a medical officer for each of the places to which this Act applies, to be, during pleasure, visiting surgeon there for the purposes of this Act, and may from time to time, on the death, resignation, or removal from office of any visiting surgeon, appoint another such officer in his stead.

The Admiralty or the Secretary of State for War may, from time to time as occasion requires, appoint a medical officer to be the assistant of any such visiting surgeon; and every such assistant shall have the like powers and duties as the visiting surgeon to whom he is appointed assistant.

A notice of the appointment of every such visiting surgeon and of every such assistant shall be published in the *London* or *Dublin Gazette*, according as the place for which he is appointed is in *England* or in *Ireland*.

A copy of the *Gazette* containing such a notice shall be conclusive evidence of the appointment.

### Inspector of Hospitals.

7. *Appointment of Inspector and Assistant Inspector of Certified Hospitals.*—The Admiralty and the Secretary of State for War shall, on the commencement of this Act, appoint a medical officer to be, during pleasure, inspector of certified hospitals under this Act, and shall from time to time on the death, resignation, or removal from office of any such inspector, appoint another such officer in his stead.

The Admiralty and the Secretary of State for War may, from time to time as occasion requires, appoint a medical officer to be an assistant inspector of certified hospitals under this Act, which assistant shall have the like powers and duties as the inspector.

A notice of the appointment of every such inspector and of every such assistant shall be published in the *London Gazette*.

A copy of the *Gazette* containing such a notice shall be conclusive evidence of the appointment.

### Certified Hospitals.

8. *Power to Admiralty &c., to Provide Hospitals, and Certify them.*—The Admiralty or the Secretary of State for War may from time to time provide any buildings or parts of buildings as hospitals for the purposes of this Act; and every certified hospital so provided shall be placed under the control or management of such persons as to the Admiralty or the Secretary of State for War from time to time seem fit.

9. *Power to Certify other Hospitals.*—The Admiralty or the Secretary of State for War may from time to time, on such application or with such consent as to them or him seems requisite, and on the report of the inspector of certified hospitals, certify in writing any building or part of a building (not provided as a hospital by the Admiralty or Secretary of State for War) to be useful and efficient as a hospital for the purposes of this Act, and thereupon that building of part of a building shall be deemed a certified hospital under this Act.

10. *Inspection of Certified Hospitals.*—The inspector of certified hospitals shall from time to time visit and inspect every certified hospital.

11. *Power to Withdraw Certificate.*—The Admiralty or the Secretary of State for War may at any time, by declaration in writing, declare the certificate relative to any certified hospital withdrawn as from a time specified in the declaration, and thereupon the same shall cease to be a certified hospital as from the time so specified.

12. *Provision for Moral and Religious Instruction.*

13. *Certificate and Declaration of Withdrawal to be Gazetted.*

14. *Power to make Regulations for Certified Hospitals.*—The managers or persons having the control or management of each certified hospital shall make regulations for the management and government of the hospital, as far as regards women authorised by this Act to be detained therein for medical treatment, or being therein under medical treatment for a contagious disease, such regulations not being inconsistent with the provisions of this Act, and may from time to time alter any such regulations; but all such regulations, and all alterations thereof, shall be subject to the approval in writing of the Admiralty or the Secretary of State for War.

### Periodical Medical Examinations.

15. *Justice may Issue Notice to Woman who is a Common Prostitute.*—This Sec. repealed by Sec. 4 of Amendment Act.

16. *Power to Justice to Order Periodical Medical Examination.*—In either of the following cases, namely—

(*a*) If the woman on whom such a notice is served appears herself, or by some person on her behalf, at the time and place appointed in the notice, or at some other time and place appointed by adjournment:—

(*b*) If she does not appear, and it is shown (on oath) to the justice present that the notice was served on her a reasonable time before the time appointed for her appearance, or that reasonable notice of such adjournment was given to her (as the case may be)—

The Justice present, on oath being made before him substantiating the matter of the information to his satisfaction,

may, if he thinks fit, order that the woman be subject to a periodical medical examination by the visiting surgeon for any period not exceeding one year, for the purpose of ascertaining at the time of each such examination whether she is affected with a contagious disease; and thereupon she shall be subject to such a periodical medical examination, and the order shall be a sufficient warrant for the visiting surgeon to conduct such examination accordingly.

The order shall specify the time and place at which the woman shall attend for the first examination.

The superintendent of police shall cause a copy of the order to be served on the woman.

17. *Voluntary Submission.*—Any woman in any place to which this Act applies, may voluntarily, by a submission in writing signed by her in the presence of and attested by the superintendent of police, subject herself to a periodical medical examination under this Act, for any period not exceeding one year. (See Sec. 6 of Amendment Act.)

18. *Power of Authorities to make Regulations as to Examinations.*

19. *Visiting Surgeon to Prescribe Times,* &c.—The visiting surgeon, having regard to the regulations aforesaid, and to the circumstances of each case, shall at the first examination of each woman examined by him, and afterwards from time to time as occasion requires, prescribe the times and places at which she is required to attend again for examination; and he shall from time to time give or cause to be given to each such woman notice in writing of the times and places so prescribed.

*(To be continued.)*

## BOYLE UNION.

### FEES IN SANITARY PROSECUTIONS.

READ letter from Dr. O'Farrell, claiming fees for attending at vaccination and sanitary prosecutions. Also letter of the Local Government Board pointing out that the medical officer was entitled by law to these fees.

Dr. O'Farrell said he did not wish to press the guardians, but if it was paid in other unions it must be paid here.

Mr. Lawrence thought the question was, were they bound to pay, as the board did not order the doctor's attendance.

Mr. Stuart said the section of the Act was against the dootor's application.

Dr. O'Farrell said he considered it a special duty, and it was for the board of guardians or the Local Government Board to say whether it was or not. He believed he was right in saying it was paid in other unions. Of course it seemed absurd to get medical evidence in some of these small cases.

Mr. Stuart said the magistrates gave no certificate.

Dr. O'Farrell stated that was only required under the Vaccination Act. His attention was called to the fact that he was entitled to a fee from a paper issued by the Medical Association.

Mr. J. MacDermot asked if there were twenty or thirty cases would he expect a fee in each case?

Dr. O'Farrell replied certainly not.

Mr. MacDermot said the board now had Dr. O'Farrell's explanation, and asked had any gentleman anything to propose,

Resolved—That the Local Government Board be requested to advise this board on the application of Dr. G. P. O'Farrell for a fee for his attendances at Boyle Petty Sessions Court in a recent sanitary prosecution, under section 258 and section 289 of the Public Health Act, 1878. The board did not specially order the attendance of the doctor at the prosecution in question, nor would they have considered it necessary to do so, the case before the court being merely as to whether a particular house in Boyle was out of repair or not. The executive sanitary officer states he had required the doctor to attend at the prosecution. The board wished to point out that Dr. O'Farrell was appointed prior to the passing of the Act 41 and 42 Vic., and they desire to know if he can claim to come within the terms of section 258, bearing in mind the provisions of section 280.

Mr. Lawrence said as that resolution was passed, he begged to propose another, which was seconded by Mr. Devine:—Resolved, that our executive sanitary officer be directed not to require the attendance of any of our medical officers at any of our sanitary prosecutions, without first having got the special direction of this board to do so.

## BALLYROAN DISPENSARY.

### VACCINATION.

THE following letter and reply were forwarded to the Board:—

"Local Government Board, Dublin,
"6th December, 1878.

"SIR,—I have been directed by the Local Government Board for Ireland to acknowledge the receipt on the 18th ult., of your return Form relating to the Ballyroan Dispensary District for the quarter ended the 30th September last, from which it appears that only eight cases of vaccination were performed during the quarter, although it appears that sixteen births are registered during the quarter ended the 31st March last, and I am to request that you will furnish the Local Government Board with an explanation on the subject.

"I am at the same time to request that you will be more punctual in future in forwarding your returns to this office.

"By order of the Board,
"To Dr. Moutray." "B. BANKS, Sec.

REPLY.

"Ballyroan, Wennesday.

"SIR,—With reference to your query as to the Registrar's return, I beg to reply that I believe the explanation of the non-attendance of more children is this: that to keep my promise of no 'defaulters by 20th June,' house-to-house visitation was undertaken as a *dernier resort*, and if it secured those overdue I believed it induced others to believe when their time came I would look them up at their own houses too. I regret to admit a very large want of perception of the benefits of vaccination that has almost reduced to *nil* an effort made at re-vaccination, in view of the advent of small-pox to neighbouring districts.

"I have to thank you for a very mild rebuke on my negligence in returning returns. I plead guilty, and promise amendment.

"Very obediently yours,
"CHAS. D. MOUTRAY.

"P.S.—I want a midwife urgently in this district, and shall be glad of your Board's support and instructions.
"C. D. M."

## ATHY UNION.

### EXTRA REMUNERATION FOR SMALL-POX SERVICES.

THE following letter was read:—

"Local Government Board, Dublin,
"28th December, 1878.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of Athy Union on the 18th inst., containing an entry of their letter of the previous day's date, relating to the remuneration proposed to be allowed to the medical officer of the workhouse, in respect of his services in attending small-pox patients during the present epidemic; and with reference to the resolution on the subject, the Local Government Board desire to state that it is competent for the Guardians to recommend reasonable remuneration to the medical Officer for the extra duty referred to, subject to the approval of the Local Government Board. The usual practice is to devote a sum of money at the termination of the extra duty.

"B. BANKS, Secretary.

Dr. O'Neill—The Local Government Board were asked to inform the Guardians whether it was my duty to attend the auxiliary hospital or not. That is no answer to the question. I would recommend the Guardians to request a distinct answer to their question. If it were not his duty to attend he would at once cease to discharge the duties, and would require no recompense for his past services; and, on the other hand, if it were his duty he would continue to perform it, and would not seek for any extra remuneration. But he would wish to have the matter settled one way or the other.

Mr. Leahy—I cannot see that it was the doctor's duty to attend the auxiliary hospital at all. Suppose you erected one at Stradbally, would you ask Dr. O'Neill to attend that?

Chairman—I am strongly of opinion that had you insisted on your original resolution they would have given in. If you leave it until the epidemic is over, doctor and chaplain may be both dead.

It was unanimously resolved to press for an answer to the Board's question.

### THE CASE OF ANDREW GERAGHTY.

The following correspondence was read respecting the man named Andrew Geraghty who walked from Monasterevan to the Athy Workhouse while suffering from small-pox:—

"Monasterevan, Dec. 23, 1878.

"Dear Sir,—In reply to your communication concerning Andrew Geraghty, I beg to state for the information of the Board of Guardians that on the 16th inst. he was brought to me in charge of the police of this town, who wished to have him examined as to his statement—viz., 'that he was suffering from small-pox.' I examined him, and found that he suffered under a very modified form of the disease. I gave a certificate to this effect, and directed Constable Bethel to communicate immediately with relieving officer Burke, in order that the workhouse car might be provided for the man's removal to hospital. Geraghty remained in charge of the police, and I know nothing more of the case. Under the circumstances I consider my responsibility there and then ended. I would now respectfully ask the Board of Guardians to give some definite instructions as to how tramps like Geraghty are to be treated here. On complaining of being ill they are immediately turned out of their lodgings (if they have any), and of course not allowed in any where else. This has sometimes occurred here at night. The relieving officer now lives nearly three miles from this town, and in an opposite direction to the workhouse. I would ask then—who is to provide or pay a messenger to communicate with him? Where is the patient to be kept in the interval between the tramp being turned out and the arrival of the car?—a space of time that may cover many hours. I have had on some occasions to let tramps into the dispensary-room, where they remained some days until fit to be removed—the patients, in the meantime, having to be attended in their presence. Is a case of small-pox to be taken thus into the dispensary? Yet it is the only possible place in this town where he could shelter himself from the open air. Until a car be provided for this town and district, cases similar to Geraghty's, or the others I have mentioned, must occur.

"Your obedient servant,
"M. Darby, Medical Officer."

Mr. Reeves—I do not think it is all proper to have the relieving officer living three miles from Monasterevan.

The relieving officer was called before the Board, and, in reply to the chairman, said he lived about two miles from Monasterevan.

Mr. O'Beirne considered that the relieving officer could not attend to his duties and live such a distance from the town.

The matter was referred to the dispensary committee

### THE CHARGE FOR PAY PATIENTS IN THE FEVER HOSPITAL.

It appeared that a bill for £8 7s. 6d. having been furnished to a sub-constable of constabulary from Ballylinan, for his maintenance and medical relief during forty days that he was an inmate of the fever hospital, the sub-constable now came before the board to complain that the charge was too high.

Dr. O'Neill—You charge him £2 10s. for my attendance on him, and I only receive £30 a year for my entire attendance on the hospital. There were 45 or 50 patients in the hospital when he was there, and these of course I had to attend as well. I cannot understand how you make that bill out.

Clerk—I did not make out the bill at all.

Chairman—But I thought, doctor, you got special fees from patients able to pay?

Dr. O'Neill—But I never get them.

Master—The actual average cost at that time was 15s. per week, and 8s. per week for nursing. I did not consider it too much. Perhaps Dr. O'Neill might think the £2 10s. for medical attendance too high?

Dr. O'Neill—I do not see how you can make it out at all. As I stated before you came in, I had 45 or 50 patients under me at that time, for which I was paid about 10s. per week. At that rate this man's proportion would not be more than about 2s. He consumed I should say about one pound's worth of drugs.

The Constable, in reply to the chairman, said he had no complaint whatever to make of either the treatment or the attendance. He only complained that the bill was too high.

Mr. O'Beirne—Did he cost the ratepayers £8 7s. 6d.?

Dr. O'Neill—He did not.

Mr. O'Beirne—We come here to represent the ratepayers, and we cannot pay any compliment to the constabulary.

Dr. O'Neill—I do not mean to influence the guardians in any way, but this man being a fever patient, was fed principally on arrowroot and rice. At the same time there were in hospital a number of very bad cases of small-pox who were consuming grapes, wines, and many other expensive commodities. In some cases a quart of whiskey a day was consumed by single patients.

Mr. O'Beirne—Is it one person consumed a quart of whiskey in a day?

Dr. O'Neill—Yes, a quart of whiskey. You would be astonished how they improve on it.

After some further conversation, the guardians reduced the bill to £5, and the constable having expressed himself satisfied, withdrew.

### THE REMUNERATION TO THE MEDICAL OFFICER.

The Clerk read the following letter:—

"Athy, January 7th, 1878.

"Dear Sir,—Will you be good enough to inform the board of guardians that my relations with them respecting remuneration for attendance on the small-pox hospital being most unsatisfactory, I would feel greatly obliged to them if they would relieve me of the duties of physician to that institution. Under the present regulation it is very doubtful if I would be entitled to a fee from them for years hence—if ever.—I am, dear sir, truly yours,
"P. L. O'Neill."

Mr. M'Laughlin—As the disease is on the decline, would it not be better for you to remain on until the guardians would be in a position to pay you the remuneration?

Dr. O'Neill—It is most irksome on my part to go on, and not to know how or when I am to be remunerated. The small-pox may continue for some years, and, according to the Local Government Board, as long as a case exists I am not to be paid. If you believe it is not part of my duty, I would much rather you would relieve me of the duties. I have as good a right to have a voice in the regulation of the reward for my services as the Local Government Board, who I believe have treated me very badly. As I said before, you will have cases from time to time, and it will be necessary to have a physician to attend daily.

Mr. M'Laughlin—I will give notice that the subject of the remuneration of Dr. O'Neill be taken into consideration on this day fortnight.

Dr. O'Neill—That has been done before, and even if you repeat it, the Local Government Board will step in and nullify your resolution. I would much rather you would accept my resignation. Even if I have to give up the entire appointment, I would do so rather than remain any longer at the mercy of the Local Government Board.

Mr. O'Beirne—I think it would be better to accept the doctor's resignation, and advertise for another physician. That will bring the matter to a crisis.

Dr. O'Neill—If you think with me that it is not part of my duty to attend the auxiliary hospital, why not accept my resignation and put an end to the matter? There is a case in point in Carlow, where they have erected sheds, which they do not require their doctor to attend.

Mr. M'Laughlin handed in the following notice:—"I hereby give notice that I will, on this day fortnight, move that the guardians take into consideration the amount of remuneration which Dr. O'Neill is entitled to for his services in attending the small-pox patients up to that date.—JOHN M'LAUGHLIN."

Mr. O'Beirne proposed "That as the Local Government Board have declined to give a decisive answer to the board of guardians, as to our medical officer being bound to attend the auxiliary hospital, the board have decided to advertise for a physician to attend it at a salary of £3 per week, Dr. O'Neill having resigned the charge."

## ADARE DISPENSARY.

### ELECTION OF MEDICAL OFFICER.

WE are told by the local papers that a meeting of the Dispensary Committee of the Adare District, in the county Limerick, was held for the special purpose of electing a medical officer for the District.

There were seven applications, but only two candidates presented themselves—Dr. Plummer, Newcastle West; and Dr. Shanahan, Dewsbury, Yorkshire.

A poll having been taken, there voted for Dr. Plummer, 7; for Dr. Shanahan, 11.

Dr. Shanahan was accordingly declared elected; and he returned thanks.

The successful candidate, it should be explained, is brother of a local ecclasiastic; and the Limerick papers return fervent thanks to the Earl of Dunraven "for coming at this season of the year to vote." We should like to know on how many occasions has his lordship attended to committees without an election to bring him there? In what way has he previously manifested his anxiety about the sick poor of the district? How much honour does his lordship deserve for "coming to the scratch" only when there is a politico-religious job to be done? We care nothing for the sect or party of any candidate; but we look upon it as disheartening to see a crowd of persons who don't care a straw for the district, or the poor in it, always ready to run to the crack of the political whip.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF DECEMBER, 1878.

DECEMBER 6th.—Egan, Constantine Richard; 15 Talbot Street, Dublin; M.B. Univ. Dub. 1878, Lic. R. Coll. Surg. Irel. 1878.

7th.—Barrett, John Milford; 15 College Avenue, Belfast; M.D. Univ. Edin. 1852, M. R. Coll. Surg. Eng. 1852.

7th.—Gibson, James Hill; 4 Atlantic Avenue, Belfast; M.D. 1878 and M.Ch. 1878 Q. U. Irel.

14th.—Mackenzie, Murray; The Priory, Queenstown, co. Cork; Lic. R.Coll. Surg. Irel. 1878.

16th.—McLearn. Isaac Crawford; Monreagh, Carrigans, Londonderry; M.D. and M.Ch. 1878. Q. Univ. Irel.

17th.—Tushy, John Francis; 96 Patrick Street, Cork; M.D. Q. Univ. Irel.. 1878.

17th.—Horne, Andrew John; Ballinasloe, co. Galway; Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1877.

20th.—Gubbins, Charles O'Grady; 62 Haddington Road, Dublin; M.B. 1878 and B.Ch. 1878 Univ. Dub.

20th.—Johnston, John Reid; Rockmount, N. T. Stewart, co. Tyrone; M.D. 1878 and M.Ch. 1878 Q. Univ. Irel.

21st.—Gage, Robert Charles; Ballycastle, co. Antrim; M.B. 1878 and M.Ch. 1878 Univ. Dub.

22rd.—Moynihan, John F.; 70 Summer Hill, St. Luke's, Cork; Lic. R. Coll. Phys. Irel. 1878; Lic. R. Coll. Surg. Edin. 1878, Lic. Apoth. Hall Dub. 1878.

23rd.—Yourdi, John Robert; Queenstown, co. Cork; M.B. 1878 and B.Ch. 1878 Univ. Dub.

24th.—Gibson, Joseph; 3 Mark Street, Portrusk, co. Antrim; M.B. 1878 and M.Ch. 1878 Univ. Dub.

28.—Burdon, Daniel; Macroom, co. Cork; M.D. 1878 and B.Ch. 1878 Q. Univ. Irel., Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

28th.—Baker, Fausset Maber; 4 Clare Street, Dublin; M.B. 1878 and M.Ch. 1878 Univ. Dub.

31st.—Magner, Edward; Bishopstown, Cork; M.D. 1878 and M.Ch. 1878. Q. Univ. Irel., Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

31st.—Smartt, Thomas William; 20 Leinster Road, co. Dublin; Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

31st.—Redmond, Denis Daniel; Belmont Lodge, 126 Sandford Road, co. Dublin; Lic. R. Coll. Surg. Irel. 1878.

31st.—Palmer, Walter Stephen; 17 Longwood Avenue, Dublin; Lic. R. Coll. Surg. Irel. 1878.

## WATERFORD UNION.

### THE HONOUR OF A DISPENSARY COMMITTEE.

The Secretary of the Kilmeaden Dispensary Committee wrote to state that the committee had recommended that Dr. Arthur be paid for one day's attendance at their dispensary, his further attendance not being necessary, as Dr. Cutlar had resumed his duties.

The Clerk explained that an application had been made by the relieving officer of the district to discharge the duties during the illness of Dr. Cutlar at three guineas a week. Subsequently the committee *refused payment* for that time, but said they would appoint Dr. Arthur for *a week*, and decide at next meeting who should pay him. Meantime Dr. Cutlar resumed his duties, and now the committee recommended payment for *one day* to Dr. Arthur.

Captain Power thought Dr. Arthur was shamefully treated.

It was decided to refer the matter back to the committee, calling their attention to the fact that Dr. Arthur had been appointed by them for one week.

### RESIGNATION OF DR. ELLIOTT.

Dr. Elliott wrote, resigning the position of medical officer of the workhouse which he has held for thirty-two years. In doing so he thanked the guardians for the consideration they had always shown to him, and expressed a hope that his claim for a retiring allowance would receive a favourable consideration on account of his long services.

Mr. Clampett considered that they might do with one workhouse doctor at a salary of £130 a year. As there was no more than one hundred sick people in the house there was no necessity for two doctors. He begged to move that Dr. Browne be appointod.

Mr. Conn thought Dr. Arthur would be a highly suitable gentleman to act as the medical officer, and he therefore proposed him as *locum tenens*.

After some conversation a poll was taken, when there voted—For Dr. Brown, 7; for Dr. Arthur, 8. The Chairman then gave his vote for Dr. Browne, which made the polling even.

A short discussion then ensued, which resulted in the board dividing to allow the matter to rest for a week, Dr. Browne to discharge the duties in the mean time.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 22, 1879.


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## LETTSOMIAN LECTURES. (a)

### LECTURE I.

### ON BRONCHIAL ASTHMA: ITS HISTORY AND NATURE.


By JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Physician to Victoria Park Hospital for Diseases of the Chest, and to the West London Hospital.


MR. PRESIDENT AND GENTLEMEN.—On unexpectedly receiving at your hands the honourable appointment of Lettsomian lecturer for the present year, my first thought naturally was as to the subject on which I might venture to address you with the prospect of being able to afford such information as would be of interest in its immediate delivery, and of practical utility hereafter.

Fifteen years' experience among patients at a hospital specially devoted to all forms of chest disease, ought, I considered, to supply material from which to make three lectures, each of which shall not exceed forty minutes in time of delivery; and I have accordingly taken as my subject a disorder of the breathing apparatus, which has long interested me much, and of which, as illustrated in a large number of cases, I possess numerous records. In choosing Bronchial Asthma as the subject for my three lectures, I purpose to speak, first, of the history, nature, and mode of production of this disorder, endeavouring thus to establish an accurate definition of the malady; and then to set forth, discuss, and, as far as I can, explain the various and conflicting theories that have been propounded as to the seat and nature of the asthmatic spasm. Secondly, I shall have something to say regarding some special varieties of asthma, and then shall pass to the consideration of bronchial asthma as a secondary neurosis, with its pathological relations and affinities. The third and last lecture will be on the treatment of asthma for purposes of prevention, palliation, and cure.

In speaking of the history of asthma I must of necessity be brief, but it will not be without interest to trace the views held by some very pains-taking observers of old, who lived before the days of auscultation, and before the discovery of reflex and excito-motory movements. Modern research in experimental physiology, diagnosis, and pathology, has done great things in solving the causes of many kinds of dyspnœa formerly regarded as simple asthma; but my own observation of cases and the study of books leaves me still in the belief that we have in our nosology, such a complaint as spasmodic bronchial asthma, an independent and essential disease, purely dynamic in nature, and not of necessity connected with any pathological lesion. Thoroughly typical examples of such an affection I believe are not so common as some may think, and the nature and seat of the spasm, which causes the dyspnœa, is a point very hotly disputed among highly competent observers, all of whom, however, stand apart from others, hardly less competent, who can meet with no case of asthma in which they fail to find some evidence of pathological change of tissue as the essential cause of all the symptoms.

I will now proceed to touch upon such points in the history of asthma as will show by what steps we have been brought to our present state of knowledge of the the disease.

Asthma, in the sense of dyspnœa, or difficult breathing, is said to have been described by Hippocrates, Galen, and Celsus. The last of these writers speaking of asthma, says:—

"Est etiam circa fauces malum, quod apud Græcos aluid aliudque nomen habet. Omne in difficultate spirandi consistit; sed haec dum modica est, neque ex toto strangulat, δυσπνοια appelatur. Cum vehementior est, ut spirare aeger sine sono et anhelatione non possit ἄσθμα; cum accessit id quoque, ne nisi recta cervice spiritūs trahatur ὀρθόπνοια."

From these lines we see that the Greeks, as quoted by Celsus, confined the term *asthma* to a difficulty of breathing, attended with sound, and more severe than the breath struggle called *dyspnœa*. Asthma seemed to imply a mean of breath difficulty, while dyspnœa and orthopnœa were terms applied to the two extremes. As knowledge and observation progressed, the intermittent character of the breath difficulty of asthma was duly observed and

(a) Delivered before the Medical Society of London. Erasmus Wilson, F.R.S., President in the Chair.

insisted on, and we find Boissier de Sauvages, in his Genera Morborum (1768) defining asthma as "Difficultas spirandi *periodice* recurrens, chronica."

We now know that the intermitting, or paroxysmal, character of a dyspnœa is not enough to mark it at once as spasmodic bronchial asthma. We find paroxysmal dyspnœa to be a sign of very different diseases; it may be associated with grave pathological changes of incurable kind in organs other than the lungs, as, for, example, the brain, the heart, or the kidneys.

Sir John Floyer, wrote on asthma in 1698, and there are copies of three editions of his work on asthma in the library of the Royal College of Physicians. One well-preserved copy of the second edition easily came to hand in our own library, thanks to the excellent way in which our library is now arranged and catalogued.

Floyer certainly recognised contraction of the bronchia as the cause of asthma. Like many others who have written on asthma, he was himself a great sufferer from he malady, and he often referred the chief seat of his distress to the diaphragm, which seemed to him rigid and spasmodically drawn up by some contractile force within the thorax, and this force he considered to be the air-tubes and lungs, contracted by an inflation of the membrane lining the chest, and covering the lungs.

The second edition of Sir John Floyer's work was published in the year 1717, and is dedicated to the learned and judicious physician, Dr. Phineas Fowke, of Wyrly Staffre. Allow me to refer to some of his statements and theories as indicating the condition of knowledge at that time :—

Says Floyer — "First, I shall observe that that is the most useful notion of asthma from whence we can take our indications for practice, and which is deduced from an exact and full sensible history of the disease." He then continues—"I have assigned the immediate cause of the asthma to the straitness, compression, or constriction of the bronchia; and in the continued asthma the causes must be constant, as dropsy, tuberculum, &c. The return of periodic asthma depends on the defluxion of humours on the primæ viæ. Thus, the old notion of the asthma being a defluxion of serous humours is certainly true because evident to our senses in the evacuation of serosities."

"Some," continues Floyer (p. 43), "express their feeling during a fit of asthma, as if the lungs rose, and were drawn upwards to choak them. Contraction of the vesiculæ is very probable, because the bronchia are contracted, and the vesiculæ have the same muscular fibres to help expiration, by which they may be drawn so up as not to admit the air."

The motion of the chest and lungs Floyer ingeniously compares to that of a bellows. "We can," says he "move the bellows easily, but suppose a bladder tied within the bellows over the nozzle, so as to receive the air, and suffer none to get into the cavity of the bellows, it will follow that in a perfect stoppage of all the entrances of air the bellows could not be opened, and if no more entered than may be contained in the bladder the bellows would be opened but a little way, and would inspire difficultly. So it appears in the business of the asthma, the inspiration is difficult and laborious, because but little air can be admitted into the contracted bronchia, and the vesiculæ drawn up. This puts the scapular and intercostal muscles and diaphragm upon a violent endeavour to press in the air and open the lungs, which nisus authors have mistaken, and supposed the pneumonic muscles, especially the diaphragm, to be convulsively affected; but it may easily be apprehended that the diaphragm cannot press the viscera downwards to enlarge the breast if the air cannot be admitted into the lungs to follow its depression, and fill the cavity of the breast; and this is the true reason why the diaphragm cannot move in the asthmatic fit. The contraction and stiffness of the lungs during asthma causes a catalepsis or rigidity of the diaphragm—the part most unjustly accused of this tyrannic oppression."

Thus we see that Floyer, while fully cognisant of the rigid state of the diaphragm during a fit of asthma, does not agree with those of the present day who, like Wintrich, Bamberger, and Lehmann, believe a tonic spasm of the diaphragm to be the essential cause of asthma. Floyer considered the wheezing noise in expiration during asthma to be due to contraction of the muscular fibres of the bronchi. That this symptom is not due to phlegm in the tubes, he says, is evident, because the hysteric, who have no phlegm, wheeze much.

Floyer was in error in assuming the presence of muscular fibre in the wall of the pulmonary vesicle. The small bronchi are muscular and elastic—the cells are elastic but not muscular. What Floyer meant by inflation of the membranes around the lungs by humours as a cause of bronchial contraction I do not clearly comprehend; but that he regarded the contraction as brought about by mechanical pressure rather than by nervous influence seems clear from his saying that certain writers of his day, Van Helmont and Dr. Willis, were wrong in regarding asthma as a convulsion, to be treated by antispasmodics, hot tinctures, gums, volatile salts and sulphur medicines. The proper treatment is by evacuants, and remedies calculated to promote secretion and effect the discharge of humours.

Passing on from Floyer to Dr. William Cullen, the distinguished nosologist of Edinburgh, we find him, in his "Synopsis Nosologiæ Methodicæ, published in 1772, defining asthma as "Spirandi difficultas, cum angustiæ in pectore sonsu, *per intervalla* subiens." Cullen appears to have regarded spasmodic asthma as essentially due to constriction of the bronchial muscles, and in his nosology he divides asthma into three groups.

First—Idiopathic asthma, of which kind he enumerates eight varieties.

Second—Symptomatic asthma, two varieties, viz., 1, Asthma arthriticum; 2, Asthma venereum.

Third—Comes a long list of asthmas, dyspnœas and orthopnœas symptomatic of cardiac and pulmonary difficulties and obstructions.

The belief held by Floyer and Cullen that the spasm of bronchial asthma was due to contraction of the smaller bronchial tubes receives plenty of support in the present day. Our late distinguished Fellow, Dr. Hyde Salter, has expressed himself strongly and decidedly as an upholder of the bronchial constriction theory, and among other celebrated men of the same way of thinking I may name Trousseau, Romberg, Bergson, Biermer, Théry, Williams, Walshe, Fuller, Watson, Radclyffe Hall, Gerlach, MacGillivray, and others.

Sir Thomas Watson describes asthma as a difficulty of breathing occurring in paroxysms, and accompanied by loud wheezing sounds "in the respiration; going off after some hours, with more or less mucous expectoration, and unattended by fever. And these paroxysms of dyspnœa are believed to depend upon a spasmodic constriction of the bronchial tubes."

There comes next to be noticed, in the history of the growth of our knowledge of asthma, the theory put forward, and ingeniously supported, by Dr. Robert Bree in 1801. Dr. Bree, when in considerable practice as a physician at Leicester, was attacked so severely by paroxysms of asthma that in 1793 he felt compelled to abandon his profession and accept a commission as captain in a regiment of militia. Under these altered conditions of life Dr. Bree lost his asthma, to return, however, some years later with great severity, rendering the latter portion of his life a period of constant suffering, and at times of the most agonising distress. In 1796 Dr. Bree resumed the practice of his profession in Birmingham, and while there he published his treatise, entitled "A Practical Inquiry into Disordered Respiration, distinguishing the species of Convulsive Asthma, their causes and indications of cure." This work reached a fifth edition, and conferred upon its author a very high reputation, while it brought him also considerable practice. In 1833 Dr. Bree died at his house in Park Square, Regent's Park, at the advanced age of 80 years. The great point in Dr. Bree's theory of the caus

of the asthmatic paroxysm was the presence in the air tubes of some peccant irritating matter which excited the lungs powerfully to effect its discharge. When by the expulsive efforts of expectoration the peccant mucus was thrown off then the spasm in the air tubes came to an end; the desired object having been attained in the expulsion of the mucus. Dr. Bree had observed carefully the facts of an asthmatic paroxysm, but had not correctly interpreted these facts; for, as Salter has well shown, during the asthmatic fit the power of discharge from the lungs by cough is quite in abeyance. Moreover, I hope, as I proceed, to show that the collected mucus is the effect, and not the cause, of the asthmatic spasm.

He who, in the present day, is the nearest exponent of Dr. Bree's theory is Leyden. This observer found in the viscid grey mucus, expectorated on the subsidence of a fit of asthma, brownish masses of cells undergoing granular degeneration, and among these could be made out colourless octahedral crystals, soluble in hot water, and in acids and alkalies, but not in ether, and consisting probably of a substance analogous to mucine. Leyden believes that these sharp crystals irritate the peripheral extremities of the vagus nerve, and produce reflex spasm of the bronchial muscle.

Attempts to prove the connection by experiment appear to have failed, and the presence of these angular crystals is not peculiar to the sputum of asthma, for similar crystals have been found in the expectoration of persons suffering with ordinary catarrh and croupous bronchitis. Leyden possessed the knowledge of reflex nervous spasm, unknown in the time when Dr. Bree wrote; and, I needly hardly say before this Society, that it is to the discovery of excito-motory and reflex nervous action, as well as of auscultation by the stethoscope, that we now owe so much of our knowledge of the true nature and definite varieties of asthma.

Persistent mechanical irritation of the air-tubes by the inhalation of various kinds of dust will produce irritability, swelling, and various degrees of thickening in the lining membrane of these tubes; but asthmatic paroxysms are by no means a constant accompaniment of these pathological conditions.

Workers at dusty employments, mill-stone dressers, knife grinders, and chaff cutters, get their lungs greatly irritated by the dust and fine steel particles they inhale while at work, and the effect is very obstinate chronic bronchitis. Asthmatic paroxysms may co-exist, but such co-existence is certainly not an invariable rule, and depends on the presence or absence of a neurotic or spasmodic element in the case. In six cases of mechanical bronchitis, detailed by Dr. Headlam Greenhow, I find no mention of distinct asthmatic attacks. The tendency of the disease was towards change of structure, rather than to nervous spasm. The trustworthy authority just quoted, in speaking of the asthmatic complications of the so-called "dry catarrh" of Laennec, attributes the dyspnœa partly to narrowing of the bronchi by swelling of their lining mucous membrane, and partly also to spasm of these tubes. That irritation leading to local congestion of the pulmonary mucous surfaces may become the cause of an acute attack of dyspnœa I do not doubt; but before entering further upon this question, I wish to place before you the reasons that make me uphold the doctrine of the existence of an essential independent spasmodic bronchial asthma, dynamic in nature and symptomatic only of some great nervous perturbation in the system; at times centric and emotional, at other times reflex, in its mode of origin, capable, too, of artificial production by direct irritation applied to the trunk of the vagus nerve.

The reasons that have prevailed to establish and maintain in my mind the conviction that we can have a severe spasmodic dyspnœa of purely nervous origin may be divided into two groups—

First—The evidence adduced from observation of cases as regards causation and cure;

Second—The support given by experimental physiology to the belief in nervous spasm as the cause of bronchial constriction.

My own observation has shown me that a most severe fit of bronchial asthma, requiring the inhalation of chloroform for its relief, may develope in the space of two minutes. In another case, a youth going up for examination at Burlington House is breathing with comfort, when the anxiety due to the non-arrival of the carriage to convey him to the place of examination causes a speedy attack of asthma, which subsides as the carriage draws up at the door.

Dr. Chowne reported a case where a dash of cold water over the foot invariably and immediately induced a paroxysm of asthma in a gentleman 50 years old. Dr. Salter affirms that he has seen severe asthma developed in as short a time as thirty seconds.

In 1834 John Ross reported a sudden and severe paroxysm of asthma, brought on by the smell of a parcel of new feathers.

The late distinguished French physician, Trousseau, who was the subject of inherited asthma, used to relate how the worst attack of asthma he ever experienced came on in the course of a few minutes, with intense dyspnœa and oppression, relieved, however, in eight or ten minutes by smoking a cigar. Trousseau was at the time of his seizure up in the hay-loft watching his coachman, whom he suspected of dishonesty, measuring oats, and he attributed his severe attack to emotional agitation. "It could not have been the dust of the oats," says Trousseau, "for I have often been exposed to far more dust, and yet had no asthma." The profuse running from the eyes and nose, however, that Trousseau had, make me think his seizure was a sort of catarrhal asthma due to inhaling dry pollen in the oat dust; this might have caused the profuse coryza; the asthma, doubtless, was emotional and spasmodic.

Trousseau gives a good example of the nervous nature of asthma in the case of the brother of the Chancellor of the Chamber of Peers in Paris, who used to free himself at once from his difficult breathing by having four or five bright lights brought into his apartment. A bad asthmatic, whom I have known for years, declares to me that the contemplation of himself in a looking-glass constantly gives relief to some of his worst attacks. With some the mere presence of a cat, a dog, or a hare-skin, in a room, at once brings on asthma.

Walshe gives a striking instance of asthma occurring as a primary neurosis of emotional, or centric, origin in the case of a man, very liable to spasmodic asthma, who always carried in his pocket some cigarettes made of belladonna and stramonium. One day, at a distance from home, he suddenly found he had forgotten his cigarettes. Instantly he had a violent paroxysm of asthma.

Salter has noticed asthmatic seizures to alternate with those of epilepsy; and Eulenberg has seen paroxysmal breath seizures occur in alternation with hemicrania and angina pectoris.

The great relief to the asthmatic fit often obtained by the inhalation of the fumes of tobacco, stramonium, and belladonna, and the speedy way in which chloroform vapour dissipates the spasm, further support the belief in the neurotic character of the seizure; and the more the nervous spasm predominates, the more certain is the relief obtained by the use of the above-named agents—a point I hope to work out satisfactorily when I come to the matter of therapeutics in my third lecture.

Observations that I have had opportunities of recording have shown that there is no rise of body temperature during a night of intensely severe asthma, brought on by nervous excitement. Such are a few of the facts that make me think we must admit into our nosology bronchial asthma as an essential primary neurosis. Now comes group of evidence No. 2, based on physiological experiment, as well as on clinical observation; and here I approach the question so warmly contested just now, as to what part of the respiratory mechanism is the seat of the nervous spasm. Let us look first at the result of experiment. We find in

the very smallest bronchial tubes a distinct layer of smooth muscular fibres disposed between an external and internal layer of elastic fibres. These elastic fibres support the borders and angles where several alveoli meet, and they are further distributed in a retiform manner over the alveoli of the lung. This membranous wall of th e air cell, according to Stricker, is entirely devoid of all trace of muscular fibre, and the air cells were found by Dr. Williams, in 1841, to possess little contractile force under the influence of galvanic or chemical excitation, though the lung by its elasticity is capable of contracting generally to about one-third of its ordinary bulk when the thorax is opened.

The contractility of the muscular element in the small bronchial tubes under the influence of mechanical, chemical, and electrical stimulants was ingeniously demonstrated by Dr. C. J. B. Williams as long ago as 1840. Afterwards Longet and Volckmann showed that irritation of the vagus nerve would produce contraction of the lung, or rather of the bronchial muscle. The last of these observers, saw the lung contract, when the vagus was irritated, with force sufficient to blow out a candle. Paul Bert, Gerlach, and more recently Dr. H. MacGillivray, have confirmed these results, so that, as Riegel, one of the most recent writers on asthma, says, "It is therefore now no longer doubtful that the bronchial muscles can be excited to tonic contraction under the influence of the vagus nerve."

Biermer thinks that the bronchial muscle in a spasmodic state may form a sphincter-like occlusion more readily overcome in inspiration than in expiration, and that thus the escape of air from the pulmonary alveoli is impeded. The expected result of this state of things would be over-distension of the air cell and ultimate production of emphysema, and this is what we may often observe actually to occur. Recent observations by Paul Bert tend to show that arrest of respiration can take place in that phase of the respiratory act during which the nerve irritation is applied, and a more powerful nerve excitation is required to produce stasis in inspiration than in expiration. Bert has also demonstrated, as Williams had done before, that after excessive inflation of the lung the bronchial muscle could not be excited to contract; but Williams observed that on waiting a minute or two contraction took place, only diminished in degree by the compressed state of the air, which required more contractile force to move it. I quote the original paper of Dr. Williams, kindly placed at my disposal by Dr. Theodore Williams.

*(To be continued.)*

# Original Communications.

## CALCULUS IN THE FEMALE BLADDER. (a)

By LOMBE ATTHILL, B.A., M.D. Dub., F.K.Q.C.P.;
Master of the Rotundo Lying-In Hospital; Consulting Obstetric Physician to the Adelaide Hospital, &c.

TRUE calculi of large size are comparatively rarely met with in the bladder of females. That this is so, is doubtless, due to the fact that the urethra in women readily permits the passage of a stone of small size. The case I am about to detail is remarkable, alike from the size of the calculus, its great hardness, and the long continuance of the symptoms, which point, as does the structure of the stone, to the conclusion that it had been for many years in process of formation.

A. M., a widow, æt. 54, was admitted into the Rotundo Auxiliary Hospital on the 24th of September last. She complained of being tormented with an incessant desire to micturate; even at night she had to get out of bed every half-hour for that purpose, while the act of passing water caused her some pain. The urine was turbid, highly ammoniacal, and contained much mucus.

She stated that she had been a sufferer for ten years, the first symptom being a feeling of discomfort in the region of the bladder. Soon after this she perceived that the flow of urine would be sometimes suddenly arrested; this, no doubt was caused by the calculus blocking up the orifice of the urethra. Subsequently this symptom disappeared, probably when the calculus became too large to be affected by the stream of urine. Of late her sufferings were greatly aggravated, and at last she was compelled to seek relief.

On passing a sound into the bladder a calculus, evidently of large size, was detected, but there was such extreme irritation of the bladder, urethra, and labia, that I thought it better to postpone any operative measures for a few days till her condition in these respects could be somewhat improved. She was accordingly ordered warm hip baths, the bladder was syringed out with a weak solution of carbolic acid daily, and on the 30th of September she was so much better that I resolved to attempt to remove the stone. It was obviously desirable, on account of its size, that it should be crushed, but, as I anticipated that the fragments would be large, I thought it best, with the view of facilitating their removal, first to dilate the urethra. This was effected in the course of twenty-four hours, and without much distress to the patient, by the introduction of four pieces of sea tangle. The urethra then permitted the passage of the index finger into the bladder, and a large rough stone could be distinctly felt. This was without much difficulty seized by a lithotrite, but it proved to be so hard that no effort sufficed to crush it; and as it was too large to be drawn through the urethra, even though it had been previously dilated, I was obliged to abandon the attempt for that day.

The dilatation of the urethra d d not cause very much pain, and the attempt to crush and extract was made whilst the patient was under the influence of ether.

After the lapse of two days, the patient's health not having altered materially, I dilated the urethra a second time in the same manner as before, employing however a larger number of pieces of sea tangle. I also procured a much stronger lithotrite, and had the advantage of Mr. Porter's assistance. The patient being again etherised, the stone was after a little difficulty grasped by the lithotrite, but, as on the former occasion, our efforts to crush it failed altogether, and I had no resource but to extract it through the now widely dilated urethra. This was at length effected by means of a pair of small ovum forceps, but not without much difficulty and the exercise of considerable force.

The patient complained of a good deal of pain subsequently; this was relieved by the use of a morphia suppository. There was incontinence of urine for about a week; after that time she could retain water for a couple of hours; the urine, however, continued to contain a considerable quantity of mucus, and I therefore wished to keep her in hospital for some time. She, however, would not remain, and I have lost sight of her. Her condition at the date of her discharge was much improved, and she considered herself cured.

My friend, Dr. Cruise, kindly made a section of the calculus; the following is his report:—

"The stone which you confided to me to cut through is a very interesting specimen. It is of extraordinary hardness,—so much so, that it took over half an hour to make the section with a fine saw.

"The divided surface is very instructive as regards the formation of this stone, which I believe occupied several years. In the centre you see three nuclei of fawn-coloured lithic stones, held together by a small quantity of the same material. Outside of this a deep layer of very hard dark lithic deposit, irregularly laid on, and I suspect with some mixture of oxalate of lime. Now a couple of layers of light-coloured lithate of ammonia, and outside all a deep layer of phosphates, due, no doubt, to the irritation of the bladder set up by the gradually enlarging stone."

(a) Read before the Surgical Society of Ireland.

I had on several occasions previously dilated the female urethra to a considerable extent, but never before to such a size as in this case, and I confess I felt much anxiety lest in the unhealthy condition this woman was in it would not regain its tone, for the stone when extracted was the size of a large walnut, and much force had to be employed, and some laceration took place; but no unpleasant symptom followed, and I believe, had the patient remained in hospital she would have become perfectly well.

The case, then, is to me in this respect specially interesting, for I believe that some of the very troublesome cases of chronic inflammation of the bladder, which are not uncommon in women, are capable of being benefited by the free dilatation of the urethra, a method of treatment advocated by Dr. Matthews Duncan, and practised by me on several occasions, and this case seems to show that even extreme dilatation of the urethra in the female is not a dangerous proceeding.

It seems almost incredible that this poor woman could have borne the distress and suffering caused by this large rough stone for so many years without seeking relief, but so it appears to have been. Her condition when she came into the hospital was most lamentable.

## THE OTOLOGY OF THE LAST TEN YEARS.

By Dr. GUERDER,
Of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes*,

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(*Continued from page 495, Vol. XXVI*).

### IV.—PHYSIOLOGY OF THE CONDUCTING APPARATUS.

UNTIL a few years ago we possessed only hypotheses of a more or less ingenious nature with respect to the action of the apparatus for the conduction of the sonorous waves from the external air to the labyrinth. According to the oldest theory, the muscles of the ossicular chain had for their object the protection of the expansions of the auditory nerve against the influence of too strong vibrations acting violently against the membrana tympani and the chain of bones. Another hypothesis, founded solely on analogy, attributed to these little muscles an action of accommodation similar to that of the apparatus of accommodation in the eye. These muscles had for their function to adapt the ear to the perception sometimes of low sounds, sometimes of high ones. A modification was introduced into this theory by Mach. (*a*)

According to this author, by the action of the muscles of the ossicles, we are able, when we listen attentively, to fix upon certain sounds, isolate and follow them, just as we are able, with the eye, to follow a point which is moving in space. As the perception of the space in which an object moves is the effect of a series of muscular sensations, so the perception of sounds will only be a series of sensations residing in the muscles of the ossicles in various states of contraction and relaxation. Lastly, Magnus and Kramer do not attribute any function to the muscles of the ossicles. According to them, they are simple ligaments whose muscular structure has no other end but to render them more elastic.

Rosenmüller (*b*) had a clear perception of the action of the internal muscle of the malleus; he says it draws the malleus inwards, increases the concavity of the membrana tympani, and the pressure of the stapes on the fenestra ovalis, and consequently on the fluid of the labyrinth.

(*a*) Mach. "Zur Theorie des Gehörorganes." 1863.
(*b*) "Handbuch der Anatomie." Leipzig. 1838.

Toynbee (*a*) first established the antagonistic action of the stapedius and the tensor tympani. In studying the action of the stapedius on the intra-labyrinthine pressure, he perceived that traction on the muscle caused a depression in the level of the liquid, but he saw at the same time that it produced a movement outwards of the long process of the incus and of the handle of the malleus, accompanied by some relaxation of the membrana tympani. He concluded from this that the stapedius had an action antagonistic to that of the internal muscle of the malleus.

Bonnafort, (*b*) who does not appear to have been aware of these foreign investigations, by his own study equally established the antagonistic action of these two muscles. These data were, nevertheless, not established with sufficient accuracy, and it is to Politzer (*c*) that we owe the first experimental demonstration. We owe to him not only the demonstration of many physiological ideas, but above all, the creation of a new method of research respecting the ear, a method which has since been followed by all those who have given themselves up to studies of this kind.

M. Duplay (*d*) has given us a *resumé* of them, and we will confine ourselves to recalling certain essential points, much disputed at the time, which Politzer firmly established. Thus, he shows that, 1, when the internal muscle of the malleus contracts it does not produce rotation of the malleus on its long axis; 2, the malleus is drawn inward in all that part which is below the insertion of the tendon of the muscle, whilst the part above that insertion swings outwards; 3, at the same time, there is produced a movement inwards of the whole membrana tympani, and, consequently, of the malleus; 4, during this time there is produced a slight rotation of the malleus on its long axis, but in an opposite direction to that generally believed—that is to say, its anterior surface is turned slightly backwards; 5, there is produced a tension of the whole membrane, and not only of one of its parts; 6, with respect to the influence of the tension of the membrane on the perception of sounds, he has always observed, with low-toned tuning-forks, a diminution of the fundamental sound with the appearance of overtones—a phenomenon which is also produced by the tension of artificial membranes.

Soon after the celebrated experiments of Politzer, Helmholtz (*e*) published his theory of hearing, which is now generally accepted; but before touching upon this, we must return to some anatomical considerations which will enable us better to comprehend the action of the accommodating apparatus of the ear.

The axis of rotation of the malleus is formed by the two ligaments, anterior and posterior, always moderately tense. The lateral ligaments are directed from within outwards towards the bony tympanic ring; they are short, and as they emerge above the axis of the malleus, from the point of the posterior tympanic spine, they prevent too great rotation of the head of the bone from without inwards, and of the axis from within outwards on the membrane. Section of the internal muscle of the malleus slightly diminished their tension, but the malleus always remains in its place; the slightest traction on the muscle greatly increases their tension, as would a very small force acting on the middle of a tense cord. The superior ligament which fixes the head of the malleus, has for its object the preventing of any movement which should draw the ligamentous axis downwards. The internal muscle of the malleus, which is inserted at the superior part of the handle of the malleus, constitutes an elastic band which, under the influence of nervous force,

(*a*) "On the Functions of the Muscles of the Tympanum in the Human Ear."—*British and Foreign Med. Chir. Review.* 1853.
(*b*) "Traité des Maladies de l'Oreille." 1860.
(*c*) "Unters ueber Schalleitung," &c.—*Arch. des Oh.*, p. 59.
(*d*) *Archives Générales de Médicine.* 1860. P. 341.
(*e*) "Annales du Congrès des Naturalistes de Heidelberg." July, 1867.

may be much stretched. It draws the handle of the malleus from without inwards, and this in its turn draws upon the membrana tympani. But since its attachment is very near to, and below the, ligamentous axis, it is especially on the ligaments that it exercises its action, and it augments their tension by drawing them a little from without inwards, a tension which always exists from the natural elasticity of the muscle, but which may be considerably increased by its contraction, feeble though it be.

The articulation of the malleus with the incus presents a curved irregular surface, resembling on the incus a saddle on which the head of the malleus is seated. Helmholtz compares its action to that of a cogged watch-key (tipsy key), which will turn easily in one direction, but has no movement in the other. When the handle of the malleus is drawn inwards its articular surface is pressed strongly into the head of the incus and held there as if in a vice, so that the articulation is very close ; when, on the contrary, the handle is drawn outwards the articulation is relaxed, and the articular surfaces separated, for the incus is not drawn upon, and does not follow the malleus. It results from this, that only an exaggerated movement of the handle of the malleus or of the membrana tympani outwards can have the effect of withdrawing the stapes from the fenestra ovalis. Thus, the disposition is such that when the internal muscle of the malleus contracts, it forcibly stretches the whole ligamentous apparatus which maintains the different parts of the ossicular chain close together, and firmly united one to another. The membrana tympani, the chain of ossicles, and the fenestra ovalis have for their function the transmission to the labyrinth of the vibrations which are brought to them by the external air. The membrana tympani receives vibrations of little strength with an extent of vibration relatively great. To be transmitted to the labyrinth, whose denser fluid requires a greater force to put it in motion, it is necessary that the vibration acquires greater force; on the other hand, the microscopical dimensions of the nervous expansions in the labyrinthine fluid require only vibrations of small size. The problem consists, then, in transforming vibrations of little force but great extent into vibrations of considerable force but small extent.

Now, the membrana tympani is from fifteen to twenty times larger than the fenestra ovalis ; the vibrations which it receives must then be transmitted to the latter with a correspondingly greater amount of force and less amount of extent. Politzer had seen that the vibrations of the malleus were more extensive than those of the incus, and the latter than those of the stapes. Schiedekam (*a*) and Buck (*b*) have established the fact with great precision ; the latter using the method of Lissajous, was able, with the aid of a micrometer, to measure exactly the relative dimensions of the vibrations of the ossicles. He found thus that the oscillations of the malleus had twice the extent of those of the incus, and four times that of those of the stapes. It results from these demonstrations that the apparatus of transmission plays the part of an extinguisher, and makes the labyrinth to a certain extent a defence against the too violent shocks which the membrana tympani may receive. These shocks are often sufficient to cause rupture of this membrane without producing any lesion of the fenestra ovalis. But this apparatus also strengthens certain sounds according to Helmholtz ; and Schiedekam and Hensen have observed that certain sounds of the siren resounded with an intensity quite peculiar to their ear. There results from this function of the apparatus of transmission that an alteration in this apparatus must have a greater influence on the hearing when the lesion is situated in a part nearer to the labyrinth. Politzer has demonstrated this experimentally. Examining the vibrations of the ossicles by Lissajon's process, he observed that, on pressing the membrana tympani with a small twig or a little ball of wax, its vibrations were vere very little modified, but if the same obstacle was brought to bear on one of the ossicles the vibrating power of the chain was notably diminished.

Pathology confirms the fact, and all otologists know well that considerable lesions of the membrana tympani, such as perforations, cicatrices, and calcareous deposits, influence the hearing much less than alterations in the chain of ossicles or the fenestra ovalis, such as adhesions and anchyloses. In both cases high tones are generally better heard than low tones ; what is most affected is the hearing of the human voice. The sounds of the human voice are, in fact, very complicated, more even than those of a piece of music executed by a large orchestra. They do not produce periodical vibrations like musical sounds, but form a mixture of noises and musical sounds, whose transmission to the labyrinth is very complicated. Politzer, who has endeavoured to study the vibrations of the chain of ossicles under the influence of the human voice, has observed that the ossicles present as many vibrations as there are vowels in the word spoken, and that the vibrations produced by the pronunciation of consonants are extremely feeble compared to those of vowels.

*(To be continued.)*

(*a*) "Exp. studien zür Phys. Gehörorganes." Kiel. 1866.
(*b*) "On the Mechanism of Hearing." New York. 1874.

# Clinical Records.

## A CASE OF DIPHTHERIA IN WHICH THE PULSE WAS DICROTIC. (*a*)

By Dr. HERMANN LÖWI,
of Vienna.

THE quality or character of the pulse undoubtedly plays an important *rôle* in severe febrile disorders. As, in this class of disease, the frequency of the pulse chiefly depends upon, and I may say corresponds to, the temperature of the body, so the character of the pulse is influenced by the increased or diminished action of the heart. So long as this action is strong, the arterial blood pressure will be considerable, but when it is weak, the pulse becomes small, weak, often thready, and sometimes imperceptible. Moreover, through a relaxed or paralysed state of the muscular coat of the arteries, the pulse may be soft, easily compressible, and *dicrotic*. At every pulsation the finger feels that there are two beats instead of one, the first of which is stronger than the second. This phenomenon has not been precisely accounted for, although it is well known that this duplication of the pulse-beat does not correspond to two but to one contraction of the ventricles of the heart. In abdominal typhus (typhoid fever) this symptom is of frequent occurrence, while it is rarely observed in exanthematous typhus (typhus fever). In diphtheria the dicrotic pulse has, as far as I know, never been observed, and, therefore, I take the opportunity of recording this case, not so much to justify the priority of my observations, as to draw the attention of my colleagues to a fact which probably occurs more frequently than they are aware of.

Franz Hansdorf, 26 Nordbahnstrasse, Vienna, a little delicate boy, æt. 6, and who, about the same time last year, made a good recovery from an attack of scarlet fever, followed by Bright's disease, suffered on the 22nd of November from slight febrile symptoms. After the disease had lasted two days, in the form of an ordinary sore throat, a slight deposit, like that of a little mildew, was discovered at the back part of the left tonsil. In the evening of the same day the whole tonsil was much swollen and covered with a thick wash-leather-looking membrane. The glands of the neck were very slightly swollen ; there was much headache ; the temperature was 40 C. ; and the pulse, 140.

(*a*) From the *Allg. Weiner Medizinische Zeitung*.

25th.—Early in the morning the right tonsil was likewise affected, and covered with a thick yellowish membrane. Uvula still free. Temperature more moderate; pulse, 120. In the evening a part of the uvula had a mother-of-pearl-like coating. The temperature higher; pulse, 140.

26th.—In the morning the whole uvula and a considerable portion of the hard palate were covered with the diphtheritic exudations. In the evening the boy was very weak, apathetic, and scarcely able to speak.

27th.—All the inside of the mouth, including the posterior wall of the pharynx, is covered with the membrane. Fever severe, great restlessness, and great difficulty of breathing. Tracheotomy not resorted to on account of the uncertainty of the result.

28th.—The child more restless; less difficulty of breathing. Pulse, small, weak—distinctly *duplicated* or *dicrotic*. The diphtheritic membrane begins to shrivel, a portion of it becomes detached, and, hanging down in the cavity of the mouth, causes a strong inclination to vomit. Evening—nearly half the membrane is separated and expectorated. Pulse, dicrotic.

29th.—Pulse, dicrotic. The exudation on the left tonsil is loosened. Temperature has fallen, and pulse slower. Thus, the dicrotic pulse has been observed for two whole days.

30th.—The debility continues in spite of stimulants and restoratives, and although by the 4th of December the membrane had become wholly detached, the child died on the same day from paralysis of the heart.

On the morning of the above date I had an interview with Dr. Klein, who had seen the child in my absence. While I was speaking to him about the dicrotic pulse, he said that, much to his astonishment, he had on the previous evening made the same observation, and that had we not accidentally met, he would have made a point of seeing me respecting it.

# Transactions of Societies.

## SURGICAL SOCIETY OF IRELAND.

SESSION 1878-79.

FRIDAY, JANUARY 3RD.

THE Society met at the Royal College of Surgeons, Mr. WILLIAM COLLES, senior member of Council of the Society present, in the Chair.

Mr. B. WILLS RICHARDSON, hon. sec., read the minutes of the proceedings of the previous meeting.

### RESECTION OF THE ELBOW-JOINT.

Mr. WILLIAM STOKES—The specimens produced are the result of resection of the elbow-joint which I performed last Monday in the case of a gentleman, æt. 26, of delicate appearance, dark complexion, and badly nourished. He has been suffering about two years with pain in the right elbow-joint, and latterly with swelling. It appears that he never received injury of any sort, but commenced to suffer from inability to flex and extend the arm two years ago; and it remained in a quiescent state twelve months. He went to London, where he was some time under the care of Sir James Paget and other surgeons. On his return he came under my notice about three weeks ago. At that time the swelling was very great in the elbow. There was great atrophy, both of the muscles of the arm and fore-arm, and there was an unhealthy-looking ulcer over the inner condyle of the humerus, through which exuded semi-purulent fluid. The probe detected bare denuded bone. By the last surgeon he consulted he had been recommended to get the arm amputated; but disliking that that procedure should be adopted, he sought further advice. I could not see any reason why the operation of resection should not be performed. The operation was done; and here are the specimens which exhibit, in a remarkable way, examples of pulpy thickening of the synovial membrane, and very extensive ulceration of the cartilages of the joint. I was glad to observe there was no appreciable evidence of any osseous disease. The extent of disease in the soft structures of the joint was so great as to preclude all hope of anything else being likely to be of service except the operation adopted. On both the humerus and ulna you see extensive ulceration of the cartilages. It is not so well-marked now, having been in spirits since Monday last, but still you can see sufficient to satisfy yourselves of it. I may mention that the case has gone on extremely well. The operation was done with rigid antiseptic measures adopted throughout, and the wound is almost entirely healed already.

### DILATATION OF THE FEMALE URETHRA.

Mr. WILLIAM STOKES—The next case is, I think, interesting in connection with the subject that is about to be brought under the notice of the Society by the Master of the Rotundo Hospital. It is the case of Catherine Clinton, æt. 35, at present under my care in the Richmond Hospital; she was admitted on the 13th of December last, complaining of pain in the hypogastric region, and also of shooting pains through the back. She produced some calculi which had come away with her urine. On the 14th she was operated on. I passed in a sound, and at once struck a foreign body and concluded we had to deal with a case of calculus, pure and simple. I then introduced a small urethral forceps, seized the foreign body, and removed some portions of the detritus (produced). On removing one of these portions of calculus I saw what led me to expect something more. On the surface of two of these there is a deep, well-defined groove, dark in colour, such as would be produced by the contact of an irregular body. On cross-examining her closely, she admitted the possibility of there being a foreign body in the bladder. She had been married for five months. Accordingly, on the 21st of the month, I dilated the urethra and, in the first instance, introduced a lithotrite, when I seized one end of this hairpin (produced). I had great difficulty in removing it, not being fortunate enough to catch it at the bent portion. Seizing the wire with the forceps, I then introduced my little finger, and placing it against the groove up where the wire is bent, and making strong traction at the end of the wire, I succeeded in straightening the hairpin and next in removing it. On a subsequent occasion I removed the remainder of these calculi which had collected on this foreign body. Mr. Tufnell asked me was there any difficulty in retaining the urine or any unpleasant consequence from the great dilatation. Nothing of the kind has occurred. I was struck by the great facility with which the urethra can be very largely dilated. We have heard of the great dilatation that Prof. Bigelow has adopted in cases of vesical calculus; but sufficient attention has not been drawn to the great facility with which the dilatation of the female urethra can be had. I introduced my index finger into the bladder, on the occasion noticed, with the greatest facility, and felt the foreign body quite distinctly.

Dr. ATTHILL read a paper on

### LARGE CALCULI IN THE FEMALE BLADDER,

which will be found at page 60.

Mr. THORNLEY STOKER—What size was the stone?

Dr. ATTHILL—The size of a walnut; but I forgot to measure it before Dr. Cruise cut it. It is right to say the question of extracting by any incision of the bladder was not entertained in the first instance. Having dilated the urethra so far, I deemed it better to remove it by that means than have recourse to a third operation.

Mr. T. STOKER—Some time since I removed a calculus from the female bladder; and perhaps the case is as instructive as that Dr. Atthill has laid before the Society, though differing in the details. The subject of my operation was a girl, 10 or 11 years of age; and the calculus was nearly an inch in its longest diameter, oval in shape, and proved to be extremely hard. I did not entertain the question of removing by a cutting operation. Being unable to dilate the urethra to admit of removing the calculus whole, I was obliged to break it up with a lithotrite, and remove it in pieces. The case is of interest as showing the extent to which the female urethra can be dilated, even in the immature condition of a girl of 11 years of age; because I was able to dilate it so as to admit of the introduction of my little finger. Considering the state of the parts in a child of such tender years, that dilatation was as considerable as was effected in the instance mentioned in an older patient.

Dr. M'CLINTOCK—It is to be regretted that the history of the case is not known to us—whether the retentive power of the bladder after the extreme dilatation of the urethra has

been completely restored. The general experience of surgeons of the effects of extreme dilatation of the urethra is, that the patient for a long time afterwards, if not permanently, has more or less want of control over the bladder. Taken together, or separately, the two cases brought before us to-night are very interesting, as tending to confirm the propriety and wisdom of a rule laid down by Sir Philip Crampton, in a paper he published on lithotomy, that lithotrity is very seldom applicable to cases of calculus in the female bladder. A very important question arises as to the proper mode of treating cases of calculus of unusual magnitude. For the purpose of extracting the stone through the urethra, Sir Philip Crampton recommended an instrument called the cutting dilator, which simultaneously with dilating the sides worked a blade that cut through the urethra next the pubis. It was thought that less injurious results would follow from incision of the urethra than any other mode. That instrument was also used by the late Mr. Cusack; and in one case by myself, assisted by Mr. Wilmot, in removing a very large calculus, 2¼ inches in circumference, from the bladder of a patient, curious to say, six months pregnant. She recovered from the operation, and after the full period was confined under my care. For a considerable time she could not retain urine two hours, unless perfectly quiet. If she attempted to walk about the urine would involuntarily escape from the bladder. The vesico-vaginal operation has also been performed with success. The two cases cited to-night are very interesting, as showing to what extent the urethra may be dilated without any permanent or great injury to the retaining power of the bladder. It is premature to draw any inference from Dr. Atthill's case, the patient passed from under his observation so soon; and it would, therefore, be interesting to know what the effect of the operation has been.

Mr. THORNLEY STOKER—I wish to add two remarks. One is, the dilatation in my case was performed in the course of a few minutes, the instrument I used being Ricord's three-pronged dilator, invented for dilating the female urethra. The other is that continence of urine was completely restored in four days.

Mr. M'NAMARA—An important question has been raised by Dr. M'Clintock as to the effect of the dilatation on continency of urine. For a long time I had an idea in accordance with the views of other surgeons, that dilatation of the urethra might have some effect on continence or on incontinence of urine. During the past few years extreme dilatation of the urethra in the female has, in a remarkable way, come under my observation, I allude to my examinations in the Lock Hospital. Not the vagina at all, but the urethra; and I have persistently inquired about the continence or the incontinence of urine. I fancy I could show Dr. M'Clintock three or four cases in the Lock Hospital where, without the slightest difficulty, he could introduce his little finger into the patients' bladder; and yet they keep their water in the most admirable manner. This is very striking. It is hard to know how the urethra has become dilated, but the fact remains that it is dilated—it is absolutely patulous, while they have perfect command over the bladder.

Dr. KIDD—It has been my lot to dilate the female urethra. I have used the instrument devised by Sir Philip Crampton—in fact, Sir Philip Crampton's own instrument in one case. I divided the sphincter up towards the pubis as he suggests. I was more fortunate than in Dr. M'Clintock's case. Perhaps I did not dilate the urethra to such an extent; but the patient recovered without any incontinence of urine. I have also assisted the late Dr. Sawyer in dilating the urethra with prepared sponge for the removal of a large phosphatic calculus, and we then broke down the calculus. In that case there was incontinence of urine for two or three days afterwards, but the patient fully recovered. Since then, I have never found it necessary to use a sponge or sea tangle, or other instrument for dilatation of the urethra. Christopher Heath published a paper describing a mode of dilating the urethra with the finger. His method was to put a probe in as a guide, and then to oil the finger well, and pass it alongside into the urethra. This I have done very frequently. By this means I have removed a stone nearly as large as that Dr. Atthill has removed. Pass the probe in first, oil your finger well, use first your little finger and then the index finger. After that, you can pass the ordinary lithotomy forceps into the bladder, and remove a stone of considerable size. I have done that four times, Mr. M'Namara being present on two of those occasions. On one occasion Mr. Porter and I had our finger in a lady's bladder eleven times. The stone broke, and the whole bladder was encrusted with a mortar-like deposit, and the only way we could remove it was by inserting the finger, and getting it out bit by bit. That lady never suffered from incontinence in the least degree. She has been occasionally under my observation since, and has never suffered the least inconvenience in the bladder. A short time before Christmas I saw a lady, æt. 75, who was suffering from stone in the bladder. I dilated the urethra, and had the advantage of Mr. Butcher's assistance. In the previous case I had given chloroform; in this we did not think it desirable. I passed two or three catheters of different sizes into the urethra, until I could get in my little finger, and then with an ordinary lithotomy forceps removed the stone, not a very large one, but one that gave her a great deal of irritation. In that case I was able to pass my finger in and feel it carefully round; and she never suffered any incontinency of urine. I believe we need not be afraid of dilating the urethra if we do it gently and quickly. It is better to do it at a single sitting than to spend time over it. Where chloroform can be used, or any anæsthetic, it renders the operation safer than without it; but in the case I have mentioned that was not necessary.

Mr. E. S. O'GRADY suggested a glove-stretcher for dilating, and mentioned that he had found it satisfactory in the case of a female, 75 years of age, who had incontinence for two or three days, and after that recovered complete power.

Mr. WM. STOKES—I forgot to mention as regards the question of continence, that there has not been incontinence for a single moment after the operation I performed. From the remarks of Dr. M'Clintock and Dr. Kidd, the question arises as to whether the cases where incontinence continues for a long time are not cases generally that have been dilated for a considerable period before the operation. It would appear from Dr. Kidd's experience, that after immediate dilatation no incontinence takes place, and the case I have mentioned bears that out, whereas the cases mentioned by Dr. M'Clintock and Mr. O'Grady, point to the liability to incontinence after prolonged instrumental dilatation. It is a question whether any prolonged dilatation should be resorted to, or dilatation immediately before the operation.

Dr. BARTON—In two cases I have used Weiss's dilator, and it appears to me to be superior to anything mentioned this evening. The three blades dilate perfectly simultaneously, and with all the advantage of sufficient rapidity while the patient is under ether or chloroform. Within five minutes, using gradual dilatation, we have the female urethra dilated to allow of the introduction of the index finger. My experience endorses Dr. Kidd's as to the retention of urine. In the last case the patient came in for calculus in the bladder; but upon physical examination, I could not find any. I introduced Weiss's dilator, the subject being under ether, and in five minutes the urethra was large enough for the introduction of my index finger fully and freely. There was no difficulty of retention of water at all. In a like case in which a similar operation took place, the water ran away for twenty-four hours to some extent, and after that the patient had full control.

Mr. HAMILTON thought the little finger more manageable than any instrument, and created less pain. He added that Mr. Fleming had often used a glove-stretcher, as suggested by Mr. O'Grady.

Mr. WHEELER—When I was a student I had an opportunity of assisting the late Prof. Geoghegan in extracting a calculus from an old lady. He dilated the urethra with prepared sponge, and not finding the dilatation sufficient, he took a probe-pointed bistoury, passed it in on his finger, and cut the sphincter upwards towards the pubis, and then extracted the stone without much difficulty. There was incontinence of urine for three weeks, and after five weeks it ceased, and she was able to retain her urine as well as before the operation. With regard to the dilatation of the urethra in cases of suspected stone or disease, though the experience of this meeting does not confirm that it will cause incontinence of urine, still I can scarcely think it is justifiable when we have the endoscope, which there is no difficulty in using in the female bladder. I have demonstrated small ulcers in the female bladder with this instrument, as Mr. Tufnell will remember, and removed a portion of gum elastic cathether from the bladder of a female patient by passing a small lithotrite and seizing it, having diagnosed the existence of the catheter first by the endoscope. American surgeons recommend that the bladder be given perfect rest by making a vesico-vaginal operation, and letting the water continually drain off. In the condition of bladder of Dr. Atthill's patient, such a course

might have been advisable, and the stone have been extracted through the vagina.

Dr. BARTON said the dilatation he had mentioned had an admirable effect—it cured the frequency of micturition which existed.

Dr. ATTHILL replied. He said—Every speaker, save one, has endorsed the justifiability of dilating the urethra, which is the only question almost arising. There is a difference of opinion as to rapid dilatation and comparatively slow dilatation. In this case, it was better to do it slowly, and for two reasons—first and mainly, the patient was in a delicate state of health, suffering from disease of the bladder, or at least, irritation caused by the stone for a great number of years; and, secondly, there was liability to rupture the fibres of the urethra, which must be unhealthy. Rapid dilatation of the uterus is dangerous; and having this experience, I determined to distend slowly, so as not to risk rupture. The result justifies that I was right. Dealing with a healthy urethra, where you dilate rapidly it retracts rapidly. As to the power of retaining the urine subsequently, in the case alluded to in my paper, she stayed under my care only fifteen days. At that time she was able to retain urine between two and three hours. She had had incontinence of urine for years. The bladder itself was so unhealthy she could not bear to retain water if she had the power. Therefore she could not be a satisfactory test case.

(*To be continued.*)

# Translations.

## FIRST OPHTHALMOLOGICAL SOCIETY OF HEIDELBERG.

### TENTH SESSION.

*Extract from the "Klinische Monatsblattern für Augentreil Kunde."*

Translated from the "*Annuales d'Oculistique.*"

By ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I,

Sometime Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and Dublin Eye and Ear Infirmary.

(*Concluded from page 45.*)

SECOND MEETING OF THE 19TH OF AUGUST.

President—PROFESSOR SCHWEGGER.

X.—ENGELHART.—*Fluoresence of the Living Retina* (pp. 134—140).—To demonstrate this effect the author has collected the luminous rays, on their exit from the prism on the mirror of the ophthalmoscope in such a manner as to project a small spectrum on the retina. The effect is surprising; on the back of the eye the spectrum appears as usual, but as regards the vessels there is a notable difference in the red; they are intensely red; in the orange scarcely visible, in the green inky black, in the blue of a brown-yellow colour, and in the violet of a deep red-brown.

These variations of colour are so clearly marked, that the vessels present the appearance of having been cut across at certain places. The black tint in the green rays is produced by absorption.

In the blue and in the violet the colours can only be accounted for by the fluoresence of the retina lying behind the vessels. This explanation is certainly the true one, as has been proved by experiments in which capillary tubes, filled with blood, on an artificial background, were employed. These experiments have been repeated by means of lenses and of prisms in quarters and of the solar light.

XI.—M. LITTEN.—*On Changes in the Retina during Malignant and Acute Endocarditis, and in other Septic Diseases* (pp. 140—143) (read by Hirschberg). Nine cases observed; of these eight were cases of women in a puerperal condition, the other being the case of a man suffering from severe diphtheria of the large intestine. In all these cases there was hæmorrhage of the retina, generally in both eyes, differing, however, both in form and in extent. This hæmorrhage occurred only at from 50 to 60 hours before the death of the patient. In two cases there was, further, more or less advanced metastatic ophthalmia.

XII.—DONDERS.—*On a Pancratic Glass.*—This most important communication will be published *in extenso* in a future number.

XIII.—O. BECKER.—*Ophthalmoscopic Visibility of Visual Violet.*—It being granted that the red colour of the retina does not depend on visual red alone, the next step is, to discover to what extent this latter contributes to it, and consequently if it can by any means be made visible in the ophthalmoscope. The horizontal red ray discovered by Kühne, in the rabbit, is not visible in the ophthalmoscope. If an optogram be produced in the living human eye, nothing can be perceived; repeating the experiment of Kühne on both eyes of a rabbit, the optogram cannot be perceived in the ophthalmoscope, although its existence, after the section, in an eye which has been subjected to ophthalmoscopic examination can be proved. The author has then endeavoured to see the visual red without a background of red behind the retina. For this purpose he practised an opening in the sclerotic, and abstracted the choroid. The eye thus prepared, is placed in a white capsule, which is then covered with a diaphragm. In the ophthalmoscope the opening, if the preparation has been rapid, presents a reddish appearance, particularly at the edges, this colouring pales gradually, and, in the eye of the calf, it takes a yellow tinge, proof that it is not the capillaries which impart this colouring to the opening. As to the pallor observed in the retina after death, it is due to the efflux of the blood from the arteries, and this pallor exists even when the visual violet can still be observed.

*Discussion.*

Donders has seen two pairs of human eyes from which all light had been carefully excluded, and which had been preserved in a solution of alum. The retina was of a brown-yellow colour, quite different from the pallor usually observed. This brown failed near the ora serrata over an extent of from two to five minims. As to the macula, it is possible that in it a colourless substance takes the place of the visual violet.

Hörner has found it necessary to enucleate relatively healthy eyes, which he had purposely kept bandaged during several days. Immediately after enucleation, which was performed as rapidly as possible, the eye was separated into two parts, the retina being examined from within. The neighbourhood of the macula was found to be of a bright maximum red; this colour, however, quickly disappeared; the macula at first showed itself in the form of a grey spot. In proportion as this redness diminished, the choroid became visible; in its turn, becoming indistinct when the neighbourhood of the macula took a yellow shade. It may be that the macula was originally red, but that this colour was extremely unstable, and had already been destroyed during the death struggle. Fuchs has observed in a case of recent detachment of the retina, a border of violet which had also been observed by several of his colleagues. As this was at a time when the visual violet had not yet become known, he could not have had any preconceived idea concerning it; the phenomena of interference might however possibly solve the question.

XIV.—FÖRSTER.—*Mensuration of the Field of Vision in Anæsthesia of the Retina* (pp. 162—168).—The concentric contraction of the field of vision which is pathognomonic of this affection is difficult to measure. The author has examined seven patients very frequently (on more than 120 occasions). The result obtained—firstly, that the field of vision frequently varies in a few hours; secondly, that fatigue diminishes the extent of the field of vision; thirdly, that the object is more peripherically perceived at the entrance than at the exit of the meridian, provided always that the patient be allowed to rest between such examinations. This also occurs if the patient look at a red object. The field of vision is diminished by the influence of atropine. It is not enlarged by *eserine*. As a therapeutic, an injection of strychnine had a powerful effect in four cases, but in the other three it had no effect, not even an unfavourable one.

*Discussion.*

In answer to the objection that simulation is both frequent and difficult to discover, Förster answered, that he has taken it into consideration, but, that it is scarcely possible to admit that it occurs, when the results are the same, and accord so well in different patients. He has not em-

ployed blue glasses for the purpose of observing if they have any influence on the field of vision.

XV.—Stilling.—*Method of Examining the Sensation of Colours* (pp. 168—174).—The author has arranged pictures, which facilitate to a great extent the examination of colour-blindness to the colours red and green, and yellow and blue. It may be stated that, in all affections which concern the optic nerve, acuteness of vision is affected in a very different manner for different colours, which is not the case in other affections of the eye. This difference may even, in certain cases, be applied to the differential diagnostic.

XVI.—Berlin.—*On Traumatic Astigmatism of the Lens* (pp. 174—178).—The observations on temporary derangement of the retina after traumatism, have been confirmed by several ophthalmologists; some, however, do not admit the explanation given by derangement of visual acuteness, but attribute it rather to retinal derangement.

The key-note of this explanation, is the fact, that visual derangement does not correspond with the extent of the derangement of the retina.

In seven cases out of twenty-one, the visual acuteness could not be determined, on account of hæmorrhage or of derangement of the cornea. In fourteen other cases, thirteen were temporarily myopics, ten between 1-30th and 1-9th; there was astigmatism in six cases, but this might possibly arise from an irregular cramp of the ciliary muscle. The hæmorrhage observed while experimenting under the ciliary muscle of rabbits, might produce an irregular curvature of one surface of the crystalline.

*Discussion.*

Schröder reported a case of cyst of the iris, accompanied by astigmatism; eight days after the excision of the cyst, the astigmatism had disappeared.

XVII.—Schön.—*Refraction of Rays falling on the side of the Lens.*—From the measurements of eight eyes of the ox, and of six of the pig, it results, that the lens is not completely astigmatic, but also, that the astigmatism is not entirely corrected. According to a calculation made, on a parellel ray having an inclination of 60°, in order to observe the influence of accommodation for this inclination, the result would be, that the clearness of the image does not vary greatly, whether the eye be accommodated to infinity or to the *punctum proximum*..

XVIII.—Welz.—*On Linear Extraction, Iridectomy having been practised previously.*—For five years the author has practised iridectomy some weeks before the operation; he has not lost a single eye by extraction. He does not, however, take it for granted that he will always be equally successful, but merely recommends this method.

Meeting for the Arrangement of Business Matters.

The Directing Committee was re-elected, and is composed of MM. Arlt, O. Becker, Critchett, Donders, Förster, Hess, Hörner, and Zehender. As judges for the Welz prize, M.M. Leber, Manz, and Knapp were elected, to whom were added MM. O. Becker and Förster, members of the Committee.

The Session for 1879 will commence on the 11th of August.

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Official telegrams received from Astrachan announce that the sanitary state of the district has improved. In six villages all those who were attacked by the black plague have died, but since then no more cases have occurred there. At present all attention is concentrated upon the village of Wetlianka, in order to put an end to the epidemic, the contagious and fatal character of which has been established beyond all doubt. In Germany, fears are entertained that the plague may cross the borders in the spring.

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In response to an application by the Committee of Management of the Queen's Hospital, Birmingham, the Chairman has received a cheque for 100 guineas from Her Majesty the Queen, as a donation to the fund for liquidating the debt of the institution.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 22, 1879.

## ADULTERATION OF FLOUR AND BREAD.

The case which Dr. Sedgwick Saunders, the Medical Officer of Health for the City, recently brought before the Commissioners of Sewers, shows the alarming extent to which some dishonest tradesmen have the audacity to carry the adulteration of food. But we are sorry to add that the circumstances to which we now refer, and which have been fully reported in the daily papers, also show how imperfect is the machinery by means of which we endeavour to check such fraudulent practices as are prejudicial to the public health. It further appears that the gigantic nature of these frauds is quite on a par with those other commercial frauds with which the public have lately been too painfully familiar.

From information he received, Dr. Saunders made a chemical and microscopical analysis of some samples of a material that had been imported in large quantities as "meal," and some of which had been actually sold to a baker and made into loaves. Five grammes of this stuff were incinerated in a platinum crucible at white heat for four hours, and yielded an ash equivalent to 78·94 per cent. of its original weight. The usual quantity of ash of pure wheaten flour varies from 8·7 to 0·8 per cent., and rarely exceeds 1 per cent. Thus, a sample of good flour submitted to analysis on the same day and in the same manner, yielded only 0·82 per cent. of ash. But what is still more surprising, a chemical examination of this ash proved it to consist of sulphate of lime, the carbonate of the earth with which flour is sometimes adulterated being absent. Moreover, on a microscopical examination, this flour was found to contain a large quantity of crystals which corres-

ponded with those observed in crystalline sulphate of lime, and which were identical in appearance with some commercial plaster-of-paris obtained from a builder. In fact, so large was the quantity of lime in this so-called flour, that Dr. Saunders was able to use it as a plastic material, and to have made from it a model of a donkey's head, which, amid great laughter, was shown to the Commissioners.

The reader will naturally suppose that such a colossal and dangerous example of adulteration would have been dealt with in a very summary manner; and that if, in the interest of the public health, a small tradesman is heavily fined for adulterating his butter or his beer, such a wholesale tampering with the staff of life would be punished with the utmost rigour of the law. But not so: for the Medical Officer of Health had, up to the period of the meeting above-mentioned, been completely thwarted, and had been subjected to a good deal of personal annoyance, in his attempt to stop the sale of this spurious flour. There were no fewer than 79 sacks of the "meal" lying at the Custom House and Wool Quay, in Lower Thames Street; and when, in accordance with the Nuisances Removal Act, 1863, Dr. Saunders applied to the Lord Mayor to have the flour condemned and destroyed, his application was refused. What would have happened had all these sacks of lime been made up into loaves, and distributed amongst the poor, may be easily imagined. Probably, the shameful extent of the adulteration would have made the bread so unpalatable as to render it unsaleable, and would thus have defeated the nefarious object which its vendors had in view. Probably, also, the serious consequences which would have resulted from eating this trash would lead to the detection of the fraud, but not until much mischief had been done, and many had suffered from, or even fallen victims to, the bowel complaints which such food would undoubtedly have produced. As Alderman Sir Robert Carden justly observed, the case of adulterated flour closely resembled a case of diseased meat. Magistrates, upon diseased meat being certified as unfit for human food, ordered its destruction. In this case the flour should have been condemned, and it was a "monstrous" thing that this flour should, in consequence of the Lord Mayor's decision, remain to be circulated during the time that a prosecution was instituted. It is, moreover, evident that, whether the judgment of the Lord Mayor was right or wrong, some amendment of the Act of 1863 might be reasonably contemplated. If his decision was a legal one, then a more prompt method of dealing with these frauds is most desirable. If, as we think, his judgment was not in accordance with the provisions of the Act, then the Medical Officer of Health and the Public Analyst, who are the best judges as to whether adulterated food is, or is not, injurious to the public health, should be invested with more summary powers, and enabled to act independently of local magistrates.

The public are certainly justified in assuming from the above disclosures that they run the risk of eating unwholesome bread more frequently than is generally supposed. It has been long known that, besides such harmless impurities as flour from beans, peas, maize, rye, potatoes, &c., wheaten flour is often adulterated with such mineral ingredients as alum, sulphate of lime, carbonate of lime, carbonate of magnesia, and bone-dust, while the most objectionable and most common impurity in household bread is the alum which is so generally used by bakers to give an artificial whiteness to the bread that is made with the inferior kinds of flour. When we consider the remarkably astringent properties of alum, we can easily conceive the injurious effects which the habitual use of even very small quantities of this salt must have upon some constitutions, especially upon those people who are naturally of a constipated habit of body. The prevalence of constipation amongst all classes of society is much greater than even members of the profession are aware of, and perhaps can only be duly estimated by taking into consideration the enormous amount of aperient pills that are consumed by the public, and the large fortunes that have been made out of the sale of patent medicines of this kind. No doubt the wide prevalence of this symptom is in a great measure due to the sedentary habits and mental work or anxieties incidental to civilised life, but it is our firm conviction that it is often aggravated by the habitual use of bread adulterated with alum and other mineral impurities. We have known many instances in which persons who have been long troubled with constipated bowels in spite of all kinds of remedies taken for their relief, have got quite well by giving up white baker's bread, and by eating brown, or the whole-meal bread in place of it. Considering that the contingencies and exactions of modern life predispose to a symptom that is either greatly neglected or empirically treated, too much importance cannot be attached to the character and purity of such a common and essential article of diet as bread The attention of the busy practitioner is, we are afraid, too often diverted from the possible evils resulting from eating adulterated food by other conditions that are more readily discovered. The public may therefore congratulate themselves upon the fact that what may escape the notice of the physician may be found out by the public analyst or the Medical Officer of Health, and that their health is not likely to be seriously jeopardised while we have amongst us such able and zealous sanitarians as Dr. Saunders has shown himself to be by his conduct in this case.

## CHRONIC INTERMITTENT ALBUMINURIA.

NEXT to *Treatment*, we hold that *Prognosis* is the most important department of practical medicine. Indeed, we might truly say that in many respects it is without exception the most valuable part of medical science. Its supreme importance lies in the fact that, not only is prognostics in medicine, as in astronomy and other sciences, one criterion of the degree of perfection to which that science has reached, but that it is a species of knowledge with which as regards the universality of its application, treatment can bear no comparison. In the thousands and tens of thousands of cases in which treatment has been useless, and even worse than useless, there has not been one case in which prognosis has not been able to justify its claim upon the attention of the profession. Where we cannot cure, we can promise a return to health. What our art cannot do, we can promise that Nature will do for us. Where all hopes of recovery have vanished, we may still gauge the amount of mischief that has been done, or measure the

time the patient has to live. They were, therefore, wise, those ancients, who devoted so much of their attention to the study of this department of medicine, while we in our generation have greatly erred in having comparatively neglected it.

For these reasons we need not make any apology for leaving for a while the well-beaten track of medical politics to travel over ground in which, though much is known, yet much remains to be discovered. In the last issue of "Guy's Hospital Reports" there is a paper by Dr. Moxon, the well-known physician to that charity, to which, from a prognostic point of view, much value should be attached. Among the many mistakes to which we are all liable in the practice of our profession, there is none more common or more serious than that of forming a wrong estimate of the value of a single symptom. The correctness of our diagnosis, and consequently the efficacy of our treatment and the propriety of our prognosis, will all depend upon the right or wrong interpretation we put upon one prominent symptom. In the list of single symptoms whose proper value is more correctly appreciated now than formerly, we may give albuminuria a foremost place, both on account of the frequency with which it is met, the grave disorders with which it is often associated, and the unjustifiable alarm to which it not infrequently gives rise. There was a time when the significance of albuminuria was, especially from a prognostic point of view, over-estimated, when, in fact, it was too often looked upon as a symptom of irreparable disease of the kidney. After a while, however, it was discovered that an albuminous state of the urine was often a transitory and a by no means ominous symptom, and that it was often associated with disease that was either trifling or not necessarily fatal. It was found to be present in the course of many acute inflammatory and febrile affections, in the exanthemata, in rheumatic fever, in typhus and typhoid fevers, in ague, in pyæmia, in pneumonia, in obstructive disease of the heart and lungs, in diphtheria, in pregnancy, in purpura and scurvy, and even after errors of diet and attacks of indigestion. Hence albuminuria began to be distinguished into that which is associated with Bright's disease of the kidney, and that which is but a temporary accompaniment of various curable diseases—that in which there is an unnatural excretion of albumen which is proper to the blood, and that in which there is natural excretion of albumen which is foreign to the blood. As Dr. Moxon well observes: "There is albumen and albumen; some albumen differs from other albumen in the tendency it shows to escape from the renal vessels after the manner of a thing excreted as unsuitable. And hence arose the recognition of a certain incompleteness in the production of peptones, or albuminous products of digestion, so that abortive kinds of albumen may be formed in incomplete digestion, those abortive albumens filtering off through the kidneys, and giving rise to albuminuria, which would be no sign of renal disease, but only a result of dyspepsia."

The object, however, which Dr. Moxon had in view was to report a group of cases in which there will be found certain points as yet unrecorded, and which in our opinion cannot fail to interest and instruct the busy practitioner. He divides his cases into two classes. In the first kind of cases, which is called the *Albuminuria of Adolescents*, the albuminuria is intermittent, continues over a long period in a desultory and irregular manner, and ultimately ends in recovery.

In the other kind of cases (*remittent albuminuria*) the albumen is present in greater quantity, occurs more constantly from day to day, especially after breakfast, is seldom passed in the early morning, and is sometimes connected with Bright's disease, and sometimes not. The albuminuria of adolescents, to the consideration of which the present paper is confined, occurs chiefly in young men, who are observed to be "out of condition," and to be listless, languid, easily fatigued, sleepy during the day, dark and sunken about the eyes, while they may themselves complain of headache, of rising unrefreshed from sleep, and of being indisposed to avail themselves of cheerful company. Nevertheless, an examination of the body gives negative results; and their case may be regarded as one of general debility, especially as one examination of the urine is not sufficient to establish the presence of albumen. In specimens, however, of all the urine of two days, some of them will be certainly albuminous, and this generally in the urine passed after breakfast. If these cases, observes Dr. Moxon, went on into a state of established renal disease, and did not recover, they might be, as Dr. Dickinson is inclined to believe, the initial stages of "granular kidney;" but many of them have so completely recovered that there is reason to believe them to be a temporary disorder peculiar to the adolescent period of life. This view receives strong support from an observation which Sir W. Gull made in a letter he wrote to Dr. Moxon. "I have," says Sir W. Gull, "so often found albumen in young men from the age of sixteen to twenty-two, that I regard it as common, and I have attributed it to atony of vessels and nerves. I remember that when Dr. George Johnson brought forward 200 instances of albuminuria, I asked what worth the mere statistics of albuminuria had, since it occurred in young men and boys almost as frequently as spermatorrhœa." The cases which Dr. Moxon has cited in "Guy's Hospital Reports," and which form but a part of those he has observed, bear out the general description which he has given of the disorder; but it is a rather important and significant fact that in most of these cases the urine deposited a large number of crystals of oxalate of lime. Dr. Moxon refrains from discussing the pathology of these cases, but he thinks, and in our opinion very justly so, that this morbid condition of the urine may irritate the kidneys, or, at all events, have something to do with the excretion of albumen.

It is, therefore, a fact that the symptom of albuminuria is of itself of little weight in determining the presence or not of renal disease, and, consequently, in framing our prognosis of such cases. But we would remind the reader that albumen is not the only morbid urinary deposit which, notwithstanding its apparent gravity, may occur independently of any serious disease. There are cases in which a large amount of sugar is temporarily excreted by the urine, giving rise to the impression that the patient is suffering from an attack of diabetes, from which there is no hope of recovery. There are cases in which an enormous amount of *phosphates* are deposited, or rather, to the great alarm of the patient, are seen to come away with the urine, so that the patient, who is perhaps very hypochondriacal, supposes

that he is suffering from some irreparable disease of the nervous system, when his stomach and liver are alone at fault. Even in the paper to which we are drawing attention Dr. Moxon says that he has a gentleman under his care for a kind of weakness connected with an entirely different, but quite definite morbid state of the urine—viz., the presence of great excess of urea, so that the gravity runs 1028-1033, and nitrate of urea forms crystals when nitric acid runs down the side to lodge under the urine in the ordinary mode of testing. These facts, therefore, show the necessity of making a thorough examination of the patient, and a careful inquiry into all the history and circumstances of his case, whenever we are tempted to attach too much importance to a single and prominent symptom; but with regard to albuminuria, it should be borne in mind that the very frequency of its occurrence in connection with other affections than those of the kidney, or even from trivial causes, makes us all the more liable to overlook the gravity of those cases in which it is really an initial symptom of kidney disease, and all the more incumbent upon physicians to show by such observations as Dr. Moxon has published how we are to distinguish those forms of albuminuria which presage serious disorder of the health, from those in which the prognosis is more hopeful. Much might be done in this direction by individual practitioners, especially those who, practising in the country, have the opportunity of keeping their patients long under observation. In the meantime we must thank Dr. Moxon for drawing our attention to these cases of albuminuria, and trust that before long he will favour us with further observations on the subject.

## THE HEALTH OF DUBLIN.

We have had to record from week to week for the last couple of months a steady increase in the mortality of the Dublin District. Last week the death-rate of the city (including the suburbs) has reached the appalling ratio of 50·6 per 1,000 of the population. In the week ending Jan. 11, for which the return now reaches us, the death-rate had fallen to 44·8; but in other respects there was no improvement in the sanitary condition of the Dublin District. The mortality for the week ending Jan. 4 showed an increase of 3 per 1,000 on the previous week. It exceeded that of Glasgow (29·4) by nearly 40 per cent., that of London (27·7) by 43 per cent., and exactly doubled that of Edinburgh (25·1). One hundred and twelve persons lost their lives within that one week over and above the average of those who died *in Dublin* in the same week of ten preceding years; in other words, nearly 160 lives were lost in excess of those which would have fallen in the same time in a city of average salubrity. One week later, though the death-rate had fallen to 44·8, it was still more than one-third above that of London (27·0), nearly double that of Edinburgh (23·2), and more than a third over that of Glasgow (28·1). The preceding table gives the sanitary condition of the principal cities, comparatively.

| Week ending | Death-rate per 1,000 of population. | Excess of Dublin Rate. | | | Lives lost over Average. |
|---|---|---|---|---|---|
| | | Above London. | Above Edinbro' | Above Glasgow. | |
| Jan. 4 | 50·6 | 22·9 | 24·9 | 21·2 | 112 |
| Jan. 11 | 44·8 | 17·8 | 21·6 | 16·7 | 84 |
| Average of two weeks | 47·7 | 20·3 | 23·2 | 18·9 | 98 |

The small-pox appears from returns to be again rapidly on the increase. The new admissions to hospital for that disease during the Jan. 4 week amounted to 72, which was higher (with one exception) than any week for several months past. Even that total was exceeded in the succeeding week (ending Jan. 11), when the new small-pox admissions were 95—the highest number, save one, in any week for several months past. Typhoid fever had also slightly increased, and measles were also becoming more prevalent.

The foregoing statement of facts, referable, not to one exceptional week, but to the health of the city for some months past and, in a greater or less degree, to the permanent condition of Dublin sanitation, should surely be enough to excite to action those even who have no special interest in the matter. Yet, we look in vain for any movement on the part of the Public Health Committee of the Corporation. So far as the papers inform us, all is lethargy, inaction, and *sang froid* in that body. We have, of course, the usual weekly report in which the Superintendent Medical Officer mades a feeble and somewhat ridiculous effort to make things pleasant by laying the 110 extra lives lost to the blame of the weather, and we have the usual record of prosecution of a dozen or two hopeless and helpless paupers for infringement of sanitary law. They, poor creatures, whom the Public Health Committee has nurtured for all their lives in the lap of stench and misery, and whom it now punishes for being what they always were. Of any work which may, even remotely, tend to improve the condition of affairs, we hear not a whisper, and we should not have known that such an organisation as the Public Health Committee existed but for the notoriety they have achieved by their contemplated job.

The time has, we really think, at last arrived when the citizens must take the matter in hand for themselves. What are they waiting for? Is there any grand scheme of sanitation incubating? Is there the dimmest glimmer of hope that the Public Health Committee will give itself any trouble about the matter? Has not the occasion arrived for a unanimous and influential memorial to the Local Government Board to assume the functions of the Committee and, in virtue of their legal powers, carry out those sanitary reforms which the Committee is helpless or unwilling to effect?

If, with a death-rate of 51 per 1,000, a weekly loss of over 300 lives in the city, and not the least hope of amendment under the existing system, the citizens need further stimulus to action, it seems likely that, before many weeks are over, they will have that stimulus in the former of a still more terrible death-roll.

# Notes on Current Topics.

## Mortality from Contagious Diseases—1878.

The Registrar-General having completed his statistics for the metropolis during the past year, thus sums up the results so far as the Metropolitan Asylums are concerned: 6,064 completed cases of small-pox, scarlet fever, enteric fever, and typhus were recorded in the several hospitals for infectious diseases under the management of the Asylums Board; these included 4,995 recoveries and 1,069 deaths, the average mortality being equal to 17·6 per cent. of the completed cases. The number of completed cases of small-pox were 4,762, among which the mortality was equal to 17·6 per cent. against 17·2 per cent. amongst the 7,242 completed cases recorded in these hospitals during 1877; in the Highgate Small-pox Hospital the proportional mortality among the 422 completed cases recorded last year did not exceed 14·2 per cent. In the Metropolitan Asylums Hospitals 503 completed cases of enteric fever were recorded last year, against 280 and 334 in 1876 and 1877; the mortality, however, which was equal to 20·0 and 24·0 per cent. in 1876 and 1877, declined to 18·0 in 1878. Among 398 scarlet fever cases recorded at the London Fever Hospital, the mortality was only 10·6 per cent. During the year 1878, the average number of small-pox, scarlet fever, enteric fever, and typhus patients under isolation and treatment in the Metropolitan Asylums Hospitals was 602, of whom 405 suffered from small-pox, 101 from scarlet fever, 80 from enteric fever, and 16 from typhus. It is satisfactory to note that the appreciation and use of these metropolitan infectious diseases hospitals is becoming more general. In 1876 the proportion of the total deaths from enteric fever in London occurring in these hospitals was 7·2 per cent., while it rose to 9·0 and 9·4 in 1877 and 1878; of the scarlet fever deaths in London only 3·7 and 3·5 per cent. occurred in these hospitals in 1876 and 1877, whereas the proportion rose to 5·0 per cent. in 1878.

## Amount of Solids in Milk.

As a contribution towards a solution of the question as to the minimum amount of solids in milk, the following, addressed by Dr. Cameron, of Dublin, to the *Analyst*, may be of some assistance:—

About two years ago a somewhat large number of specimens of milk were sent to me for analysis by the Corporation of Drogheda. Very few of them were of fair quality, some were of very doubtful composition, others were partly skimmed or were watered. Several of the vendors of the skimmed and watered milks were prosecuted and fined. A second batch of samples of milk was subsequently sent up, and exhibited a marked improvement—only one specimen was largely adulterated, and its vendor was prosecuted and fined. The result is that the milk sold in Drogheda during the present year appears to be perfectly free from adulteration. I shall not give full detail of analyses, but merely the average of the total solids in the twenty-six specimens sent from time to time in 1878—13·31. These twenty-six samples of milk were taken partly from the supplies brought into town by the country people and disposed of to the local dealers, partly from the milk of the local cowkeepers. The samples were taken without any previous warning, the inspector of food being put into motion by the borough surveyor. We may take it for certain then that the milk of the dairy cows in the neighbourhood of Drogheda contains on the average more than 13 per cent. of solids. The minimum amount in the twenty-six samples was 12·19, the maximum 14·79.

## The Proposed School of Pharmacy for Ireland.

At the last meeting of the Council of the Pharmaceutical Society of Ireland a report of the Education Committee was adopted to the following effect:—

1. That, considering the financial position of this Society, the Committee is of opinion that it would not be desirable for the Council to undertake the responsibility of a School of Pharmacy at present, however desirable that course might be at a future time.

2. That it would be most desirable that a certificate of having attended a practical course in chemistry be required from candidates presenting themselves for their pharmaceutical examination, and that certificates be received from the following schools only, viz.: Trinity College, Royal College of Surgeons, Carmichael College, the Queen's Colleges of Belfast, Cork, and Galway, and the Royal College of Science, and such other schools as shall be approved by the Council.

## Professional Humanity.

In the report of an inquest recently held at Newcastle upon the body of a woman who had died from drinking a liniment by mistake, we find the following evidence given by the woman's husband. "After she returned to bed, she said, 'Charlie, I believe I am done for. I think I have taken the liniment instead of my own medicine.' She seemed quite blue, and pointed to me to get her some help. I called in two of my neighbours, and then went for a doctor. I called on Dr. H., *but he would not come*, and then I tried Dr. B., *and he would not come*. He, however, recommended me to go to Dr. W. I went to Dr. W., *and he would not come*. He said I had better go and demand the doctor at the Police Station. I went there, and they telegraphed for a doctor, and a medical man came twenty minutes after the message was sent. When he arrived my wife was dead. I was at Dr. H's five minutes after my wife had taken the liniment, and then I went to Dr. B., and he asked me the nature of the liniment, but as I could not tell him he would not come. I distinctly told all the doctors that my wife had taken liniment, and I expected when they knew this they would have come at once, but none of them came."

It is no duty of ours to champion all the acts of medical men, and, in this instance, we unhesitatingly say that, presuming the evidence to be true, the practitioners therein referred to were guilty of cruel inhumanity, and a grave offence against every principle of compassion.

No doubt they were free of any legal obligation to attend the dying woman, and were, in the strict letter of the law, justified in passing on the case to the police doctor, but what they are stated to have done, would have

been unhesitatingly condemned if done by a civilian. Such evidence is liable to err, but, if it be accurate, we should advise our three brethren at Newcastle to apply themselves to the comparison of the Levite and the Samaritan.

## The Alkali Acts.

From the last reports of the inspector under these Acts, it would appear that the effects of acid gases on the health of vegetable and animal life is not so prejudicial as was first supposed. Not only is the value of land increased from its proximity to manufacturing industries, but the productive power of the soil does not appear to be injured by the emanations from the alkali works. And with regard to the health of the people living near these works, the inspector declares, it is true, that personally he feels the vigour of life must be diminished amid acid fumes, or, indeed, unpleasant fumes of any description. But this theory, with which most people would be inclined to agree, is upset by the mortality returns. Instances are given in which the death-rate in districts where alkali manufacture is carried on, is below the average town rate. And what is still more remarkable, diseases of the respiratory organs, which some suppose should be especially rife in an atmosphere impregnated with acid gas, is proved to be actually less numerous under those conditions. Thus the popular belief that the gases are favourable in cases of bronchitis and catarrh, seems somewhat justified by the reports. It is further suggested that although the fumes from alkali works are anything but pleasant, their action is less hurtful than that of the impurities which they destroy.

## The Political French Doctor.

An interesting and somewhat amusing article on French doctors, appeared last week in the columns of a morning contemporary—*The Daily News*. The writer institutes a comparison between the apathy of the English doctor in matters political as compared with that of his French *confrerés*, and who manage to wield a power in the state quite equal to that of the law. There are now, we are told, no less than thirty-eight members of the medical profession in the Lower House of Assembly, and, at least, a dozen in the Upper House, the Senate; they also muster thick in the Councils-General, and are more numerous still in the Municipal Councils, where they almost balance the legal element. The reason of this is obvious enough. The young doctor having completed his studies and got his diploma, soon discovers that he must struggle for a practice with a crowd of very hungry competitors. It is this overcrowding of the profession which drives so many physicians into politics. Some begin with journalism, inditing scientific articles to which their signatures are appended; others write books or pamphlets, in which they inveigh against the management of asylums and hospitals, others join political associations as amateur lecturers; but there remain not a few who become politicians by picking up influence as country doctors. Others who have branched off from their profession, because they were tired of the inactivity which wastes the best years of nearly every young doctor's life. Unless a man inherits a practice from a relative, or buys one ready made, it takes him from ten to twenty years to create one for himself, and even then there is much luck in the matter.

## The Public and Medical Fees.

The same writer before mentioned, under the heading of "The Political French Doctor," touches also upon the question of fees; and we regret to say that there is so much truth in his remarks on the public as regards doctors and their fees in France that they will equally apply to our own country. He says that the French physician receives fees that would seem to their English brethren very low.

"In Paris the best physicians expect 20 francs for a consultation at home, and 40 francs if they go out; but a rather exaggerated sentiment of professional delicacy prevents them as a rule from demanding more than a patient chooses to give. The table of a busy practitioner is littered over with gold pieces so grouped as to convey the hint that fees of one, two, or three Napoleons have been received; but if a patient lays down ten francs, or even five, he receives his bow and thanks without a protest, the doctor assuming (often wrongly) that the man has given all he can afford. In country towns five francs is the usual fee, but two francs are often given even by men who ought to know better; and two francs is the invariable fee which village doctors put down per visit when sending in their bills at the end of the year. One is ashamed to say that these doctor's bills often give rise to the sorriest haggling, for there exists a crooked opinion among the French peasantry and working classes, that a physician should reward himself as a philanthropist, and pay his butcher's bills with the mere thanks of his patients. A country doctor attends a prosperous peasant proprietor, day after day for weeks, supplies medicines, effects a cure; and at the end of the year is treated as an extortioner because he has charged a sum which will barely pay for the wear and tear of his horse and gig. Some doctors draw a regular salary from a medical club; but these are the worst used of all, for every member of the club feels bound to take out five or six times the value of his subscription in doctor's visits, even if he have nothing the matter with him. The political doctor must be held partly responsible for this queer state of things; and I am afraid he renders in many other ways a poor service to his non-political colleagues. If a peasant hears that in one village a young physician of some private means is endeavouring to make himself popular by refusing fees and supplying medicines—nay, sometimes wine, cigars, and warm clothing—he is likely to conceive a despicable opinion of his own over-worked practitioner, who cannot afford to race about the country for nothing. Professional etiquette ought to compel physicians to stand by one another in the matter of fees; but it does not."

## Immunity from Cholera of Workers in Copper.

At a recent meeting of the Congress of Hygiene M. Burq read a paper respecting the immunity of workers in copper from attacks of cholera. His researches had extended over a period of 25 years, and he was still convinced of the truth of this statement. Wherever he made careful inquiries he found that these workmen preserved their health during cholera epidemics, and he hoped that the Congress would take the question into their serious consideration. M. Géraud asked in what way this fact, should it prove to be true, could be applied to the prophylactic treatment of cholera. M. Layet, without disputing M. Burq's doctrine, said he had never

seen convincing proofs of this immunity. He would also like to know what practical conclusions M. Burq would draw from his observations. M. Burq said he had experimented on himself by taking every day small doses of sulphate of copper—at a time, too, when he was himself exposed to the disease. His object was to impregnate his system with copper in order to secure this immunity. It was by such impregnation that M. Burq accounted for the immunity of the town of Aubagne (between Toulon and Marseilles) during every epidemic of cholera, for a large quantity of copper was employed in the potteries which surrounded that town, and which raised around it a rampart, as it were, of copper dust. M. Marmisse had full confidence in the figures furnished by M. Burq, but distrusted those which had been adduced by indifferent observers. One could only arrive at the truth by verifying, as M. Burq had done, the facts themselves. The President also thanked M. Burq for his communication, and felt satisfied that the facts elicited would bear good fruit.

## Tobacco in America.

THE *Philadelphia Reporter* says, that in the United States alone, in the year 1875, there were raised, according to the revenue returns, four hundred and two million pounds (402,000,000 pounds). Last March we were informed, by a Baltimore merchant, that in that city there was only a moderate supply of the weed ready for export, one hundred and fifty-five thousand hogsheads! A single firm in New York paid to the Government, in one month, a revenue tax of 123,000 dols. Its average monthly tax for internal revenue is over 100,000 dols. The shipments of snuff by this house to one town in North Carolina amount to 100 barrels a month, or 1,200 barrels annually. And this is but a tithe of the snuff yearly sold by this one firm.

The quantity consumed in Great Britain is 20,000,000 pounds; in France it is 44,000,000 pounds; in Austria, 81,000,000. It is a principal source of revenue to every continental State. In 1865, Austria smoked 1,900,000,000 of cigars, nearly. Russia raises 25,000,000 pounds of tobacco for home consumption. But our own country leads all others easily in the consumption of the weed.

## Coroners and Post-mortem Examinations.

THE question as to whether medical men making a *post-mortem* by order of the coroner, and giving a report upon the same, are entitled to two guineas, was recently decided in favour of Dr. Charles Chittenden, who had sued the coroner for West Kent at the Greenwich County Court. In commenting on this case, the *West Kent Times* says that:—

"There is a grave question behind which is apt to be overlooked, but which, nevertheless, is of great moment. An inquest is intended to protect the living as well as to discover the cause of death; if, therefore, a medical man is permitted to make a *post-mortem* and report, and that is held to be sufficient, what becomes of the office of coroner? He virtually abrogates his functions in all such cases, and leaves wide open a door for crime and secresy. Everyone knows how stealthily a criminal works, how even medical men may be instruments in his hands for mischief, and it is just possible may be the very medium by which his fell purpose is carried out. Family doctors, too, out of consideration for their clients, are sometimes induced to conceal unpleasant facts, and thus defeat the very ends for which the coroner's court exists. To make medical men judge and jury too is not only unfair to them, but it is giving them a power they do not desire, imposes upon them duties they are not sworn to discharge, and certainly introduces a loose system which would be dangerous to society. The coroner must do his own work, and should pay without murmur those who assist, but who have neither the responsibility nor the power that he possesses."

With the general purport of these remarks we feel sure the profession will be disposed to agree, but still many instances will arise in which it would be advisable to have a *post-mortem* examination made, but not a coroner's inquest, and in which there is not the slightest suspicion of any foul play having taken place. Unfortunately, there is no special and well-defined legal provision made for such cases, and consequently in the interest of justice, and in the absence of any law on the subject, where the coroner has ordered a *post-mortem* examination to be made, he should, in our opinion, also hold an inquest.

## Adulteration of Drugs in England.

THE Report of the English Local Government Board for the year 1877, shows that of 503 samples of drugs analysed, 110 were reported adulterated. This is equal to 21·8 per cent. In the Metropolis and Sussex the proportion was 6·9 per cent., and in Lancaster, Stafford, and the West Riding, 37·7 per cent. This discrepancy seems to be due to the fact that some analysts regard as adulterated all articles not chemically pure.

## Rhubarb.

*New Remedies* says that the reports of the rhubarb crop from China are very unfavourable. The Shansi variety, which has been out of market for some time, is not likely to make its appearance at Shanghai, owing to the terrible famine, which is said to have carried off no less than 7,000,000 of souls in the province of Shansi alone.

LAST week at a meeting of the City of London Commission of Sewers, Dr. Saunders, the medical officer of health, reported that upon submitting to a chemical and microscopical analysis samples of foreign flour then in bond, it proved to be identical in appearance and in result with ordinary plaster of Paris. On the 3rd inst., he attended at the warehouses of the Customs House and Wool Quay, in Lower Thames Street, and seized it. Some of the flour had been sold to a foreign baker in Dean Street, Soho, who made from it 114 "wheaten" loaves of bread, two samples of which he now laid upon the table of the court. A resolution was approved to make application to the Lord Mayor to have the whole cargo condemned and destroyed at once.

THE Corporation of London has just voted a contribution of £100 per annum for the next five years towards "the Maintenance Fund" of the London Hospital; the Grocers' Company has given £50 in aid of the Royal Infirmary for Diseases of Women and Children, Waterloo Bridge Road, S.E.

On reference to our advertisement columns it will be seen that Dr. Mayberry, J.P., has been presented with a very flattering testimonial and piece of plate on his retirement, after forty years service, from the post of medical officer to the Kenmare Union and Dispensary District. Dr. Mayberry has certainly well earned the gratitude of those amongst whom he has laboured almost for a lifetime, and his exertions during the ravages of the famine, are probably fresh in the recollections of many who subscribed to the testimonial.

From our French exchanges we learn that M. Debelle, a young physician living at St. Denis, near Paris, has just died under singularly painful circumstances. He was in the very act of being married when he was suddenly taken ill and fell senseless before the altar. He was conveyed home, where he expired in a couple of hours. It is supposed that over-excitement consequent upon his wedding, combined with heart disease, was the cause of death.

The death rates in the 23 principal cities and large towns of the United Kingdom last week per 1,000 of the population, were :—Brighton 14, Portsmouth 16, Oldham 19, Sunderland 21, Newcastle-upon-Tyne 22, Bradford 22, Hull 22, Leeds, 23, Leicester 23, Edinburgh 23, Sheffield 24, Wolverhampton 26, Nottingham 26, London 27, Glasgow 28, Norwich 28, Bristol 30, Birmingham 31, Plymouth 32, Liverpool 32, Manchester 35, Salford 36, and the highest rate Dublin 45.

Charges have been brought forward against the Medical Officer for Longton, near Stoke-upon-Trent, to the effect that for six weeks he had left his pauper patients entirely to the care of his dispenser, who had no medical qualification. During this period one of the patients, it was stated, had died. The Board of Guardians, after considering the matter, determined to suspend the Medical Officer, and further to request the Local Government Board to institute an inquiry into his conduct.

Mr. R. T. E. B. Cooke, F.R.C.S. Ed., hon. surgeon to the Scarborough Dispensary, and the Sea Bathing Infirmary, was last week the fortunate recipient of a silver salver and a purse containing £340, presented by a number of grateful patients and friends. Gratitude does not often take so practical a shape as this.

A good deal is said, and not without some truth, of "our poor profession." Fortunately there are a few lucky ones among us, whose skill or ingratiatory manners are so prominent, that patients feel it incumbent upon them to present weighty purses, as in the case of Mr. Cooke before mentioned ; or, better still, to bequeath a legacy, as did the late Mr. Boards, of Edmonton, a few days ago to his medical attendant, Mr. William Hall, M.R.C.S., and his son, of £2,000.

Eleven ladies have presented themselves for the winter matriculation examination of London University under the new charter.

The death is announced of Deborah, widow of John Colvan, M.D., formerly of Armagh, in her 84th year. It will be remembered Dr. Colvan left £5,000 to the poor of Armagh, for ever ; and a considerable sum to the Royal Medical Benevolent Fund for Ireland. His will was contested at the time on the ground of mental incapacity, but was established.

We learn that Mrs. Bennett, of Priory House, Dudley, recently deceased, the sister of the late Mr. Guest, who left £20,000 to found the Guest Hospital, Dudley, has, by her will, bequeathed £3,000 to the Wolverhampton Orphanage, £5,000 to the Guest Hospital, Dudley, and £2,000 to the Dudley Dispensary.

The high zymotic death rate in Salford last week was due to the prevalence of measles, scarlet fever, and whooping-cough. Scarlet fever also showed excessive fatality in Birmingham, Oldham, and Leeds. Small-pox caused 12 more deaths in London, 18 in Dublin, but not one in the other large towns. In London the excessive mortality was due to affections of the respiratory organs.

At a meeting of the Senate of the Queen's University, held on Tuesday, December 31, it was arranged that the Examiners in Medicine, Surgery, Materia Medica, Medical Jurisprudence, and Midwifery, should, for the future, hold office for four years, instead of for two years as hitherto.

There has been started a rumour that a long-continued drought has injured the chances of the next opium crop. Another suggestion is, that the Turkish Government is likely to fix an export duty on the drug.

Dr. C. W. Long, of Athens, Georgia, the discoverer of modern anæsthesia, died on the 15th of last June, aged 63 years.

The Secretary of State for the Colonies has appointed Dr. Samuel Hamilton (Dublin) Medical Officer for the Falkland Islands.

# Scotland.

Pauperism in Lanarkshire.—The following is a comparative view of the registered paupers and their dependants for the year 1878, in proportion to the population of each parish in Lanarkshire :—Avondale, 1 in 25 of the population ; Banny, 1 in 38 ; Biggar, 1 in 29 ; Blantyre, 1 in 30 ; Bothwell, 1 in 32 ; Cadder, 1 in 40 ; Cambusneshan, 1 in 24 ; Cambuslang, 1 in 55 ; Carluke, 1 in 33 ; Carmichael, 1 in 29 ; Carmannock, 1 in 100 ; Carnwath, 1 in 35 ; Carstairs, 1 in 122 ; Corrington, 1 in 90 ; Cranford, 1 in 24 ; Cranfordjohn, 1 in 26 ; Culter, 1 in 59 ; Dalsey, 1 in 27 ; Dalziel, 1 in 42 ; Douglas, 1 in 26 ; Dolphinton, 1 in 43 ; Glasgow, 1 in 39 ; Glasford, 1 in 22 ; Govan Combination, 1 in 43 ; Hamilton, 1 in 27 ; Kilbride, 1 in 56 ; Lanark, 1 in 17 ; Lesmahagow, 1 in 23 ; Libberton, 1 in 46 ; New Monkland, 1 in 29 ; Old Monkland, 1 in 30 ; Pittemain, 1 in 31 ; Rutherglen, 1 in 31 ; Shotts, 1 in 36 ; Stunhouse,

1 in 37; Symington, 1 in 29; Walston, 1 in 47; Wandell and Lamington, 1 in 22; Wiston and Roberton, 1 in 22.

Glasgow Lock Hospital.—The annual meeting of qualified subscribers was held on the 14th inst., in the Religious Institution Rooms, Mr. Thomas Muirhead presiding. The Secretary, Mr. Robert Young, read the Annual Report of the directors, which stated—"That the hospital maintains its usefulness and efficiency. During 1878 there have been admitted about the same number as in the previous year—in all, 426; and the number dismissed cured has been 435, leaving 18 in the house. The average time each patient remained in the hospital was 26 days. Of the number admitted, more than one-half, or 227 were for the first time; more than one-fourth, or 125, were for the second; 53 for the third; 22 for the fourth; 5 for the fifth; 3 for the sixth; and 1 for the seventh. By far the largest number were young persons. The annual subscriptions have fallen off no less than £63—a result ascribed to the prevailing commercial distress, and general dulness of trade. The object for which the hospital was established is one which in a large city will always require attention; and the directors recommended the institution to the increased sympathy and support of benevolent friends. In addition to ministering primarily to the physical cure of the patients, there is brought to bear upon them much kindly encouragement by the Matron. About 12 per cent. of the inmates, on leaving, have been restored to their friends or placed in situations of comfort and respectability. Suitable books were during the year presented by the Duchess of Montrose and others. The directors tendered their thanks to the medical officers, and to Mr. Michael Rowan, for his unfailing sympathy and devotion to the moral welfare of the patients. The following gentlemen were elected as directors;—Rev. Thomas Somerville; Mr. W. R. W. Smith, from the Town Council; Mr. Millar, from the Merchants' House; Mr. William McCrone, from the Trades' House; Drs. Gairdner and Charteris, from the Faculty of Physicians and Surgeons; and from the subscribers—Colonel Campbell, of Blythswood; Messrs. David McCowan, James Orr, Thomas Thompson, Matthew Fairlie, and Thomas Muirhead, with T. D. Finlay as Treasurer, and Mr. Robert Young as Secretary.

"Glasgow Medical Journal."—After many vicissitudes of fortune and form, the *Glasgow Medical Journal* now appears in the form of a monthly, under the editorship of Dr. Joseph Coats. It is an enlargement on the form immediately preceding. The present No. contains "Original Articles," "Notes on Current Topics," "Reviews," "Reports of Hospital and Private Practice," "Meetings of Societies," "Medical Items," and there is an "excess of material"—a fact on which the editor has to be congratulated—in consequence of which eight extra pages are printed. A considerable list of gentlemen (chiefly local) who have promised contributions is given. Considerable activity is displayed by the younger men, in this manner, here at present, and between "inventions," cures," and "original observations" we are considerably exercised. In our next the journal may be noticed somewhat more in detail.

Measles at Carluke.—An epidemic of measles is prevailing in Carluke, but hitherto no deaths have been reported as due to it. A number of cases of gastric fever have recently occurred, and one death is ascribed to it. Scarlet fever exists in several parts of the parish.

Greenock Infirmary.—The annual meeting of the trustees of this institution was held in the chapel on the 16th inst. Provost Lyle occupied the chair, and amongst those present were, Mr. Stewart, M.P., Bailies Wilson, Walker, and Shankland, Provost Somerville, of Port Glasgow, Dr. McMillan, Dean Gordon, &c. Provost Lyle, in moving the adoption of the directors' report, remarked that the institution had now reached the 70th year of its existence. The directorate was very complete, and the organisation was more perfect than ever. Referring to the number of accidents treated, many were ascribed to intemperance and self-carelessness. Accidents to children were to be attributed to their being allowed to run about the streets without protection. He drew attention to the fact that in the case of many accidents attempts were made to cure them at home. This the directors considered an error, and urged that all such cases should be sent in at the outset. The dulness of trade had caused a falling off in the ordinary subscriptions. The infirmary had received two handsome legacies ducing the year. Provost Somerville, Mr. Stewart, and Dr. McMillan took part in the proceedings.

Suicide at the Glasgow University.—A student at Glasgow University has committed suicide by taking three grains of strychnine. He wrote a letter to his sweetheart informing her of his rash intention, and left it with his landlady with instructions to deliver it if he should not be up. The letter was delivered, and the student was found dead in his bedroom.

# Correspondence.

## MEDICAL ADVERTISING EIGHTY YEARS AGO.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I lately came across a copy of the *Times* newspaper for October 3, 1798, and thinking that some extracts from it may prove interesting to the readers of this paper, I reproduce a few advertisements which have a bearing upon the medical profession, and which throw a dim light upon the manner in which the profession conducted itself during the last century.

In those days there was not a medical paper extant, and hospital surgeons were obliged to advertise announcements of lectures, &c., in the lay newspapers, of which the following may be taken as specimens:—

Surgical Lectures.

MR. PEARSON, Surgeon to the Lock Hospital and Asylum, and of the Public Dispensary, will begin his Course of Lectures on the Principles and Practice of Surgery, in which he will deliver a copious account of Scrofula and Lues Venerea, on Monday next, at 7 o'clock in the Evening, at his Home, in Golden Square.

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Midwifery,

Medical Theatre, London Hospital.

ON WEDNESDAY, October 10, at 11 in the forenoon, Richard Dennison, M.D., F.A.S., Man-Midwife to the City of London Lying-in Hospital, and Lying-in Charity, for Delivering Poor Women at their own Habitations, will commence his Lectures on the Theory and Practice of Midwifery and the Diseases of Women and Children; and for the convenience of Student's residing in, or Westward of the city, Dr. Squire, Physician and Man-Midwife to the Lying-in Hospital for Delivering Poor Women at their own Habitations will commence a Course on the same subject, at Hatton House, No. 16 Cross Street, Hatton Garden.

Further particulars may be known by applying to the Apothecary of the London Hospital; or at Dr. Dennison's, No. 37 Broad Street Buildings; and at Dr. Squire's, No. 7 Ely Place, Holborn.

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Whether Mr. Pearson, of the Lock Hospital, is identical with George Pearson, M.D., F.R.S., who was a physician at St. George's Hospital, and a great experimenter in chemistry, I know not; but concluding that he was, he is credited with having analysed Dr. James' febrifuge powder, proving it to be composed of antimony and phosphate of lime, and he is

also said to founded the original vaccine institution in 1799. Thus it will be seen that the two men, if not identified, were, at any rate, contemporaries. I cannot find any further account of either Dr. Squire or of Dr. Dennison, and we must presume that their names have not been handed down to posterity.

In the degenerate days of the eighteenth century, members of the Royal College of Surgeons did not blush to advertise their nostrums in the advertising columns of the *Times*, very much in the same way that patent medicine sellers are in the habit of doing at the present time. A Mr. Thomas Taylor, M.R.C.S., has a long advertisement of some celebrated Soake's Patent Pills for the cure of scrofula, and publishes a long testimonial, which does not differ very materially from those seen in the papers of the present day. It commences as a matter of course with the usual "with the blessings of God," and there is appended the affidavit of a witness to the cure. This custom of appending the evidence of a witness seems to have gone out of fashion at the present day, though all the quack advertisements in the *Times* before me have one appended to each testimonial. It is to be presumed that the reason why this custom has died out is that the present generation are more credulous, and believe anything they see in print. I cannot find anything more in the papers relating to the medical profession, although there are many interesting paragraphs worth noticing, and which I hope to do something with elsewhere; but for the present I must remain content, trusting I have amused a few with the way the profession advertised, when George the Third was King.

I am, Sir,

Yours faithfully,

E. Cotterell.

University College, London.
Jan. 9, 1879.

## THE MEDICAL REGISTRAR OF THE SCHOOL OF PHYSIC IN IRELAND.

Those who wish well to the Medical School of the University of Dublin will learn with much regret that the Rev. S. Haughton, F.T.C.D., has retired from the administration of that School to which he has been attached for more than fifteen years. Assuming the supervision of it, Dr. Haughton found it in a somewhat musty condition, and in the process of rejuvenation found himself obliged to resort to proceedings which were more effectual than they seemed considerate towards others. His method of reconstruction might have been less direct and thorough, but it could scarcely have been more successful, for undoubtedly his *regime* has raised not only the School of Physic, but the University medical and surgical degrees, to a position level with that of the most pretentious qualifications in the United Kingdom. The services of Dr. Haughton to the University in this direction were of especial value during the last decade, because, within that period the Divinity School of Trinity College, which had always been its mainstay, was deprived, to a certain extent, of its functions by the disestablishment of the Irish Church, and had not the Medical Faculty of the University then attracted students and created prestige for the University, the effect upon "Old Trinity" might have been serious, indeed.

Without being prepared to follow Dr. Haughton in some of his acts of revolution in the school, we cannot refrain from expressing our admiration of the policy pursued in all instances in reference to the University degrees.

From the first he seems to have understood that it would be well if he could teach the administrators of other licensing bodies that money gained by the sale of low class diplomas is, at least in the case of an old university, a profit dearly bought. From the first he set his face against the cheapening of the university degrees in either of the three requirements, money, time, or education; and, disregarding the serious competition of cheap and nasty medical qualifications, he followed throughout the wise and far-seeing policy of making the M.D., Dub. Univ., the best degree in the medical market, trusting that its worth would, after a little time, be appreciated both by the medical profession and the public.

Dr. Haughton's confidence, we are glad to say, was not misplaced. Every improvement in, and addition to, the curriculum or the examination, every disciplinary requirement enforced in the school, though it may have driven off the unambitious, idle student, or the pupil who only wanted as much knowledge as would enable him to creep into the practice of medicine, proved an attraction to the better class of men, and before long filled the school with the sort of students who might carry the University M.D. into the highest position.

We hear that Dr. Haughton's retirement, though contemplated for some time, has been now occasioned by an act of disrespect to his official authority on the part of other officials of the University, and we regret that a matter which, however annoying, is still comparatively unimportant, should have deprived the medical faculty of the University of a stimulus which it can ill-afford to lose. Let us hope that the severance of his official connection with it will not necessarily take from the medical department of Trinity the learned professor's interest in its success, nor be the cause of any change in the policy, which has produced in the fifteen years of his service such excellent results.

# Medical News.

**King and Queen's College of Physicians in Ireland.**—At the recent examinations for the licences of this College the following candidates were successful:—

For the licence to practise Medicine—

Lewellin, A. J. R. | O'Shaughnessy, P. J. B.
Thompson, Andrew Colquhoun.

For the licence to practise Midwifery—

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| Forster, H. Blackett. | Johnston, J. Reid. |
| Gibson, Joseph. | O'Shaughnessy, P. J. B. |
| Gordon, Robert. | Thompson, A. C. |

**Society of Public Analysts.**—At the annual general meeting of this Society, held at the Chemical Society, Burlington House, on Wednesday last, the 15th inst., Dr. Muter, Public Analyst for Lambeth, Newington, Wandsworth, Southwark, Bermondsey, Rotherhithe, and the Borough of Tenterden, was elected President for the ensuing year in succession to the retiring President, Dr. Dupré. The Vice-Presidents elected were Drs. Dupré (Westminster), Campbell Brown (Liverpool), and Tripe (Islington). Papers on interesting points in the analysis of phosphates, butter, &c., were read by Messrs. Hehner, Jones, and Mills, and the meeting adjourned till February 19th. Afterwards the annual dinner took place at the Café Royal, Regent Street, Dr. Muter, the new President, in the chair.

**An Aerated and Mineral Water Association.**—An influential body of chemists and druggists have just started an association under the above heading, with a capital of £5,000 for the purposes of manufacturing and supplying to shareholders who are chemists, and to hospitals, aërated and mineral waters of the British Pharmacopœia and others of specified formulæ and guaranteed quality; and to deal generally in the waters of the various mineral springs in Great Britain.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and void the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. JOHNSON.—Your paper "On Blood-letting" received.

PROF. CHARCOT'S LECTURES "On Diseases of the Lungs" (con inuation) are omitted this week, the engraver not having finished his work. We hope, however, to continue them in our next.

LUNACY DEPARTMENT.—Communications in this department received since our last will appear next week.

MR E. M. B.—When we are a little less pressed for space than at present we shall be happy to commence your papers. To short communications, letters, &c., we are compelled to give preference during the meeting of the Societies.

A CURIOUS CUSTOM.—Matters concerning Afghanistan being now *en regle*, the following interesting note from the January number of the *Veterinary Journal* will be read with interest:—"They have a curious custom in Cabul and Central Asia in selling a horse. A man wanting to dispose of one is desirous that the horse should not be aware of his wish to part with him, the fear being that if the beast knew that his master wished to get rid of him he would take it to heart and lose flesh, and consequently decrease in value. From this strange idea the sale of a horse is carried on in silence, so that the animal may not hear. The two men put their hands under their kummerbands, and the price in rupees is indicated by repeated pressure on the fingers, but not a word is uttered during the bargain."

CLINICAL SOCIETY OF LONDON.—On Friday evening, Jan. 24, Dr. Southey, "Pleuritic Effusions treated by Capillary Drainage."—Dr. Althaus, "Disease of the Spinal Accessory Nerve."—Dr. Ord, "Clinical aspect of Rheumatoid Arthritis."—Mr. George Brown will exhibit a Case of Descent of Testis in a Patient, aged 30.

TESTIMONIALS.—Mr. P. Hinckes Bird writes to the *Sanitary Record* complaining of the system of analysts giving testimonials for publication. He has heard, on unimpeachable authority, that one distinguished testimonial-giver offers to report favourably on any article for five guineas. Mr. Bird does not do that sort of business. Once applied to with a specimen, he says he replied thus:—"Gentlemen,—I have tasted your —— Whisky, and, having tried various vermin-killers in my time, believe yours superior to them all. You are at liberty to make use of this."

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7½, Council Meeting.—8. Clinical Evening: Several Members will relate Cases of Interest; Dr. F. C. Turner will exhibit Microscopic Specimens from Cases of Sclerosis.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—This evening, at 7½, Council.—8. Annual General Meeting for Election of Officers.—Adjourned Discussion on Dr. C. Meymott Tidy's paper, "On Anæsthetics."

QUEKETT MICROSCOPICAL CLUB.—On Friday, Jan. 24, at 8 p.m. Mr. F. A. Bedwell, "On the Urticating Threads of Actinia Parasitica."—Mr. E. T. Newton, "On a new Method of Preparing a Dissected Model of an Insect's Brain, from Microscopic Sections."

"TO PUPILS IN ELOCUTION."—These lines, by Mr. Charles A. Prince, of Boston, originally appeared in the *Harvard Advocate*:—

The human lungs reverberate sometimes with great velocity
When windy individuals indulge in much velocity.
They have to twirl the glottis sixty thousand times a minute,
And push and punch the diaphragm as though the deuce were in it.
*Chorus*—
The pharynx now goes up;
The larynx, with a slam,
Ejects a note
From out the throat,
Pushed by the diaphragm.
—*Scribner's Monthly.*

HARVEIAN SOCIETY OF LONDON.—On Thursday, Feb. 6, at 8.30 p.m., Mr. Teevan, "On Incontinence and Retention of Urine in Children."—Dr. Norman Kerr, "The Mortality from Intemperate Drinking, and how best to arrive at the truth."

### BOOKS AND PAMPHLETS RECEIVED.

Fashions of the Day in Medicine and Science. By H. S. Constable. Hull: Leng & Co.

Braithwaite's Retrospect of Medicine. Vol. LXXVIII. London: Simpkin, Marshall, & Co.

On Deafness, Giddiness, and Noises in the Head. By E. Woakes, M.D. London: J. & A. Churchill.

Ozone in Relation to Health and Disease. By H. Day, M.D.

On Giant Urticaria. By J. L. Milton, M.R.C.S.

Domestic Medicine and Hygiene. By W. J. Russell, M.D. Second Edition. London: Everett & Co.

An Essay on Hydropathy. By S. M. Boddy, F.R.C.S.

Checks to Population. By C. H. F. Routh, M.D.

Outlines of Medicine. By C. E. Armand Semple, M.D. London: Baillière, Tindall, & Cox.

Aids to Therapeutics and Materia Medica. By C. E. Armand Semple, M.D. London: Baillière, Tindall, & Cox.

Alcohol: a Remedy; a Poison. By Godwin Timms, M.D.

### VACANCIES.

Athy Union, Auxiliary Small-pox Hospital.—Medical Officer. Salary, £3 per week. Election, Jan. 22.

Cootehill Union, Drum Dispensary.—Medical Officer. Salary, £100. Election, Jan. 27.

Crediton Union.—Medical Officer for the Cheriton District. Salary, £70, with the usual fees extra. Applications to the Clerk of the Guardians before Jan. 31.

Inverness District Asylum.—Assistant Medical Officer. Salary, £80, with board. Applications to Dr. Aitken before Feb. 8.

Kilkeel Union Workhouse.—Medical Officer. Salary, £20. Election, Jan. 29.

Kilkeel Union, Kilkeel Dispensary.—Medical Officer. Salary, £100, with fees. Election, Jan. 29.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board. Applications to the Chairman before Jan. 31.

London Fever Hospital.—Resident Medical Officer. Salary, £200, with residence. Applications to the Secretary before the 10th prox., Islington, N.

Mallow Union Workhouse.—Medical Officer and Consulting Sanitary Officer. Salary, £100. Election, Jan. 24. (See Advt.)

St. George's Union, London, W.—Medical Officer for the "A" District. Salary, £100, with the usual extra fees. Applications to the Clerk of the Union.

Tiverton Infirmary.—Dispenser. Salary, £100. Applications to the Hon. Sec.

Tuam Union, Abby Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Feb. 3. (See Advt.)

Warrington Infirmary.—Resident Surgeon-Apothecary. Salary, £200, Applications to the Hon. Sec. before Jan. 21.

Waterford Union Workhouse.—Medical Officer. Salary, £100. Election, Jan. 29.

### APPOINTMENTS.

BROCK, A. C., L.R.C.P.L., M.R.C.S.E., Assistant House Surgeon to the General Hospital, Bristol.

BUCKLE, J., M.R.C.S.E., Resident Medical Officer to the Children's Hospital, Brighton.

CHRISTAL, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Collon Dispensary District of the Ardee Union, co. Louth.

CROCKETT, E., L.R.C.P., L.R.C.S.Ed., Medical Officer for the Longford District of the Ashbourne Union, Derbyshire.

HAMMOND T., L.R.C.P.L., M.R.C.S., Assistant House Surgeon to the Halifax Infirmary and Dispensary.

HOPKINS, J., M.R.C.S.E., Assistant Medical Officer to the Central London Sick Asylum District Asylum.

HUGHES, R. L., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Kilcock Dispensary, Celbridge Union.

KELLY, C., M.D., M.R.C.P., Professor of Hygiene at King's College.

MAY, J., M.R.C.S.E., a Senior Surgeon to the Royal Albert Hospital, Devonport.

O'DOHERTY, J. J., L.R.C.P.Ed., Medical Officer, Medical Officer of Health, &c., for the Cushendall Dispensary District of the Ballycastle Union, co. Antrim.

PATTEN, W., B.A. T.C.D., L.R.C.S.I., Resident Surgeon to the City of Dublin Hospital.

PENMAN, P. M., M.B., C.M., Assistant Medical Superintendent to the Stirling District Lunatic Asylum.

PICKERING, G. F., L.R.C.P.L., M.R.C.S.E., House Surgeon to the General Hospital, Bristol.

SILCOCK, A. Q., M.R.C.S.E., Surgical Registrar to University College Hospital.

TAYLOR, S. T., M.B., L.R.C.P.L., a Physician to the Norfolk and Norwich Hospital.

## Births.

ADAMSON.—Jan. 10, at Lurgan, co. Armagh, the wife of J. G. Adamson, M.D., of a son.

KENNEFICK.—Jan. 12, at Clonmel, co. Tipperary, the wife of John S. Kennefick, M.D., of a son.

MURRAY.—Jan. 17, at Scarborough, the wife of Ivor Murray, F.R.S.E., F.R.C.S., of a son.

ODLING.—Jan. 14, at Norham Gardens, Oxford, the wife of Professor Odling, F.R.S., of a son.

YOUNG.—Jan. 14, at Bootle, near Liverpool, the wife of T. F. Young, L.K.Q.C.P.I., M.R.C.S., of a son.

## Deaths.

AMBLER.—Jan. 11, at Hemel Hempstead, Herts, of scepticæmia, followed by apoplexy, Edward Holland Ambler, F.R.C.S. & L.S.A.L., Senior Surgeon West Herts Infirmary, &c., &c., aged 57.

CARRICK.—Jan. 7, at Newcastle-on-Tyne, William Carrick, Surgeon, formerly of Carlisle.

COPINGER.—Jan. 11, at Grand Parade, Cork, John Copinger, M.D.

CROFTS.—Jan. 17, at British Honduras, Freeman Wills Crofts, M.B., Surgeon, Army Medical Department, aged 25.

GOODICKE.—Jan. 6, found dead in bed, Edward F. W. R. Goodicke, L.F.P.S.G., of Freemason Terrace, Stratford, aged 45.

MASON.—Jan. 13, at Sudbury, Suffolk, Maurice Mason, M.R.C.S.E. L.S.A.L., aged 75.

MURPHY.—Jan. 11, at 15 Nottingham Place, London, N.W., Helena, widow of Dr. Murphy, late Professor of Midwifery in University College, aged 72.

PRESTON.—Jan. 2, at Ballycassidy, co. Fermanagh, E. Preston, A.B., L.R.C.S.I.

THOMASON.—Jan. 11, at Whittall Street, Birmingham, R. Thomason, M.R.C.S.E., aged 51.

# IRISH POOR-LAW INTELLIGENCE.

## CONTAGIOUS DISEASES ACT.

29 VICT., CAP. 35, 11th JUNE, 1866

*(Continued from our last).*

An Act for the better Prevention of Contagious Diseases at certain Naval and Military Stations.

BE it enacted by, &c.

### DETENTION IN HOSPITAL.

20. *Certificate of Visiting Surgeon.*—If on any such examination the woman examined is found to be affected with a contagious disease, she shall thereupon be liable to be detained in a certified hospital subject and according to the provisions of this Act, and the visiting surgeon shall sign a certificate to the effect that she is affected with a contagious disease, naming the certified hospital in which she is to be placed; and he shall sign that certificate in triplicate, and shall cause one of the originals to be delivered to the woman and the others to the superintendent of police.

21. *Placing in Certified Hospital for Treatment.*—Any woman to whom any such certificate of the visiting surgeon relates may, if she thinks fit, proceed to the certified hospital named in that certificate, and place herself there for medical treatment, but if after the certificate is delivered to her she neglects or refuses to do so, the superintendent of police, or a constable acting under his orders, shall apprehend her, and convey her with all practicable speed to that hospital, and place her there for medical treatment, and the certificate of the visiting surgeon shall be a sufficient authority to him for so doing.

22. *Detention in Hospital.*—Where a woman certified by the visiting surgeon to be affected with a contagious disease places herself, or is placed as aforesaid, in a certified hospital for medical treatment, she shall be detained there for that purpose by the chief medical officer of the hospital until discharged by him by writing under his hand.

The certificate of the visiting surgeon, one of the three originals whereof shall be delivered by the superintendent of police to the chief medical officer, shall, when so delivered, be sufficient authority for such detention.

23. *Power to Transfer to another Certified Hospital.*

24. *Limitation of Detention.*—Provided always, that any woman shall not be detained under any one certificate for a longer time than three months (extended to six months by Sec. 6 of Amendment Act), unless the chief medical officer of the hospital in which she is detained, and the inspector of certified hospitals, or the visiting surgeon for the place whence she came or was brought, conjointly certify that her further detention for medical treatment is requisite (which certificate shall be in duplicate, and one of the originals thereof shall be delivered to the woman); and in that case she may be further detained in the hospital in which she is at the expiration of the said period of three months by the chief medical officer until discharged by him by writing under his hand; but so that any woman be not detained under any one certifictte for a longer time in the whole than six months.

25. *Power for Woman detained to apply to Justice for Discharge.*—If any woman detained in any hospital considers herself entitled to be discharged therefrom, and the chief medical officer of the hospital refuses to discharge her, such woman shall on her request be conveyed before a justice, who, if he is satisfied upon reasonable evidence that she is free from a contagious disease, shall discharge her from such hospital, and such order of discharge shall have the same effect as the discharge of the chief medical officer.

26. *During conveyance to Certified Hospital, &c., Women deemed to be in Legal Custody.*

27. *Expenses of Woman's Return Home.*—Every woman shall, on her discharge from the hospital, be sent to the place of her residence, if she so desires, without expense to herself.

### REFUSAL TO BE EXAMINED, ETC.

28. *Punishment of Woman for refusing to be Examined, &c.*—In the following cases, namely—

(*a*) If any woman subjected by order of a justice under this Act to periodical medical examination at any time temporarily absents herself, in order to avoid submitting herself to such examination, on any occasion on which she so ought to submit herself, or refuses or wilfully neglects to submit herself to such examination on any such occasion.

(*b*) If any woman authorised by this Act to be detained in a certified hospital for medical treatment quits the hospital, without being discharged therefrom by the chief medical officer thereof by writing under his hand (the proof whereof shall lie on the accused).

(*c*) If any woman authorised by this Act to be detained in a certified hospital for medical treatment, or any woman being in a certified hospital under medical treatment for a contagious disease, refuses or wilfully neglects while in the hospital to conform to the regulations thereof approved under this Act.

Then and in every such case such woman shall be liable to imprisonment, with or without hard labour, in the case of a first offence, for any term not exceeding one month, and in the case of a second or any subsequent offence for any term not exceeding three months; and in the case of the offence of quitting the hospital without being discharged as aforesaid, the woman may be taken into custody without warrant by any constable.

29. *Effect of Order of Imprisonment for Absence, &c., from Examination.*

30. *Effect of Order of Imprisonment for quitting Hospital, &c.*

31. *Penalty on Woman discharged Uncured conducting Herself as Prostitute.*—If on any woman leaving a certified hospital a notice in writing is given to her by the chief medical officer of the hospital, to the effect that she is still affected with a contagious disease, and she is afterwards in any place for the purpose of prostitution without having previously received from a visiting surgeon appointed under this Act a certificate in writing endorsed on the notice, or on a copy thereof, certified by the chief medical officer of the hospital (proof of which certificate shall lie on her), to the effect that she is then free from a contagious disease, she shall be liable to be imprisoned with or without hard labour in the case of a first offence for any term not exceeding

one month, and in the case of a second or any subsequent offence for any term not exceeding three months.

32. *Duration of Order.*—Every order under this Act subjecting a woman to periodical medical examination shall be in operation and enforceable, in manner in this Act provided, as long as and whenever from time to time the woman to whom it relates is resident within the limits of the place to which this Act applies wherein the order was made, or within five miles (10 miles, *see* sec. 5 of Amendment Act) of those limits, bnt not in any case for a longer period than one year; and where the chief medical officer of a certified hospital, on the discharge by him of any woman from the hospital, certifies that she is free from a contagious disease (proof of which certificate shall lie on her), the order subjecting her to periodical medical examination shall thereupon cease to operate.

RELIEF FROM EXAMINATION (*see* Sec. 9 of Amendment Act).

33. *Application for Relief from Examination.*—If any woman subjected to a periodical medical examination under this Act (either on her own submission or under the order of a justice), desiring to be relieved therefrom, and not being under detention in a certified hospital, makes application in writing in that behalf to a justice, the justice shall appoint by notice in writing a time and place for the hearing of the application, and shall cause the notice to be delivered to the applicant, and a copy of the application and of the notice to be delivered to the superintendent of police.

34. *Order for Relief from Examination on Discontinuance of Prostitution, &c.*—If on the hearing of the application it is shown, to the satisfaction of a justice, that the applicant has ceased to be a common prostitute, or if the applicant, with the approval of the justice, enters into a recognisance, with or without sureties, as to the justice seems meet, for her good behaviour during three months thereafter, the justice shall order that she be relieved from periodical medical examination.

35. *Forfeiture of Recognisance by return to Prostitution.*

PENALTIES FOR HARBOURING, ETC.

36. *Penalties for Permitting Prostitutes having Contagious Disease to resort to any house, &c., for Prostitution.*

37, 38, 39, 40, 41, METHODS OF LEGAL PROCEDURE, ETC.

42. *Limitation of Actions, &c.*

## THE CONSTABULARY AND THE PUBLIC HEALTH ACT.

A RECENT issue of the *Leinster Express* contained a report of the trial at Monasterevan Petty Sessions of a constable of the Royal Irish Constabulary for alleged neglect of duty under the Public Health (Ireland) Act, 1878. A correspondent of the *Express* asks, was it possible that the guardians of the peace, who of necessity come in contact with and mix so much amongst the public, were obliged, as part of their duty, to come in contact with, and assist in the removal of, persons suffering from contagious and infectious diseases. With some curiosity, he says, I procured a copy of the Public Health Act, and examined the sections (141 and 142) relied on for the prosecution as applicable to the case. My surprise now increased when I found that the constabulary force was not in any way referred to therein, and had no duty whatever to perform thereunder; but that the duty was to be performed by "the constables and officers of the Sanitrry Authority." Of course it is quite possible that some of the wiseacres who govern our peace force may have attempted to improve on the wisdom of the legislature, and instructed the constabulary that it was their duty to act as the officers of "the Sanitary Authority," remove small-pox sufferers one moment, assist an unfortunate inebriate to the lock-up the next, mix among and and come in contact with his comrades in close companionshsp.

In this matter, however, the public have one great protection arising from the difficulty of procuring a magistrate who would, under the section quoted, issue an order to the "Royal Irish."

Obviously it is the duty of the Sanitary Authority to provide a proper staff of "constables" for the enforcement of the law and the protection of the public health; and to the members of such staff only can orders for the removal of sufferers be addressed by either justices of the peace or the Sanitary Authority, and the sooner this fact is realised by those charged with the administration of the Public Health Act the better.

## DEATH OF DR. PRESTON, OF KILKEEL.

WE regret to announce the sudden and unexpected death of Dr. E. F. Preston, which melancholy event took place on the 2nd inst. at Killadeas Rectory, at Ballycassidy, co. Fermanagh, where he had gone after a severe attack of illness, caused, it was believed, by overwork, to seek change of air. Dr. Preston was called away at the early age of 34 years. Throughout Mourne there is the deepest sympathy for the bereaved. The deceased gentleman was appointed one of the medical officers of the dispensary district of Kilkeel upwards of nine years ago, and some time afterwards he was elected to the position of medical officer of the Kilkeel Union Workhouse. The duties of these important trusts he discharged with remarkable fidelity.

## WATERFORD UNION.

The Clerk read a letter from the secretary of the Kilmeaden Dispensary Committee to the effect that Dr. Arthur only worked for them for one day, and was only entitled to one day's salary. Dr. Arthur was appointed for a week, but Dr. Cutlar got well immediately, and then Dr. Arthur was, the committee say, apprised that he was wanted no longer, and they say he seemed satisfied with the arrangement.

Dr. Scott—The committee say they are not bound to sanction the appointment made by Doyle, the relieving officer.

Ald. Freeman—The letter of the committee says "we appointed Dr. Arthur for one week."

Mr. Conn.—Let them settle it among themselves.

The matter then dropped.

## KILCOCK DISPENSARY.

A MEETING of the members of this dispensary was held to elect a medical officer, the position falling vacant.

There were two candidates for the appointment, viz., Dr. R. L. Hughes and Dr. Wade. Both gentlemen were duly proposed and seconded, and on a division the voting was as follows:—For Dr. Hughes, 7. For Dr. Wade, 6.

The contest excited considerable interest in the locality as may be judged from the close voting.

## MOUNTMELLICK UNION.

(CLONASLEE DISPENSARY) FEE ON TICKETS.

THE honorary secretary of the Clonaslee dispensary forwarded the minutes of the last meeting of the committee, by which it appeared that Mr. Wrafter, J.P., was unanimously elected chairman. With reference to the circular from the Local Government Board, dated 3rd August, 1878, relating to the issue of dispensary tickets, the committee recorded their opinion that it was advisable to mark on the back of any visiting ticket such sum as the person issuing such ticket may judge the recipient, though not able to give the full fee, can fairly pay.

## NAAS UNION.

### SURCHARGE FOR A MIDWIFE'S EXPENSES.

THE clerk reported that the auditor surcharged the sum of 15s., paid to the midwife of the Naas and Carrogh dispensary for car-hire incurred by her in going to attend a case at the extreme limit of her district.

Mr. Mansfield—I find on reference to the minutes of the dispensary committee that when Mrs. Murtha was appointed, there was a specific arrangement as to mileage being paid to her for any distance beyond a mile from Naas. She was to get 9d. per mile for going and returning during the day, and 1s. per mile for going and returning during the night.

The Clerk—The auditor will be here next week, and I can draw his attention to the matter, and show him the minutes of the dispensary committee.

Resolved—"That this board are of opinion the sum of 15s. disallowed by the auditor, ought not to be surcharged, because the midwife in question was in the habit of being paid car hire in cases where she had to travel a long distance, and in the present instance she had to go more than eight miles, and the board think she could not possibly be in time if she had to walk there and back. It also appears from the minute of the Naas and Carrogh dispensary committee, that an arrangement was made with the midwife to give her a car whenever she had to go beyond a certain distance, and several payments were made to her without any questions, in pursuance of said agreement."

### IDIOT INMATES.

The Clerk stated that he had been called on by the Local Government Board to send in a return of the number of idiotic and epileptic inmates of the house. This he would do immediately.

## RELIGION AND DOCTORING IN THE IRISH POOR LAW.

ONE of the disreputable scenes which not unusually distinguish the election of Poor-law medical officers in Ireland took place at the Waterford Board of Guardians last week. Upon the resignation of Dr. Elliott it became necessary to elect a temporary medical officer for a fortnight, the prize thus to be disposed of being the permission to work hard for fourteen days for about six shillings a day. Thereupon followed the usual religio-political wrangle. One guardian moved that the medical officer who was now doing the duty should be continued for the fortnight. The following is the report of what followed :—

Mr. Conn said Dr. B. (the medical officer in possession) had his position placed before them in the highest way possible. The doctor was likely to be at the head of the profession at no distant date, but he (Mr. Conn) represented a number of ratepayers, most of whom were Catholics, and he was bound to respect their feelings, and they thought that the medical officer should be a co-religionist when he was going to perform duties, even for a fortnight.

The Mayor—I rise to order. The question of religion is not one to introduce in such a discussion (hear, hear).

Sir R. Paul—We don't care a fig for the reasons you have for your vote. We only want to know how you will vote. We don't care as to what the religious feelings of your constituents may be.

The Mayor—I think a medical man might go into his hospital and attend properly to people without their knowing whether he was a Catholic or a Protestant (hear, hear.)

Mr. Conn—I will appeal to Major O'Gorman if there is interruption in Parliament when a personal explanation is made.

Major O'Gorman—Personal explanations are very brief (laughter).

Captain Power—Mr. Conn says he will give his reasons why and how he will vote.

Mr. Conn went on to say that Dr. A. was a very clever young man who was highly spoken of, and he might say that in proposing Dr. A. for the temporary position, he also looked to his occupying the office permanently (laughter).

Dr. Scott seconded the motion.

Mr. Fortescue deprecated the introduction of the religions element.

A poll was then taken—for Dr. Arthur, 23; for Dr. Browne, 14.

We need hardly observe that in this proceeding, which we regret to say is the usual method of election in Ireland, it did not matter a straw to the contending factions whether the respective candidates were the best men, or even moderately competent for the duties. They would have travelled the same distance with the same alacrity to vote for the most thorough incapable if called by the crack of the politico-religious whip. Meanwhile, the sick poor and their necessities are utterly ignored.

## THREAT TO DISSOLVE THE LONGFORD BOARD OF GUARDIANS.

AT the last meeting of the Board of Guardians of the Longford Union, the following letter from the Local Government Board was read :—

"14th January, 1879.

SIR,—The Local Government Board for Ireland acknowledge the receipt of the minutes of the proceedings of the Board of Guardians of the Longford Union of the 8th inst., containing a resolution postponing until that day fortnight the consideration of the letter of the Local Government Board of the 7th inst., relating to the report of Dr. Cameron, analyst, of the result of the analysis made by him of six samples of water from the principal source of water supply in the town of Longford, and drawing attention to the seriously defective condition of the water supply as revealed by the analysis, and to the necessity for prompt action in the matter on the part of the sanitary authority. The guardians proceed in their resolution to express the opinion that they should be relieved of the duty of providing a supply of water for the town, and of looking after its sanitary arrangements, as they are Town Commissioners, on whom the guardians consider such duties more properly devolved; and, in reference thereto, the Local Government Board have to state that the mode in which the guardians can be relieved from their responsibility as the sanitary authority is *indicated in the 211th section of the Public Health Act*, 1878, *and this course the Local Government Board are quite prepared to take if the guardians continue to ignore their obligations under the sanitary laws.*

"By order of the Board,

"B. BANKS, Chief Clerk."

The 211th section of the Act above referred to, is as follows :—

211. Where complaint is made to Local Government Board, that a sanitary authority has made default in providing their district with sufficient sewers, or in the maintenance of existing sewers, or in providing their district with a supply of water, in cases where danger arises to the health of the inhabitants from the insufficient or unwholesomeness of the existing supply of water. A proper supply can be got at a reasonable cost, or that a sanitary authority has made default in enforcing any provision of this Act, which it is their duty to enforce, the Local Government Board, if satisfied, after due inquiry, that such authority has been guilty of the alleged default, shall make an order limiting a time for the performance of their duty in the matter of such complaint. If default is made to obey such order, and to perform such duty by the time limited in the order, such order may, in the case of an urban authority, be enforced by writ of man-

damus, and in the case of a rural authority making such default as is last mentioned, such rural authority shall be deemed to have made a default in the execution of their duties as a Board of Poor-law Guardians under the Poor-law Acts, and thereupon it shall be lawful for the Local Government Board to dissolve them as such board, and to provide for the execution of their duties under the Poor-law Act, and this Act in manner prescribed by the Poor-law Acts in the case of the dissolution of Guardians of Poor-law unions.

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 11, 1879.

| | | |
|---|---|---|
| Total registered deaths in Dublin and suburbs* | ... | 271 |
| Ten years average of same week ... ... | ... | 187 |
| Excess of mortality above average ... ... | ... | 84 |
| 10 weeks' ratio of deaths Rathmines | 23·1 | per 1,000 |
| „ „ „ Donnybrook† | 24·3 | „ |
| „ „ „ Blackrock | 12·3 | „ |
| „ „ „ Kingstown | 22·2 | „ |
| „ „ Entire Dublin District | 44·8 | „ |
| COMPARATIVE RATIOS—London ... | 27·0 | „ |
| „ „ Glasgow ... | 28·1 | „ |
| „ „ Edinburgh ... | 23·2 | „ |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Diseases of the respiratory organs, to which 104 deaths were ascribed in the week ended Saturday, 4th instant, caused 100 of the deaths registered last week. Of this number 78 were referred to bronchitis, 12 to pneumonia, and 10 to lung disease unspecified; the average number of deaths in the corresponding week of the last ten years from this class of disease was 50. The average mean temperature for the second week of the years 1868-77 was 41·2, whilst the mean temperature for the past week was as low as 30·6.

Fifteen children died from convulsions.

Bronchitis caused 78 deaths, pneumonia 12, and lung disease unspecified 10.

Ten deaths were ascribed to paralysis, 2 to apoplexy, 2 to brain disease unspecified, 1 each to cephalitis and epilepsy; 5 to heart disease and 1 to aneurism; 4 to kidney disease, 3 to liver disease, and 1 to nephria.

Phthisis was the cause of 17 deaths, hydrocephalus of 3, scrofula of 1, mesenteric disease of 1, and cancer of 3.

Seventy-eight of the persons whose deaths were registered during the week were under under 5 years of age (39 being infants under 1 year old); and 77 were aged 60 and upwards, including 43 persons aged 70 and upwards, of whom 3 (women) were stated to have been aged respectively 90, 93, and 94 years.

LIMERICK.—Two deaths from whooping-cough.

## A CURIOSITY OF LITERATURE.

A CORRESPONDENT in the Irish provinces has sent us the following reply of the Honorary Secretary of a Dispensary Committee, to his application for information respecting a vacant appointment.

The document is on a half sheet of note paper, and in blue ink.

DEAR SIR,—There are to local medical docteres to compate for the Ballymacarbery Depensary.

Hear are the names of Comittee of the Depensary. (Here follow names—many of which are wrongly spelt.) You have the names of the Comitee of manegent for the Dispensery of Ballymacarberry, and the day of apointment of a docter will be ———

I am, yours truly,

———.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Jan.* 11, 1879; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

| TOWNS, &c | AREA in Statute Acres. | POPULATION in 1871. | WEEK ENDING SATURDAY, JANUARY 11, 1879. | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Annual rate of mortality per 1,000 inhabitants. | Total BIRTHS registered. | Total DEATHS registered. | Deaths under 1 year of age. | Deaths at 60 years of age and upwards. | NUMBER OF DEATHS FROM Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
| DUBLIN . . | 10,050 | 314,666 | 45 | 174 | 271 | 39 | 77 | 18 | 6 | 11 | .. | 2 | 11 | 4 | 10 | 4 | 100 |
| BELFAST . . | 20,687 | 182,082 | 34 | 110 | 119 | 18 | 22 | ... | ... | 7 | ... | 1 | 8 | ... | 2 | ... | 7 |
| CORK . . | 13,816 | 91,965 | 31 | 33 | 55 | 3 | 24 | ... | ... | ... | 1 | 1 | 1 | ... | 1 | 5 | 24 |
| LIMERICK . | 8,509 | 44,209 | 36 | 14 | 31 | 3 | 11 | ... | ... | ... | ... | 2 | ... | ... | ... | ... | 16 |
| LONDONDERRY . | 21,865 | 30,884 | 12 | 8 | 7 | 1 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... |
| WATERFORD . | 17,209 | 30,626 | 14 | 12 | 8 | 2 | 4 | ... | 1 | ... | ... | ... | ... | ... | ... | ... | 2 |
| GALWAY . | 21,358 | 19,692 | 42 | 3 | 16 | 1 | 6 | 5 | ... | ... | ... | .. | ... | ... | ... | ... | 5 |
| SLIGO . . | 30,835 | 17,285 | 21 | 10 | 7 | ... | 2 | ... | ... | .. | ... | 1 | ... | ... | ... | 2 | 2 |

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 29, 1879.


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## LETTSOMIAN LECTURES. (a)

### Lecture I.

### ON BRONCHIAL ASTHMA: ITS HISTORY AND NATURE.


By JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Physician to Victoria Park Hospital for Diseases of the Chest, and to the West London Hospital.


*(Continued from our last).*

Let us now proceed to inquire how far the results of experiment accord with observed clinical facts.

The musical wheezings heard in the air-tubes of a person during a fit of asthma are, as Salter says, positive evidence of bronchial contraction, and the sudden way in whlch these wheezy sounds may shift from one part of the chest to another is proof that the contraction is spasmodic, and not due to mucous congestion or œdema. "Thus," says Salter, "we see by evidence as certain as sight, that in asthma bronchial spasm must, and does, exist, and that no other conceivable supposition will explain the phenomena." I myself, when considering the causation of asthma some time ago, got the idea that if the lung be contracted air must be squeezed out of it like water from a sponge, and that then we ought to have impaired chest resonance on percussion. Desirous as I then was to demonstrate such loss of resonance, I found it to be the exception rather than the rule. Turning to the books, I find that Dr. Walshe, in his fourth edition (p. 548), says: "The gradual evacuation of the supplementary, and in some measure even of the residual, air which takes place in both lungs during the fit of asthma, slightly impairs the resonance on percussion." "This," says Dr. Walshe, "I repeatedly ascertained in a girl named Harmer, a hospital patient; but, on the whole, this sign is rarely to be established." Investigations of my own, with special reference to this question of impaired chest resonance during the asthmatic fit, make me agree with Dr. Walshe as to the sign being a rare one. The elastic wall of the pulmonary air-cell need not of necessity contract under the same influences that may determine a spasmodic stricture of the bronchial muscle. Remember the observation of Biermer, already noticed, as to how the bronchial muscle may form a sort of sphincter round the opening of the air-cell, and then we shall see that the simile, wherein the asthmatic lung is likened to a squeezed sponge, is not absolutely a correct one. I can understand how, as a result of contraction of the bronchial muscle, inspiration and expiration may both be impeded and imperfect. Generally, according to observation, and recent experiments of McGillivray, the expiratory act is the one specially impeded, the result of such impediment being over-distension of the air-cells, and the gradual development of emphysema. This over-distension of the air-ceils will also add to the cause of the tightness felt in the upper thorax, and will be the cause of the tympanitic, bandbox-like note elicited by percussing the chest wall. Lately a good deal has been said as to the inspiratory or expiratory character of the dyspnœa during a fit of spasmodic bronchial asthma, and this is a question well worthy of study in its bearing on certain modifications of the asthmatic paroxysm, as I hope shortly to show you. To me it appears that both respiratory acts are impeded more or less; sometimes inspiratory difficulty is most urgent, at other times, and in other cases, expiratory effort is pronounced and unmistakeable. My own reports of cases show me one group of patients who unhesitatingly refer their breath difficulty to the act of inspiration; others, among whom I am sorry to have to place an eminent member of our profession in a northern town, say that their sufferings during the paroxysm of asthma are so intense that they hardly can tell whether inspiration or expiration is most laborious. A third group, to be treated of more fully in another lecture, often spontaneously affirm that the desire they have is to get the air out of the chest rather than to get it in.

In proportion, generally, as lung emphysema is developed, so does the expiratory dyspnœa obtain the ascen-

(a) Delivered before the Medical Society of London. Erasmus Wilson, F.R.S., President in the Chair.

dancy. In young persons, where spasm is marked without much emphysema, inspiratory dyspnœa is often most severe and distressing; and not long since I saw in the case of a middle-aged man, who had long been afflicted with most severe attacks of almost asphyxiating asthma, a good example of inspiratory dyspnœa. "Decidedly," said he, "my difficulty is inspiring."

In this case I observed thoracic distension was in no way marked, and on listening to his chest six hours after one of his very bad attacks, I could hear no sibilant expiratory wheezings, and expiration seemed free. I further noticed that the percussion resonance did not come up to the normal standard of clearness, and this imperfect resonance of chest after a fit was remarked on by the patient himself. I have been struck with the fact, just exemplified, that on examining the chests of patients of the class described, where inspiratory distress is intense, and chest distension by no means marked, I have failed on the day following a bad night of asthma, to find about the chest any of that prolonged sonoro-sibilant expiration with which we are so familiar when we listen to the chest of an asthmatic shortly after his fit. Another point I have investigated, is the position of the diaphragm in these cases, and have found it to be drawn up rather than pressed down. The shoulders of the patient are nearly always high, for the thorax is drawn powerfully up by the muscles of inspiration. The normal movement of the ribs outwards and forwards does not take place, so that true divergence of ribs and expansion movement is not appreciated by the applied fingers. I purpose soon, after I have read the notes of a case, to return more fully to these points; meantime I would observe how a great inspiratory effort can be made by drawing up of the thorax in the way just described; and also how a similar effort can be made of a more abdominal character, in the performance of which the diaphragm descends and the abdomen protrudes, but in this last effort the lung must be fully expanded, and if dyspnœa occur it will be more of an expiratory than of an inspiratory character.

I certainly think that either of these conditions of thorax and abdomen may obtain in cases of asthma. In each case the muscles of inspiration act to aid the elastic resilience of the chest wall, which Dr. Douglas Powell has so cleverly demonstrated as the active force of ordinary tranquil inspiration. The embarrassed breathing and asthma are due to want of corresponding action between the lungs and the thorax. The lungs are in arrest of action, and in the first case, where chest and diaphragm are drawn up, the air is in a great measure evacuated from the lower part of the lungs, and is kept out by the bronchial stricture; hence the straining inspiratory effort, while the pulmonary spasm causes a sense of tightness or tearing in the upper chest, and here, indeed, air may be held pressed into the apices of the lungs, just as it is pressed into these parts by the violent expiratory efforts of coughing. In the other case, where the diaphragm is down, and chest over-full with air, we get very prolonged expiratory wheezings, the bronchial spasm retarding expiration. As I have said, I shall hope shortly to follow these views a little further; being desirous now of placing them as simply as I can, I make no reference to imperfect aeration of blood in the lungs as a possible cause of determining, in a reflex way, powerful inspiratory efforts; and speaking of inspiratory difficulty, I of course exclude all laryngeal or tracheal disease in the way of congestion or chronic stenosis of these parts. I have endeavoured by an analysis of the notes of a number of cases to illustrate the varying conditions of the chest and abdomen during the asthmatic fit, and thus to explain how it is that authors differ so decidedly in the descriptions they give of the state of the thorax during such fit.

This same impression of want of unanimity of description seems to have been made on the mind of Dr. Berkart, the most recent writer on asthma, and he has placed the various descriptions so well together that I cannot do better than quote them just as they are given, with the authorities,

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| Respiration retarded to from 9 to 7 per minute.—Salter, 77. | Respiration augmented to 40, 60, or 80 per minute.—Caustatt, Ferrus, Wunderlich (J. C. Thorowgood). |
| The lungs are unusually collapsed within the thoracic cavity, and the parietes drawn in.—Williams, 91. | The chest remains distended, its walls are kept fixed in the extreme inspiratory position, such enlargement involving all the diameters of the thorax.—Salter, 76. |
| Inspiration is difficult; expiration, short, easy, superficial.—Bergson. | Expiration mainly is impeded, the patient labours 4 to 5 seconds to empty his chest.—Biermer. |
| Thorax sounds dull on percussion.—Williams. | Percussion induces a hyperresonant note.—Biermer. |

While inspiration (Ziemssen, iv., 562) shows nothing that varies from an ordinary powerful and somewhat forced effort, expiration presents the picture of a most laborious and tormenting, and, at the same time, fruitless struggle.—Bamberger.

Inspiration is violent and painfully ineffective; expiration is much prolonged, but unaccompanied with notable anguish.—Walshe.

Some observers, I find, speak of the abdomen as distended, others, as retracted; the fact being, as I take it, that sometimes one condition, sometimes the other obtains.

I remember, some ten or twelve years ago, when first my interest in the nature of the asthmatic paroxysm was aroused, thinking that sufficient attention had not been paid to the part taken by the diaphragm in the mechanism of asthma. That this muscle is much concerned in the dyspnœa of old emphysematous persons, I fully believe, but I cannot agree with Wintrich and Bamberger, who deny the influence of bronchial stricture in producing asthma, and attribute the seizure to tonic spasm of the diaphragm. True diaphragmatic spasm is seen best in some forms of hysteria, and it is marked by short hurried inspiration, short pause and rapid expiration. In a case of this description, shown to me by my clinical assistant, Mr. MacDonald, the respirations were as many as 80 in the minute, a short quick movement at the epigastrium was observed; auscultation revealed no abnormal sound. The patient was a young woman, and had had similar attacks before during the last few years. Bamberger believes, with Wintrich, that with a depressed position of the diaphragm there can be no bronchial stricture. Wintrich, moreover, says it is impossible to explain the enlargement of the lungs with increased air contents by a spasmodic contraction of the bronchial muscles. Bamberger further says that bronchial spasm is in the highest degree improbable, if not unimaginable, for in such case inspiration and expiration, especially the former, must be laborious and prolonged. Against these statements we have the fact, testified by several highly competent to judge, that inspiration and expiration in asthma are both very laborious acts; and we find Biermer stating, most correctly as I think, that a depressed condition of the diaphragm and acute pulmonary distension are quite compatible with bronchial spasm.

Acute pulmonary dilatation follows on acute obstruction, just as chronic pulmonary dilatation and emphysema follow on obstruction of air-tubes by old bronchial catarrh. (543, Ziemssen.)

Before I had an opportunity of studying the observations of the writers just quoted, I had given up my idea of diaphragmatic spasm as a cause of asthma, while I came to think that a kind of inertia, or partial paralysis, of the diaphragm, may have a good deal to do with the expiratory dyspnœa of old emphysematous persons.

From what I have observed in cases of spasmodic asthma coming on very suddenly, and sometimes brought on by some great expiratory effort, such as a fit of violent coughing or laughing, it seems that the thorax is drawn up and

fixed; but, on looking at the lower part of the thorax, quick, short, and very limited movement of the diaphragm and lower ribs may be observed, by which respiration is kept going and life maintained. The distress in these kind of cases, often met with in young persons, is markedly spasmodic and most severe, so that chloroform inhalation is often the only agent that gives effectual relief.

Allow me here to read before you my record of a typical case of this form of asthma :—

A young man in good health had his first attack of asthma take him quite suddenly after a fit of excessive laughter. Here was an example of spasmodic arrest of breathing after a complete expiration. On another occasion I saw this youth pass, in the course of two minutes, from sudden exposure to cold to the surface, into an intense and even alarming paroxysm of asthma, and during this seizure I noticed the state of the chest. There was great drawing up of clavicles and thorax, with fixation of these parts. The abdomen, at xiphoid cartilage, was powerfully retracted, and the diaphragm elevated. Respiration counted 64 per minute ; pulse, 110, very small. The breathing act seemed carried on by a slight, rapid, and very limited movement of the diaphragm and lower ribs. There was no laryngeal difficulty ; chest resonance, deficient in clearness ; expiration, wheezy, jerky, and prolonged ; inspiration, short, and quickly followed by inspiration. The inhalation of chloroform soon gave relief to the spasm, and the patient was released from his fixed bent position over a table which he assumed on the fit taking him.

This young man found, like many other cases that I have observed, that when he was able to cough and get up some mucus he felt better, and a pill of pil. hydrargyri and pulvis scillæ gave notable relief, apparently by promoting expectoration. Dr. Bree would explain this by saying "your pill fetches up the irritating mucus from the lungs, and so does good to the asthma;" others would very reasonably attribute the benefit derived from the pill to its relieving congestion of the bronchial mucous membrane. Against the exclusive truth of the theory of congested mucous membrane as the sole cause of dyspnœa, I would urge that the congestion and subsequent mucus flux result from the pressure put upon the capillary vessels by the spasm of the bronchial muscles. The great suddenness of the invasion of asthmatic dyspnœa, compelling the patient to leap from his bed and rush to the open window, and the speedy relief often afforded by inhaling the vapour of ether, or chloroform, or the smoke of burning tobacco or stramonium, point to nervous spasm rather than to acute congestion. The spasmodic constriction of the bronchial muscle induces stasis of circulation and congestion, and if flux and secretion can be determined, the patient feels much relief. Thus, I have often observed the spasm of asthma to subside when bronchitis comes on and causes free secretion ; and people say, "When I get bronchitis my asthma goes away." In the essential dynamic form of bronchial asthma, as illustrated in the case the notes of which I have just read, there is, to all appearance, as well as on the emphatic declaration of the patient, marked inspiratory dyspnœa. Seeing how often these intense fits of bronchial spasm follow on an exhaustive expiratory effort, one can comprehend the inspiratory character of the breath difficulty. Previous expiration has pumped the air out of the lower part of the lungs and forced some up into the apices, just as we see in the expiratory effort of coughing ; here this air is held, for the thorax is raised and drawn up in powerful inspiratory effort, and the tension in the upper chest becomes very distressing ; meantime, the retracted condition of the lower part of the lung causes the diaphragm to rise up with the thorax. Patients under the influence of this typical form of bronchial spasm have volunteered to me the statement that they feel as if their lungs were drawn up—drawn up to choke them, as Floyer used to say. A young man described his fit to me also in these words : "Cold air seems to draw together and contract my air-tubes, and then I pass into one of my bad fits ;" and the fits in this case were as intense as any I have met with, setting at defiance the best-planned remedies of numerous physicians. It is in the young we often see these very severe attacks of bronchial spasm. Dr. Fuller says that the most frightful paroxysm of asthma he ever saw was in a child, æt. 13. Salter describes an alarming attack in an infant not 2 years old, and I expect not uncommonly the bad pulmonary attacks of infants during dentition, if carefully investigated, would be found to have more of the element of spasm than of inflammation about them. The drawing up of the diaphragm was well exemplified in the instance of an asthmatic little boy who used to gasp out, "See how hollow I am," as he pointed to his retracted epigastrium. With respect to this elevation of the diaphragm, I find that Wood, of Philadelphia, describing a fit of asthma, says : "A hollow in the epigastrium is produced by the unusual elevation of the diaphragm, while expiration is much less difficult than inspiration." Walshe, too, already quoted, says : "Efforts at inspiration, convulsively violent and painfully ineffective, are accompanied, in the purely dynamic form of the disease, with sinking of the epigastrium, falling in of the lower part of the sternum, and elevation of the diaphragm. Expiration in these cases is prolonged, but unaccompanied by notable anguish."—(546, 4th edition.)

In these cases of asthma in young persons not due to whooping-cough or antecedent bronchitis, and very prone to come on after an expiratory effort, the prognosis should be favourable, for, though inspiratory spasm is alarming, with great sensation of internal constriction or cramp within the chest, yet the chance of co-existing emphysema is not great, and we may see in impairment of percussion, resonance, elevation of diaphragm, and absence of excessive chest distension, evidence on which to found a hopeful prognosis.

The fact that young people do grow out of this uncomplicated spasmodic asthma, or, better still, perhaps, that they can be cured of it, if it be due to some reflex irritation—as worms in the bowels, or enlarged bronchial or tracheal glands in the chest—shows that no high degree of emphysema can have been produced. "The asthma of children, says Riegel, often ceases spontaneously after a short time, or else at the period of puberty." (Ziemssen iv., 566.)

The theory of Lebert that the spasm beginning in the bronchial muscles, and thus narrowing the tubes, causes a great excess of inspiratory effort to force the air through the constricted bronchi, and then that this increased respiratory stimulus, reflected to the medulla and respiratory centres, induces reflex spasm of the diaphragm through the agency of the phrenic nerve, is ingenious and worthy of notice. The theory appears to accord with the fact that we see cases of what I call ingravescent or culminating asthma, slight at first, but getting gradually worse ; want of air increases till an actual state bordering on true apnœa is produced ; then come on most violent inspiratory efforts, and every auxiliary muscle is called into violent action. The power of these extreme inspiratory efforts was demonstrated by the experiments on asphyxia made before the Royal Medico-Chirurgical Society a few years ago. These facts show how wise it is to try and cut the asthmatic fit short *ab initio* by anti-spasmodic inhalation in the early stage.

The theory of Weber and Störck, already casually referred to, that asthma is due to tumefaction of the bronchial mucous membrane in consequence of dilatation of the blood-vessels by vaso-motor nervous influence, is full of interest and importance, especially in connection with certain varieties of asthma and catarrh, to be treated of in Lecture II. Störck says he has seen the mucous membrane of the larynx, trachea, and right bronchus in a state of hyperæmia during an attack of asthma. To see as much as this in the windpipe of an asthmatic during his fit reflects credit on the patience and perseverance of observer and observed, and I am inclined to think that anyone who can manage to keep the laryngeal mirror iat the throat of an asthmatic for but a short time will bn pretty sure to obtain evidence of congestive hyperæmiae

Be this as it may, there is the oft-made complaint of asthmatics of tightness and obstruction in the nose, the tendency often to profuse nasal flux, and the liability at times to the formation of mucous polypi in the nasal passages, all pointing to a congestive hyperæmia of these parts.

My reasons for believing the congestive hyperæmia and flux to be secondary effects of nervous spasm have been already set forth. Biermer, whose views on the nature of asthma seem to be fully in accord with the results of experiments and the observation of clinical facts, and who, like myself, is a supporter of the bronchial spasm theory, regards a fluxionary hyperæmia of the bronchial mucous membrane as quite a possible cause of asthma. (Ziemssen, 550.)

I agree in this, as in most other points, with the excellent observer just named, and, in considering the therapeutics of asthma, it is well to be mindful of the condition of bronchial hyperæmia, be it primary or secondary. Furthermore, it is of moment in therapeutics to recognise whether the disease be inspiratory or expiratory in rhythm.

Mr. President and Gentlemen, I must not encroach further on your kind attention this evening. The attempt to fulfil the conditions I set forth at the beginning of my lecture has not been so easy as I had anticipated, and I have been carried to a greater length in discoursing of the various theories of asthma than I had originally intended. I feel, however, bound to place fairly in review before you the more prominent of these theories as now taught and upheld by their several promulgators.

I will now conclude, and shall hope, in my next lecture, before proceeding to the pathological part of the question, to follow out a little further the subject of bronchial hyperæmia, congestion, and flux, in connection with certain interesting varieties of asthma, the prominent place among which will be assigned to hay asthma, or summer catarrh.

*(To be continued.)*

# Original Communications.

## ON PUERPERAL FEVER AND PUERPERAL SCARLATINA.

By Dr. G. de GORREQUER GRIFFITH,

Senior Physician to the Hospital for Diseases of Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

Recently, in another journal, have communications on these affections appeared from Professor Playfair, and from Dr. Hicks and Mr. May, jun. Any contributions on such are especially welcome, but coming from eminent authorities, they are yet more acceptable.

Dr. Playfair, in reference to a case which he had under review, wrote :—

"There was a well marked eruption, *very analogous* to that of scarlet fever, but such rashes are common in septicæmia, quite independently of the origin of the disease."

I am glad to have the endorsement of so eminent a gynæcologist to the statements which I made at the Obstetrical Society during the great debate which took place in its rooms. That statement may best be summarised in the words of the then President, Dr. Priestley, who, in his masterly and judicial, as it were, summing up, said : "There is a fallacy in reference to the occurrence of scarlatina in the puerperal patient which must not be overlooked; as stated by Dr. G. de Gorrequer Griffith, there may be a rash closely *resembling the scarlet fever* eruption, which is due to toxæmic poisoning of another kind, and which may be mistaken for scarlatina !"

I believe I was the only Fellow, or speaker in the debate who directed attention to this important fact, and I would refer my readers to page 261 and following of "Obstetrical Transactions," vol. xvii. (1875) for the exact opinion I at that time enunciated. I also alluded to the fact, that in some of these cases of "bastard or simulative scarlatina," as I then termed them, there may even be desquamation, owing to the height to which the fever may run, not on account of there being any scarlatinal blood poisoning—such being actually not the case. Nor to my mind is this peeling of the skin at all pathognomonic or diagnostic of the scarlatina, using that name in its usually accepted significance. With this latter view Dr. Playfair is at issue, I know, judging by the words of the clinique to which I have already referred, for, he says :—"The fact, however, that subsequently to recovery, there was distinct desquamation about the fingers, and, to a less extent, in other parts of the body, makes me think it likely, that the scarlatinal poison was the origin of the illness."

I am sure when Dr. Playfair passes in mental review certain surgical and medical affections, which will readily rise to his mind, he will bear me out that scarlatinal poison is *not* necessary to desquamation ; but that greatly exalted temperature, especially if long continued, will of itself occasion this process without at all having any reference whatever to a special scarlatinal virus being present in the blood.

The recent lectures of Dr. Burdon Sanderson may be read with great advantage in connection with this subject, as bearing me out in the inferences of this paper. Yet, despite all the facts and experiences in the past, the diagnosis of these two perfectly distinct ailments, viz., true scarlatina, and the bastard, or simulative, resembling it in so very many particulars, seems shrouded with difficulty—in a great measure, I believe, because the *scarlet rash and other symptoms* of puerperal blood poisoning, or of toxæmia from other causes of blood-poisoning, do not seem to be recognised as such, and are confounded with true scarlet fever. Another hindrance is, because the sequela—desquamation—has been mistakenly looked upon as an *essential* consequence of true scarlatina, and of it alone. Some have seen and described true scarlet fever—running its regular course—the subject of it happening, in the chapter of accidents, as it might be said, to be the lying-in woman ; that fever, which is known by the name of puerperal, and is particularly characterised by offensive lochia and other uterine symptoms, not being induced. Others have seen after labour, symptoms, which they have considered to be those of scarlatina, but which were really not all that affection, being simply the outward and visible signs of that inward autogenetic poison of which, as the very word autogenetic implies, the woman is herself the factor (being developed in the womb, or some other part of the reproductive tract) and subsequently the recipient, being absorbed into the blood and entire system from the site where it was originally first generated.

The mode of this absorption by the lymphatics, the veins, the peritoneum, and the body generally, has been admirably shewn by Dr. Tilt in the 16th vol. of the "Obstetrical Transactions." With the symptoms (attendant upon toxæmic poisoning) closely simulating true scarlatina—and which have been so often mistaken for it—who, practising obstetrics, *or ordinary surgery*, is not acquainted ? But they are not at all the result of true scarlatina, assuming that disease to be a fever contracted by one person from another affected with it, or from something belonging to the infected, and become tainted with the virus, and capable thereby of propagating it ! There has been not even any exposure to scarlatina virus, yet all the symptoms, *resembling that disease*, will manifest themselves. Strict investigation will enable us to discover the presence *in utero*, or in the wound of the surgical patient, some putrid or noxious matter *in utero*, or some noisome offending material in the surgical wound, whereby the entire system has become tainted and the toxæmic symptoms —so like scarlatina proper—been developed. This fact will be demonstrated most clearly by the result of treatment ; for if the, what I will term, toxæmic symptoms be mistaken for scarlatina, and treated accordingly, you will

be likely to lose your patient, or to permit her to fall into a very precarious state; whereas, if the true source of the affection be recognised, and the offending elements be washed away early, and the cleansing process be maintained, the patient will, in all human probability do well.

In narrating those cases in which scarlet fever symptoms have declared themselves in the lying-in woman, it should always be recorded whether the lochia had been offensive before the scarlet fever symptoms showed themselves. If not, and that there be no offensiveness throughout, nor any uterine symptoms, then the diagnosis would be that scarlatina proper were present; and if, perchance, the lochia did become unduly offensive, subsequent to the irruption of the other symptoms, I should consider that they had done so, owing to the scarlatina virus perverting the entire blood, vitiating the outcome of it, viz., the lochia, the relation of the fever to the offensive lochia, and perhaps other uterine morbid manifestations, being as cause and effect—the very reverse of that which obtains when the symptoms arise from autogenetic puerperal, or any surgical toxæmia—symptoms to which I have applied the name "false, bastard, or simulative scarlet fever."

In the way I have just described, scarlet fever may, when attacking the lying-in woman, run into puerperal fever by the lighting up in the reproductive parts of those local conditions essential to true puerperal fever—reproductive parts where open, or recently open vessels lie, and where ruptures, abrasions and such like are exposed, and readily unhealthily altered and vitiated. That skin desquamation is no distinctive sign of the existence, or pre-existence in the system of the true scarlatina virus, I have only to assert, in order to carry with me the authority and sanction of every experienced physician and surgeon.

Furthermore, it is well established that there are cases of toxæmia or septicæmia, running on to so rapidly a fatal issue from, as it were, an overwhelming dose of the poison, that the febrile symptoms have not even time to be noticed, or perhaps even developed, so speedily quenched is the patient with the deadliness of the quality, or quantity, or both, of the blood poison.

The above thoughts have been suggested to me by a case of autogenetic puerperal blood-poisoning which occurred in my practice some time ago; and by experience accumulated since that time. In the person of that patient most, if not all, the symptoms of true scarlatina existed; but recognising them to be *wholly* due to a morbid condition of the lochia and perverted state of the entire uterine system, I treated them accordingly, and, happily, with the best possible results. I laid my hand on the soft, spongy, uncontracted womb, and, imitating the eliminative action of that organ, by alternately grasping it and relaxing my hold, some foul clots were expelled, the womb and vagina being subsequently well washed out by means of Higginson's syringe, Condy and warm water being employed, and the ablution repeated every few hours—as the patient's condition permitted—till the lochia became quite inodorous, the internal treatment being in accordance and based upon my diagnosis of the *origo mali*. Had I, however, seen the patient for the first time when the symptoms—apparently scarlatinal—were at their height, and well developed, I might have erred in supposing I had a case of scarlet fever to combat, have treated it as such, and, most likely, have lost my patient. But being alive to the puerperal facts of the case, I at once proceeded to deal with it, as I have described, and the correctness of the judgment and diagnosis, was evinced by the immediate improvement, commencing, as it did, from the very time the offensive clots were expelled, and the lochia washed away, and by the ulterior permanent good effects.

All the group of evils in this case, viewed cursorily, might well have been termed scarlatina, or have been set down to that ailment; yet, *all at once*, disappearing under the uterine cleansing treatment, showed incontestably that the diagnosis was correct. Moreover, every inquiry was made to ascertain whether there had been any exposure to scarlatina, or whether there had been any known occurrence of it in the neighbourhood, or in any place where she had been, or, indeed, in any way where she might have been brought into contact with the disease; but the inquiries could lead to no such evidences—rather the contrary.

Here I would parenthetically allude to Dr. Seaton and Mr. Howie's reference to the fact that typhus and typhoid have sometimes been pronounced septicæmia, and I would quote the opinion to which I gave expression at the great Obstetrical debate:—

"My mind has been exercised upon what I consider to be a fact, namely, that scarlet fever and typhoid may originate in the same way—that is, from the same infecting sources; that the poison or contagium may, in fact, be the same, developed and matured *in different* persons, or in the same persons *at different* times, and under *different* circumstances, the poison at one time, and in one set of patients, determining to, and having an affinity for, certain parts of the system, such as we find involved in scarlet fever, to which, accordingly, we give that distinctive term; the *same* poison, affecting *another* set of persons, or the *same set* of people at another time, and under *other* circumstances, and determining to the intestines, particularly to Peyer's patches, and occasioning what we term typhoid."

In this I am borne out by the independent researches of Dr. John Harley and Dr. Tilt. And bearing in mind the life or clinical symptoms which exist in scarlet fever, puerperal, and typhoid, as also the pathological conditions (found after death), and how closely they both, in a great many instances, resemble each other, I would almost say how nearly allied they are, how much alike, if not in many instances actually so—bearing, I say, these facts in mind, I can understand how readily the one fever may run into the other, and why the eminent Irish physician, Sir Henry Marsh, came to consider that typhoid may originate puerperal fever; and, finally, how, without the greatest care, bastard scarlet fever, being developed in the lying-in woman, may be mistaken for true scarlatina, the bastard simulative symptoms being really the outcome of the septicæmia, or toxæmia, which, commencing or having its seat in the womb may, at least in the earlier stages, be best got rid of from the patient by being expelled and washed out from the womb in the way I have pointed out; how puerperal, or ordinary surgical blood-poisoning, may come to be mistaken for scarlet fever, treatment consequently erroneously applied, and the patient lost, or very nearly so—certainly very much damaged on account of the error in diagnosis.

## NOTES ON THE REDUCTION OF CERTAIN DISLOCATIONS. (a)

By J. E. KELLY, L.R.C.S.I.,

Surgeon to Jervis Street Hospital, and Lecturer on Anatomy and Physiology at the Ledwich School, Dublin.

In the following notes, which I selected to read to-night before this Society, I wish to submit certain expedients, which in cases presenting peculiar features, I have found useful. It is with reluctance that I add to the numerous methods proposed for the reduction of luxations, but my excuse lies in the fact that I have tested them; they are extremely simple, and require no apparatus whatsoever.

I shall relate a case in which a very simple expedient superseded anæsthesia by removing muscular resistance. A powerful sailor was admitted to the Jervis Street Hospital with a sub-glenoid dislocation of the humerus. He had serious valvular disease, and additional circumstances rendered chloroform undesirable. The accident occurred at sea, and was of several days' duration. Rotation, manipulation, and extension in various directions proved ineffectual, until it struck me that the muscular resistance

(a) Read before the Surgical Society of Ireland.

might be easily evaded. I took a pupil aside, and arming him with a cold wet towel, I directed him at a signal to slap the patient suddenly on the epigastrium. I placed my heel in the axilla, as I had done several times previously, and gave the signal. The patient made a sudden and complete expiratory effort, and with very little extension the bone was replaced. Thus, by producing collapse of the thorax, the basis of muscular force, voluntary and spasmodic resistance may frequently be overcome.

I shall now describe a method of applying the muscular force of the operator to a dislocated humerus, which renders him independent of assistance by increasing to the fullest his power, while it economises his grasp. A patient was thrown from his horse, and suffered an intra-coracoid dislocation. He was put fully under the influence of chloroform, and, with the exception of the pulley, every method, with ample assistance, proved unsuccessful. Almost in despair, I placed the patient on a bed, with the dislocated limb on the outside, and close to the edge. I turned my back to him, and got one trochanter well into his axilla. I brought the dislocated humerus across the front of my pelvis, and hitched or flexed the fore-arm round the opposite ilium. By a single torsion or twist of my trunk, produced by some of its most powerful muscles, I made extension and abduction, while the weight of the patient afforded ample counter-extension. I was surprised by the ease with which reduction was effected on this and several subsequent occasions, with and without the assistance of anæsthesia. When the displacement is inferior, I find it more advantageous to lie across the patient while on the ground, and then to make the same movement. In applying this method, one hand is disengaged, and may be used to manipulate the joint, if it be necessary.

Rotation of a dislocated bone on its axis is often of great benefit. I shall give two examples. In anterior luxations of the humerus I have sometimes found it advantageous to extend the arm to a right angle with the body; to rotate the limb inwards until the postero-inferior edge of the articular surface of the head of the humerus approaches the anterior margin of the glenoid cavity; to place the hand, or the heel, over the head of the bone, and to apply and maintain extension, while the arm is made describe an arc until it reaches the side. This manœuvre is best performed while the patient lies on a low couch. The other example of rotation which I shall give is in Hey's luxation of the thumb. Here the difficulty of reduction is due to the lateral ligaments and the associated structures being attached to portions of the bones of less diameter than the articular ends. Consequently, when the latter are displaced from between the ligaments, these run directly between their points of attachment and separate the articular surfaces, which exceed in transverse diameter the space now intervening between the ligaments. Extension merely lessens the inter-ligamentous space, while if the dislocated phalanx be rotated forcibly and lateralised, so as to bring one extremity of the articular surface towards the centre of the space, the luxation may be reduced with the greatest facility after the most violent extension has signally failed.

My last observations to-night will refer to femoral luxations, and I shall abbreviate them best by describing a case of posterior luxation, which occurred in a very Hercules. After manipulation, circumduction, extension by pulleys and triangles had failed, and the collective wisdom of several experienced surgeons had been set at naught, the following manœuvre was successful: The patient was placed on his back upon the floor, and his pelvis firmly fixed; I flexed his hip and knee, and placed his instep under my perinæum; bending forward, I passed my fore-arms under his knee, and grasped my elbows. Then bringing the dorsal muscles with those of the lower extremities into action, I reduced the dislocation with little difficulty.

Thus it is possible to apply a force varying from 300 to 800 lbs. in a manner easily regulated, while the surgeon's grasp is not taxed. Considerable circumduction may be combined with the force by swaying over the patient during the effort of extension.

Mr. McNamara—Mr. Kelly's plan of reducing a dislocation of the hip I consider of a most important and practical character. I would like to show one that succeeded admirably in the case of one of the hardest-hunting gentlemen I ever knew: he hunted six days in the week. The patient was placed on his back. I drew the dislocated limb over my shoulder, flexed it at the knee-joint, the leg being in front of my body, and his pelvis at the same time fixed. By raising the limb, rotating my body, and keeping the knee flexed down in front, I was able to reduce the dislocation with the greatest facility.

Both Prof. McNamara and Mr. Kelly demonstrated their respective methods.

# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY,
Surgeon to the Hospital.

Amongst the patients under the care of Mr. E. Stamer O'Grady whose cases came to a conclusion during the past month (December), were the following:—

*Amputation of Thigh (Two Cases).*

*A.* On a male child, æt. 3, whose left limb had been run over by a loaded float, the accident completely denuding of integument the front and both lateral aspects of the limb for some distance above and below the knee. The popliteal space was freely opened, the artery being torn up and displaced with the soft parts. The wound measured nine inches in length. There was no tangible bone injury. The detached and damaged skin for the most part sloughed. When the dead portions separated the continuity of the integument of leg and thigh was merely by a narrow posterior band, in places only one inch in breadth. During a prolonged treatment every trial was made by the most careful dressings, skin grafting, &c., to induce cicatrisation, but no sustained effort at repair was obtained, all such attempts being feeble, transient, and abortive. Eventually a slight erysipeloid attack occurred, leaving the already enfeebled child in a condition of much prostration and rapidly running down. The ulcerated surface was now of very unhealthy character, and larger than the original wound. As a *dernier ressort* amputation was performed exactly three months subsequent to the accident; a modified circular operation best met existing emergencies, the incision for a considerable extent skirting the ulcer, being prolonged upwards in a $\Lambda$ form on the inside, where a long projecting tongue of ulcer stretched in the direction of the perinæum. A shapely stump was thus obtained, the section of the bone being sub-trochanteric. Scarcely any blood was lost; at the time only two vessels required ligature, but as reaction came on, three more had to be tied, each being secured as it began to weep on the face of the carefully watched open stump. Almost total suppression of urine followed the operation. This yielded to treatment. The returning secretion was at first heavily charged with albumen, but this entirely disappeared after a few days. Subsequent to the operation the child seemed notably to improve, the progress of the stump, too, was on the whole favourable. A limited fringe of sloughing formed on the anterior and lateral portions. This duly began to separate, and the wound to clean and look well. The eighth day after the amputation was one of extreme inclemency. Just before a heavy fall of snow the vital powers of the child became suddenly and markedly depressed. He responded to stimulants,

but a second similar seizure took place in the afternoon. During this, death occurred very suddenly. The result could not be attributable to local chill; there had been no exposure, and the patient's bed was in a sheltered position near a good fire. The fatal issue coming as it did was unexpected; unpromising as the case had been there latterly seemed to be a fair prospect of recovery.

*B.* An anæmic girl, æt. 22, in bad health, the subject of knee disease for fourteen years, resulting in dislocated joint, with a limb two and a half inches shorter than its fellow. The amputation was by long anterior and short posterior rectangular flaps. A periosteal curtain was preserved; seven vessels were tied. Notwithstanding the enfeebled condition of the patient, in ten days the wound had made considerable progress towards repair, and was healed in another fortnight. An abscess subsequently formed in the stump and delayed the discharge of the patient.

In both the preceding cases the operation wound was well dabbed with a solution (40 grs. to the ounce) of chloride of zinc, and in each provision was made for drainage—in *A.* from the angles, in *B.* from the centre of the wound.

*Three Hydroceles co-existing.*—Patient, a man, æt. 70, had, in addition to considerable effusion into each tunica vaginalis, also a separate hydrocele the size of a small orange situated high up on the cord, on the right side. Each collection was tapped.

*Circumcision for Phymosis.*—Patient, æt. 23. Disease acquired, the preputial orifice being cicatrised into a mere pin's point. Ricord's operation performed in the ordinary way. Without any obvious cause for such existing the wound healed but slowly, the patient not leaving hospital for twelve days.

*Wound of Vulva.*—A girl, æt. 12, injured the pudenda by falling astride a chair. There was severe hæmorrhage, which was arrested by pressure of plugs of lint moistened with muriate tincture of iron. When visited the day after the accident but little appearance of a wound existed; the parts healed rapidly, the girl being able to leave the hospital after a stay of five days.

*Compound Fracture of Leg.*—A groom, æt. 42, whilst riding a horse was kicked by another animal, the stroke breaking both bones of the right leg a little below the centre, the lesion in the tibia being compound. The wound was slow to cicatrise, subsequently thereto ossification proceeded, and the patient was discharged after a stay of eighty-four days with a well solidified and useful limb. There was slight angular deformity, consequent on the uncontrollable habit of the patient to meddle with the dressings.

*Injury of Spinal Cord.*—A man, æt. 28, stated to have been run over "the small of the back" by a car. When brought to the hospital, immediately after the occurrence of the accident, there was complete paralysis of the lower limbs both as to sensation and motion. There was no priapism. Examination could not detect any local displacement along the region of the spine. After a couple of days sensation and the power of slightly moving the limbs began to return, but improvement was very slowly progressive, and when the patient left the hospital (which he did against advice), he was only able to walk in a peculiar shuffling fashion, supporting himself by leaning on the back of a chair which he pushed before him.

*Amputation of Finger at Metacarpo-phalangeal Articulation (Two Cases.)*

*A. Wound of Radial—Dry Gangrene of Middle Finger.*—A lad, of soft flabby tissues, wounded the radial about one inch above the wrist with a broken decanter. Of four spouting vessels three were secured by ligature; the fourth, and largest, could only be staunched by leaving the tenaculum *in situ* in the wound, and doubling down the instrument along the forearm. Dry gangrene of the middle finger followed, the affection being perfectly typical. The line of demarcation, situated about the centre of the proximal phalanx, was slow to form. Fifty days after the accident, the finger was disarticulated. The operation and accident wounds but slowly repaired, not being entirely healed till seventy-four days after the accident.

*B. Cog-Wheel Compound Fracture — Disarticulation Middle Finger.*—A lad, æt. 14, got the left hand entangled in machinery at a bookbindery; the middle finger being so badly smashed as to require removal of the metacarpo-phalangeal articulation. A good deal of diffuse inflammation of hand and forearm followed, but the case progressed favourably; the boy being able to leave the hospital in a fortnight.

*Stricture of Urethra—Internal Urethrotomy* (Maisonneuve).—Patient, a seafaring man, æt. 38, was the subject of double stricture; the first constriction situated an inch down the canal; the other, immediately in front of the membranous portion. The sections were made anteriorly (*i.e.*, with an instrument, the cutting blade of which ran on the concavity of the guide), nothing noteworthy presented at the time of the operation, but soon afterwards, when the patient desired to micturate, he passed a large quantity of blood. For several hours the bleeding continued to be persistent, and very free, apparently unchecked by local application of cold and pressure both with and without the use of a full sized catheter. Ergot, iron, and subsequently gallic acid in very large doses were given internally, but it was not till after the bleeding had excited considerable apprehension that the flow began to abate. The patient then did excellently, and left the hospital ten days after the operation quite free from local trouble, No 12 catheter passing easily.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, JAN. 24.

Dr. GREENHOW, President, in the Chair.

The PRESIDENT, in the course of his address, took occasion to thank the members of the Society for the honour they had conferred upon him in electing him to a post which had been filled by so many able predecessors. The number of members and the balance-sheet attested the prosperity of the Society, while the volumes of the "Transactions" gave evidence of the valuable work which it had accomplished. Looking back to its early history, he pointed out how much of its success was due to its first Secretary, Dr. Sanderson. Amongst the cases of greatest importance he alluded to several papers on deaths from high temperature in rheumatism; on icthyosis of the tongue, followed by epithelioma; on the disease produced by infection from grease in the horse, and others; whilst in surgery, the cases of aneurism treated by distal ligature, related by Dr. Cockle, Mr. Heath, and Mr. Holmes, seemed specially deserving of notice. The therapeutical value of condurango and nitrite of amyl had been particularly examined. Committees had been appointed to report upon the incubation period of certain acute and specific diseases, the temperature in syphilis, the effect of quinine as an anti-pyretic, and the results of a prolonged use of chloral. He was in favour of extending this method of investigation (by a committee) of doubtful points in therapeutics and etiology, and trusted that the Clinical Society would long continue its labours for the glory of God, and the relief of man's estate.

A vote of thanks to the President, and a request that he would allow his address to be printed, was proposed by Dr. SOUTHEY, and seconded by Mr. LANGTON, and adopted unanimously.

Dr. SOUTHEY read the notes of

A CASE OF PLEURITIC EFFUSION IN WHICH THE LEFT THORAX WAS DRAINED BY A FINE CANULA AND CAPILLARY TUBE.

The patient, a carman, æt. 23, of average build, height, and weight, was admitted into St. Bartholomew's Hospital with the ordinary symptoms of pleurisy with effusion upon the left side, of about nine days' duration. He kept to his work until the day before admission to the hospital, and walked upstairs to his ward. On admission his temperature was 102·2, respiration 24, pulse 80, cough was slight, and the usual symptoms of feverishness. There was absolute dulness of the left lung in front and laterally, and posteriorly as high as the root of the lung, general absence of respiratory sounds on the left side, and increased breathing of the right lung. The patient was ordered an effervescing draught of tartrate of soda with nitrate of potash 10 grains, and tincture of digitalis 10 minims, every four hours; and a draught containing one-sixth of a grain of morphia at bedtime, if required for sleeplessness or pain. On the second day after admission, the feverish symptoms were scarcely changed, the nights were restless, there was frequent cough, and the urine scarcely averaged 20 ounces per diem. The dulness over the left lung extended higher up posteriorly. On the following day one of Dr. Southey's fine canulæ was introduced into the left pleural cavity in the fifth intercostal space in the mid-axillary perpendicular. Clear serous fluid escaped, and was conducted by a capillary drainage-tube to a jar beneath the bed. The lad fainted directly the tube was introduced. It remained *in situ* for 28 hours, hurting a little, and was then removed. Four pints of pleuritic fluid, sp. gr. 1020, were drained away. The left side was then less dull on percussion; a loud friction rub was audible in front and behind, and bronchial breathing in front, at the side, and behind. There were thus abundant signs of lung expansion. On the night after the operation the lad had a morphia draught and slept well, and in the first 24 hours passed 2½ pints of urine, of sp. gr. 1019. The next day the same quantity passed, and on the following day as much as 5¾ pints, of sp. gr. 1022. The daily quantity of urine dmring the next ten days varied from 45 to 75 ounces. The saline mixture with digitalis was continued, and full diet with four ounces of wine was given. The temperature gradually fell until it reached the normal range on the fourteenth day after the operation, when the respiratory sounds of the affected lung were all still improving. He left the hospital on the thirty-second day after operation, the left shoulder was then slightly dropped. The percussion note was good at apex, front, as low as the fifth rib, the axilla, and to the angle of the scapula behind; there was dulness over a hand's breadth at the base of the lung laterally and behind. A rough leathery friction sound was audible in the left supra-scapular, intra-scapular, axillary, lateral and infra-mammary regions. The cardiac sounds were normal. Dr. Southey remarked that not a tinge of blood came at any time through the canula; that the side had not been emptied, but simply relieved, and that the renal secretion immediately was more than doubled. He had now tapped the chest five times in this manner, once drawing off nearly twenty ounces of purulent fluid, without any complication or accident, and he commended the proceeding for adoption in the hydro-thorax of scarlatinal dropsy, as well as in any pleuritic effusion, when the temperature remained high, and the urine became progressively scantier day by day. Dr. Southy exhibited the last and best form of his fine drainage trochar and canula suitable for paracentesis abdominis, or thoracis, or the draining of anasarcous legs. The trochar would adapt itself to different lengths of canula by means of a crotchet needle screwholder. The instrument would hold two sets or sizes of trochars and canulæ. A fixed shield was adapted to it, and held the canula *in situ* when it was used through the abdominal or thoracic walls. Dr. Southey had used the instrument in twenty or thirty cases of paracentesis abdominis without any untoward result. Messrs. Fergusson's foreman had gradually improved the instrument for Dr. Southey's trials, and it now seemed quite satisfactory.

Dr. YEO asked whether there was not some danger of producing a fistula by this retention of a small tube in the chest—a result which had followed in the case under discussion—and whether Dr. Southey considered that any real relation existed between the excessive secretion of urine in this case, and his method of relieving the pleura. Judging by the friction sound, the fluid appeared to have been mostly removed by the drainage tube.

Dr. WILLIAMS wished to learn whether the drugs were omitted after the operation. Perhaps these might account for the increased secretion from the kidneys. And also to learn Dr. Southey's experience as to the character of the voice-sounds heard after the withdrawal of a moderate amount of fluid.

Dr. D. POWELL supposed that it was hardly proposed to use such a fine trocar in the treatment of an empyema. It was, no doubt, of value in anasarca, but he thought that in simple effusion the same result might be safely obtained in a shorter time in the usual operations. Was it not probable that the amount of urine secreted here depended on emotional causes?

Dr. GREENHOW considered that the return of friction after tapping was frequently met with.

Mr. HUTCHINSON wished for a little more detail as to the therapeutical measures adopted. It appeared to him that physicians were now in the habit of having recourse to surgical measures, while surgeons were relying more and more upon drugs. He believed himself in the advantage of mercury, iodide of potassium, and counter-irritants, in such cases as these.

Mr. PARKER could hardly regard this method as expeditious or convenient; and noticed that in children the fainting which had followed the puncture was extremely uncommon.

Dr. SOUTHEY agreed that this effect was more frequent in adults; the disadvantage of an aspirator was that it so frequently caused some extravasation. Here the seat of the friction was, he thought, important, for it was heard at the back and side. Digitalis and nitrate of potash were continued throughout, and the urine maintained a sp. gr. of 1022. Even pus would find its way freely out of such a small canula, but he did not recommend this operation for an undoubted empyema.

Dr. ALTHAUS on

A CASE OF DISEASE OF THE SPINAL ACCESSORY NERVE.

The patient was a married lady, æt. 53, in whom spasm of the sterno-cleido-mastoid and trapezius muscles of the left side had come on apparently in consequence of mental anxiety. The spasm was incessant, the patient being unable to keep the head steady for a single instant. The head was chiefly pulled to the side and backwards, while the top of the shoulder was raised and the shoulder-blade approached the spine; but there was also nodding of the head, the ear being approached to the collar-bone, the occiput depressed, and the chin raised and directed to the opposite side. Muscular rest was only obtained during sleep, but the jactitation commenced again on waking in the morning. The patient was, in consequence of this, utterly disabled from following her usual occupations, and the general health suffered, but there was no trace of any other disease. The treatment consisted of the application of the voltaic current to the suffering nerve, the internal use of bromide of potassium, cannabis indica, and belladonna, subcutaneous injections of arsenic and morphia, and external use of chloroform liniment; but this treatment remained ineffectual, although some temporary relief was afforded. Dr Althaus did not think that there was any structural disease, but that the change in the nervous matter was molecular. In other cases which had come under his notice the result of the treatment had also been unfavourable; but seeing that good results have followed the operation of nerve-stretching in other spasmodic affections, he suggested stretching of the spinal accessory nerve for any obstinate case in which the patient might be determined to seek relief.

Dr. STURGE had seen five cases of this disease, one was associated with disseminated sclerosis; the same change had probably involved the root of the spinal accessory; in another the torticollis depended on the state of the general health, and was not affected by drugs. Others he had seen where spasm of the arm of the affected side had appeared. In these treatment was of no effect.

Mr. M. BAKER referred to a case under his charge where he had proposed to divide the spinal accessory nerve.

Mr. PARKER said that this case had eventually come under the care of Mr. Rivington, a part of the nerve had been excised, but the case terminated unfortunately; examined microscopically the nerve presented an increase of vascularity, and signs of sclerosis,

Dr. TAYLOR had treated a case of three months' duration with the constant current, and with pot. bromid; there had been considerable improvement, though not so perfect a result as in a case related by Dr. Poore.

Dr. MAHOMED asked whether the platysma was affected. In a patient in Guy's Hospital some relief had followed the use of constant current.

Dr. ALTHAUS said that there was no affection of the platysma, no sign of sclerosis, and no tendency to spread to the arm in his patient. Improvement was rare and he thought only occurred in younger people.

The meeting then adjourned.

# Department of Lunacy.

## PRIVATE ASYLUMS AS OPPOSED TO SINGLE CARE.

AT the present day all asylums are under the constant supervision of Government officials. Metropolitan licensed houses are visited 6 times during the year by the Commissioners in Lunacy, provincial licensed houses twice by the Commissioners and four times by a special board of visitors appointed for this purpose; county asylums are visited once by the Commissioners, and also by a committee under whose management and control they are; hospitals for the insane, such as Bethlem and St. Luke's, are also inspected by the Commissioners in Lunacy, as well as by a weekly board of visitors. Many of the agitators on lunacy reform seem to forget that all asylums are so visited, and that consequently it is impossible under the existing system of visitation for there to be a possibility of illegal detention in asylums. Most extraordinary statements have appeared in one of our contemporaries in an article entitled "Lunacy Law Reform," followed by another on "Asylumdom." The remarks are either those of an inexperienced person in lunacy practice, or are made by one anxious to serve his own purpose. They are written in a spirit and a tone which cannot be influenced by any good feeling towards his professional brethren.

Of course there is a diversity of opinion on the advisability of placing patients under private care, and away from asylum life. The Commissioners in Lunacy are, however, decidedly opposed to single patients. The opinion, as expressed by them, is that patients are far better off when resident in well managed asylums than when left to the care of any one individual. Admitting the utility of private care in the case of some chronic lunatics, we must not lose sight of the great superiority of asylums, and the advantages which they offer in curable cases. The Commissioners in Lunacy have always advocated this, and Griesinger says that in an asylum a patient finds a place where his eccentric behaviour is concealed from over-officious eyes, where the necessary surveillance is accorded him without any obtrusive show or any other treatment on the part of those in authority which may be repugnant to any sensitive person; and where he can enjoy the greater amount of his personal liberty without let or hindrance, and more liberty of action than he could possibly have were his freedom curtailed in any other way. In an article we published on Nov. 20 we advocated these views, and drew attention to the great advantages of private asylums over public institutions.

Millingen, in his "Aphorisms on Insanity," when speaking of patients under private care, says that many of them are left to the entire supervision of attendants, who, when they are sure that there is no probability of their being detected, will lock the patient in his room and adjourn to the nearest public house. What he thus wrote many years ago is applicable at the present day; human nature has not changed since Millingen's time, and it is to be reasonably imagined that chronic cases who are unable to protect themselves by making complaints stand a very good chance of being treated in a like manner, and subjected to gross neglect. Single patients are not under the same stringent supervision as when in asylums as regards the visitation by the Commissioners in Lunacy; consequently the liberty of the subject is more in danger. We state it emphatically—that there are many lunatics residing with their friends and others, who are liable to be neglected; and we wish to draw especial attention to pauper imbeciles under the supposed charge of their relatives. If Harriet Staunton had been placed in a proper institution, where she could have been looked after, and not left to the mercy of her friends, who were conscious that she was mentally incapable of resisting by her complaints ill-treatment and neglect, we should never have heard of the Penge mystery and of its revelations.

## REGINA *v.* MULLENS.

IF another illustration were needed of the anomalous condition of the English law with regard to insanity and criminal responsibility, it is to be found in the recent trial of William Mullens for threatening to murder the Assistant-Secretary to the Board of Trade.

Here is a man whose whole career has been an antagonism between himself and constituted authorities; who has been confined in various lunatic asylums and prisons; who by look, word, and gesture betrayed to everyone at the Old Bailey his mental unsoundness—found guilty by the jury, against their better judgment, of the crime with which he was charged, simply because two medical witnesses said that, though insane, the prisoner knew right from wrong.

William Mullens had previously been under Dr. Sheppard's care in Colney Hatch Asylum, and had escaped therefrom by a skeleton key of his own ingenious construction. The same physician, in conjunction with Mr. Gibson, the prison surgeon, had interviewed William Mullens for nearly three hours in Newgate, and sent a written report to the Treasury that he was of unsound mind.

Whilst an architect's evidence as to the structural unsoundness of a building would unhesitatingly be accepted, a doctor's evidence as to the mental unsoundness of an individual is deliberately set at nought, because in the latter case the judges take upon themselves to decide what mental unsoundness really is in reference to criminal responsibility. It is of no consequence, they lay it down, what specialists, who have made a study of mind, say about the mind and its morbid conditions. So long as an individual knows right from wrong you must burden him with the responsibility attached to wrong doing.

It was really curious in the trial under consideration to notice the bewildered condition of the jury. They knew, as every body in court knew, except Mrs. Weldon, that Mullens was of unsound mind, and yet they were constrained, at the dictation of the presiding judge, to pronounce a verdict which seemed to them to be a sort of public and open stultification of their own intelligence. Even Mr. Justice Hawkins felt the difficulty of his position, for just after he had intimated that the doctors had quite upset the theory of insanity, even if the Treasury desired to press it, he was compelled to arrest the prisoner in his wild career of words, by a hint that he himself by his line and mode of defence might be supplying the only evidence which had yet been offered as to his irresponsibility. It is high time that this sort of farce, now so frequently enacted in our Criminal Courts, should come to an end. Why should juries and public intelligence be trifled

with? Why this waste of time—this useless occupation of the machinery of the criminal law? For what will happen in this case has happened before in similar cases.

The sentence on a prisoner found guilty of such a crime as threatening to murder should be pronounced at once. But the difficulty of sentencing a man to punishment who was seen to be mad by all, from the judge downwards, is not inconsiderable. Meanwhile, the case will be reported to the Home Secretary, who will probably advise the medical re-examination of Mullens; and upon the result of that re-examination the future of the unfortunate man will be determined.

The obvious teaching of this exposure of a weak point in our criminal law is that cases of this kind should not go before a judge and jury, until they have first been submitted to a medical tribunal. There need be no fear on the part of the public of any medical one-sidedness, or that such a step as this would open the door to or constitute an apology for crime. There is scarcely a case ever before the Courts when, the question of insanity being imported, the medical testimony is not contradictory. In such cases the weight and value of it should be left for the judicial mind to determine. "Twelve honest men in a box" are a "boasted palladium of liberty," which we are never likely to part with. But why should twelve honest men be made to look ridiculous by being forced to pronounce a verdict which does violence to their own intelligence? and subsequently learn that the intelligence of a second tribunal has endorsed the suppressed collective judgment of the first?

ANTE-MORTEM EXAMINATION OF THE BRAIN.—We have received a communication from Mrs. Weldon offering her brain to a "kind of *ante-mortem* examination," in order to clear up any controversy that may exist relative to her sanity. Mrs. Weldon concludes her letter as follows: "Vivisectionists, I feel sure, will hail my proposal." She will be happy to see all those desirous of submitting her brain to this *ante-mortem* test. The idea is a novel one, but we feel certain all those desirous of availing themselves of this crucial test of her mental state have only to follow her history as it appears weekly in one of our periodicals.

LUNATIC AND IMBECILE ASYLUMS.—The annual inspection of 580 lunatics and imbeciles chargeable to the parish of Marylebone, is now proceeding at the various asylums, viz., Hanwell, Colney Hatch, Banstead, Caterham, Leavesden, and Darenth, by order of the Marylebone Board of Guardians. The examination is conducted by McGrigor Croft, Staff-Surgeon, and Mr. W. Ward, guardians of the parish. Dr. Randall, Chief Medical Officer of the Marylebone Workhouse, accompanies the guardians on their tour of inspection.

GLASGOW ROYAL ASYLUM FOR LUNATICS.—The Annual General Meeting of qualified contributors to this institution was held in the Religious Institution Rooms, Glasgow, last week. The report was read by Mr. J. R. String, C.A., the Secretary. It stated that the number of patients in the Asylum on 1st January, 1878, was 553; and there were admitted during the year, 202; the total number under care and treatment had thus been 755. Of this number, 87 had been discharged recovered, and 84 relieved; and there have died 52; so that there remained on 31st December, 1878, 294 males, and 238 females; total 532. The average daily number resident was 556; the lowest daily number resident on any one day (October 28), was 528, and the highest number on any one day (April 12), was 578. Comparing these figures with last year's, the admissions were 202, as against 219, the discharges 171, as against 150, and the deaths 52 as against 48. The net result was a decrease of 21, although the total number of patients under treatment had been larger than last year. The number at the close of the year was 532, of whom 189 were private patients, and 343 chargeable to parishes. The recoveries numbered 87, being in the gratifying proportion of 43 per cent. of the admissions. In addition to these, 51 were discharged as partially recovered, and able to reside at home under the care of their friends. The general health has been good, the death-rate low, and there had been no serious accident of any kind. An abstract of accounts read by Mr, String, showed that the total charge for the year ending 31st December last, was £33,244 18s. 10d., and there was a balance due by the treasurer of £100 2s. The discharge included £13,479 19s. 2d. for house expenses, £2,862 5s. 2d. for repairs and improvements, £2,062 for salaries, £2,815 for servant's wages, and £3,413 for new buildings.

RESTRAINT *versus* NON-RESTRAINT IN THE TREATMENT OF INSANITY.—In our next fortnightly "Department of Lunacy" we shall devote an article to the above subject.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 29, 1879.

## CREMATION.

A SMALL building which is in course of erection at Woking has renewed an interest in a subject that has lately lain dormant in the public mind. People are again beginning to ask each other's opinion about cremation, and to ask you how you would like your wife or your only daughter burnt to ashes after death. Many are in favour of it—many more have an aversion to it. In one quarter it is regarded with little less than feelings of horror and disgust; in another with an air of stoical indifference. The theologian and the sanitarian each take a view of the subject that is warped by their respective prejudices, and preconceived opinions. The pious and the soft-hearted, they who are moved by the past teachings and practices of all Christian communities, and they whose respect for the departed is heightened by the stronger sentiments of affection, are equally prejudiced against an innovation which is opposed to their religious principles on the one hand, or to their own personal feelings on the other. It is different with the utilitarian, with the sanitarian, with the sceptic. With a mind untrammelled by any of these prejudices, and looking at the matter from quite another point of view,

they are inclined to support a movement which, while it in no-wise clashes with their religious impressions, promises to be of some benefit in respect of public decency, and of public health. But they are only *inclined* to favour this proposed change in the burial of the dead, for both those who are for and those who are against the introduction of cremation into this country have expressed their opinions in such a manner as to show that their convictions on the subject are not very strong either one way or the other. The *Times* has recently come out with a long leading article, in the composition of which the writer appears to have felt a little uncertain as to which side to take. The *Lancet* has, in another leader, approached the subject with a timidity and a half-heartedness which it seldom shows on subjects on which it holds strong convictions. Neither can we wonder at this, nor be sure that our own opinions on the matter will not be characterised by that same indecision of character which has characterised the remarks of our contemporaries. The people are asked to relinquish the oldest and most natural mode of burial to which mankind has been accustomed, one that is consecrated by the prescription of ages, and one to which, from long usage, old associations, and religious and sentimental considerations, they have become strongly attached. They are asked to give up the ordinary mode of interment for one that has not been practised by any civilised or Christian nation for more than seventeen centuries, and for reasons the validity of which appear to them to be out of all proportion to the magnitude of the proposed innovation, and the sacrifice they would have to make of their own personal prejudices and predilections. They have not, moreover, been scared by any great social mischief arising from the mode of burial that has been so long and so generally adopted. No plagues, no epidemics have been traced to the proximity of the living and the dead. No isolated cases of fever, or of any kind of disease, can now be attributed to either water or air contaminated with effluvia arising from the presence of human remains. Nothing, in fact, has occurred to wean them from their prepossessions in favour of an old and time-honoured custom, and, unalarmed by any untoward incident, they are at liberty to deliberately think over the pros and cons of a practice to which they are now brought face to face.

The arguments of the cremationist are such as will readily gain the assent of all true sanitariams, while they will probably have little influence over the great mass of the people. It has been urged, and with some show of reason, that the present mode of burial is a source of danger to the living, that the air is apt to be polluted, and the water contaminated by the decaying corpses underground, and that the risk which our present custom entails, is all the greater from the rapid rate of increase in the population of all our large towns and cities. Besides, say the cremationists, sentiment on the subject is not altogether against them. There are many and many of strong religious feelings, who recoil with horror at the very thought of their departed relatives slowly decaying beneath the sod. Cremation at once puts an end to any such morbid and repulsive ideas. By fire the body is speedily destroyed and reduced to its original elements. No slow decay, no putrefactive changes are then possible, no exposure of the once beloved form to the ravages of worms, "which in lazy volumes roll." Lastly, we are reminded of the example that was long ago set us by those highly civilised and politic nations, the ancient Greeks and Romans, who were in the habit of burning their dead, and who showed it to be both a practicable and an inoffensive mode of burial, one that could be carried out in respect of every class of people. In reply to these arguments, it has been said there is no pressing necessity for encouraging an innovation which is so opposed to the long established usage, the prejudice, and the emotional feelings and inclinations of all Christian communities. There certainly was a time when the dead were interred in city churchyards, and other places so closely surrounded by dwelling houses, as to be a source of danger to the living. But all such places have been long since done away with; we seldom or never hear of any disease arising from sources that can be traced to the decaying corpses of the dead; and although there may be at present one or two cemeteries that are too near our large cities, there is no reason why the ordinary mode of interment, or some slight modification of it may not be made quite as harmless and even less offensive than cremation. It has been said that the burning of the dead, if adopted by large populations, would be by no means the very healthy and inoffensive mode of burial that has been represented. It would be difficult so to confine or destroy the noxious gases issuing from the burning bodies as to prevent them being a nuisance to those who lived in the neighbourhood where cremations took place. It is further urged that the sentimental and religious prejudices on the subject would be an insuperable obstacle to cremation being generally practised in this country; that, as it would be impossible to detect the presence of certain poisons in bodies that have been burnt, cremation would offer increased facilities to poisoners, to effect their purpose without the fear of detection; and that there are other means of disposing of the dead—such as that proposed by Mr. Seymour Haden, or the buria of the body in quick lime—which, while equally commendable from a sanitary point of view, would not be open to any of the objections that have been brought against cremation. With regard to the ancient Romans, it may be remarked that they at first interred their dead in the same manner as we do now. They adopted the custom of cremation from the Greeks, but it did not become general until towards the end of the Republic. Nor does it appear that they were influenced by sanitary considerations, for Pliny ascribes the first institution of burning among the Romans, to their having discovered that the bodies of those who fell in distant wars were dug up by the enemy. Moreover, there could not have been with them any of those religious prejudices which the sanitarian and cremationist of the present day will find so much difficulty in overcoming. The old Roman thought that after death, he was, body and soul, completely annihilated. He naturally, therefore, looked upon the burning of the bodies of his nearest relatives with very different feelings to those with which a Christian would now regard such a practice. His mode of dealing with the dead, indeed, was more typical of one who believed in the mortality, than of one who believed in the immortality of the soul.

From a sanitary point of view we are quite ready to admit that much may be said in favour of cremation, but

the principle which should guide the proceedings of the sanitarian and the social reformers should be the same as that which guide the action of the statesman and political economists in matters of great political or imperial importance, namely, not to force upon the public an innovation that is repugnant to the feelings of the multitude, unless there is some pressing reason for it, or unless, by so doing, they would be conferring upon the people such a lasting benefit as would soon silence the discontent with which the proposed reform was at first received.

All due regard must be paid to the individual feelings of the public, and it must be left for them to select in what manner their mortal remains shall be disposed of; but credit is due to the cremationists for re-introducing a form of disposal of the dead which is unmistakeably attended with the least injury to the living, for supplying a want to some who, being free from sentiment, cannot cast from them the dread of burial.

## THE DUBLIN PUBLIC HEALTH JOB.

Our readers are already familiar with the arrangement recently proposed by the Public Health Committee of the Dublin Corporation to pension off the Superintendent Medical Officer, and transfer his functions, with increased salary, to the already over-burthened Medical Officer of Health; and they will recollect that we entered a very warm protest against this transaction, on the ground that the Medical Officer of Health could not possibly discharge the duty of the additional office with efficiency, and that, therefore, the City would be practically without a superintending health officer, and would, in consequence, lapse even into a worse condition than at present. The proposal having been peremptorily negatived by the Local Government Board for Ireland, we hoped it might not have been necessary to refer to it again. It has, however, cropped up again at a meeting of the Town Council on Monday the 20th, in such a form that we are obliged to justify what we have said on the subject. We give a brief note of the proceedings:—

Mr. Gray moved that the report be referred back to the Committee for re-consideration. Some journals, to which he merely referred, had published foul attacks on the members of the committee, saying that they desired to carry a job. Those who thought he desired to job the funds were perfectly at liberty to continue to think so. Dr. Mapother had informed them that, in consequence of his increasing practice, he was willing to retire on a yearly allowance of £120 from the position he at present held, and when he (Mr. Gray) heard of it he, to use a vulgar expression, jumped at the offer. It had been said by the *Medical Press*, that published the slanderous charges against the Committee, that they wanted to get rid of their senior medical officer, and appoint a junior in his place; but the fact was that Dr. Cameron was, besides being analyst, the senior. He (Dr. Cameron) had no private practice, and was analyst, not only for Dublin, but for nearly all the counties in Ireland. He had considerable time at his disposal, for analysis required occasional superintendence more than personal work. Though necessarily much occupied, they found that he could devote abundance of time to the office of medical superintendent to perform the work in a thoroughly satisfactory manner. In 1874 Dr. Mapother was appointed at a salary of £300 per annum Consulting Sanitary Officer; and in 1877 he was made Superintendent Sanitary Officer, but without any increase of salary. He had not satisfactorily discharged the duties of Superintendent in his (Mr. Gray's) opinion, but he had those of Consulting Officer.

Mr. Byrne expressed himself in opposition to the appointment of Dr. Cameron, who could not delegate his duties as analyst to others.

Mr. Moyers, LL.D., said this was not a time to consider points of etiquette, but to act, for Dublin had attained a pre-eminence among all the cities of the United Kingdom—a pre-eminence which every member of the Council would regret—the pre-eminence in the death-rate. They should get the best man they could, without regard to the amount of salary, and one who would give them all his time. If they were a sanitary corporation they would do so, for the condition of the city was a reproach and a stain to their name. He did not think Dr. Cameron should be appointed, owing to the fact that his time was occupied by his duties as analyst, and his whole time could not be obtained for a paltry sum.

Mr. Mulligan supported Mr. Gray's motion, and said he did not think the citizens of Dublin would be unwilling to pay £1,000 or £1,200 a-year to the medical man who would be appointed.

After some further discussion—

It was moved "That the report be referred back, with a recommendation from the Council that the Committee should devise some scheme under which the services of a highly qualified medical man, who would devote his whole time to the office, should be secured for the office of Medical Superintendent."

This resolution, on a division, was carried by a majority of 18 to 6.

From this debate we have reserved the two *morceaux* which are most amusing to our readers, as they most affect ourselves.

Mr. Dawson (a blatant baker), referring to the article in the *Medical Press*, characterised it as scurrillous and disgraceful, and said it was a positive falsehood to say that the corporation took no care of the poor inhabitants of the city. There was no animal in the Zoological Gardens more loathsome, and no reptile more base, than the producer of such an article. (Hear, hear, and loud laughter.)

Mr. Shackleton said that whoever stated that they wished to perpetuate a job was a slanderer. He thought the report should be referred back to the Committee, but he was of opinion that whoever was appointed should have nothing else to do whatever.

Thus challenged upon our own assertion we are obliged to reaffirm our opinion that, in its inception, the proposal of the Public Health Committee was nothing less than a job. Whether or not designed for the purpose, it would certainly have had the effect of enabling one officer to get rid of his office while still perfectly competent to discharge its duties and to get rid of it just at the moment when, for urgent professional reasons, he most desired to retire. It would also certainly have had the effect of giving that officer £120 a-year for life, and of increasing the salary of his colleague, but to an extent ridiculously inadequate for the additional duties thrown upon him.

To relieve of his office an officer who is prevented by any circumstances from efficiently doing his work, and replace him by an energetic, active man, is, in itself, quite the right thing to do, but to do so by a shuffle of the cards, leaving his office practically vacant, is to perpetrate a job, and this job the Public Health Committee was, without doubt, anxious to perpetrate.

But, surely, our critic, the baker, need not be so virtuously indignant. Jobs are not so rare within the City Hall that they need excite even the momentary interest of a Town Councillor; and reptiles would be, indeed, more

plentiful in Dublin than St. Patrick left them, if every one who accuses the Corporation of a job was to be ticketed as an amphibian. The attitude of the Public Health Committee on the subject is difficult to comprehend. Mr. Gray, their spokesman and chairman, is of opinion they should follow the good example of some English towns, and have a medical officer to devote his entire time to the work. It was only within the last month or six weeks that the Local Government Board in England had refused to sanction the appointment of a gentleman on the ground that he could not give up his entire energies to his office, and it was in accordance with this principle he had worked since he became chairman of the Public Health Committee.

If the Council hold the opinion that they "should have a medical officer to devote his entire time to the work," on what principle do they select as their sole superintending health officer a gentleman who holds office, and intends to continue to hold it, of analyst to twenty-eight counties, lecturer on chemistry, laboratory instructor, and in half a dozen other capacities? He (Mr. Gray) did not think Dr. Mapother had carried out his duties as consulting officer satisfactorily, because he had a large and growing private practice, and a large private practice would disqualify anyone from an efficient carrying out of the duties, nor was it in human nature to expect him (Dr. Mapother) to be constantly coming into collision with his medical brethren, supervising them one week and joining in a consultation with them the next. Nor would Dr. Mapother be offended with him for saying that he had not carried out his duties in this respect, since he had never once reported on the way his brother officers had discharged their duties." Here is a confession! The Public Health Committee, while holding Mr. Gray's most just opinions, assented to the appointment of a superintendent officer, whom they knew to be devoted to private practice, and, *ergo*, disqualified. They permitted him *for several years*, to go on in the unsatisfactory discharge of his duties, never taking any step to require him to fulfil his functions as supervisor, and now they come before the citizens for permission to pension off this officer, making, however, no adequate provision for the fulfilment of the functions which he should discharge. We are in perfect agreement with Mr. Gray that a medical man engaged in private practice can never perform satisfactorily the duties of superintendent medical officer, but we are unable to understand any distinction between private medical practice and private chemical practice; and we certainly consider that a chemist, whose energies are absorbed by the making of analyses and the giving of evidence in every corner of Ireland, is even less likely to prove an efficient supervisor of sanitation in Dublin than a metropolitan hospital surgeon.

We adopt every word of the following forcible protest against delay, to which our contemporary, the *Dublin Mail*, gave expression last week: "What we protest against is the unnecessary delay. A medical officer, whose entire time and attention was given to the health of the city, would be a most valuable functionary, and if Dr. Cameron were in that position, no doubt the duty would be well performed; but it is essential that 'whole time' shall mean whole time, and not a working of half-time; and we will add that the compensation should be sufficient to warrant a first-class medical man in taking the office, and in giving up his existing or expected practice. Such an officer should be really and responsibly at the head of the sanitary staff. Nice arrangements dovetailing one office into another, and taking an income out of inconsistent duties, are not business; and the state of things is too serious in Dublin now to allow personal influences or considerations to sway a decision."

We can certainly congratulate the citizens upon the expressed determination of the town council to appoint a man devoted wholly to his duties as chief sanitarian of the city, but our satisfaction at this determination is tempered with serious apprehension that the new appointment will give occasion for a worse job than that to which we have objected. Already we hear whispers of a coming politico-religious contest, and of the probable triumph of one or other candidate, the nominee of this or that political party, or this or that clerical clique. If our entreaty would avail, we would implore Dr. Cameron to save the citizens from the inevitable competition of the relatives of corporators and *protéges* of party wire pullers, and from the catastrophe of an election of an influentially-friended nobody to this most important executive cure office in Dublin. Dr. Cameron could at once remove our alarm on this score by declaring his intention to resign all extra metropolitan employments and all offices not directly connected with the public health of the city, on condition of adequate remuneration being provided.

To secure his undivided services the citizens would willingly assent to the payment of a handsome salary, and if the offices of superintendent health officer, medical officer of health, and city analyst, were combined, the salaries now paid by the corporation for the divided duties would be amply sufficient remuneration. But if not, we insist that the saving of a little money is of no moment when such interests are at stake, and that it would be the best possible economy to secure the services of a thoroughgoing experienced and energetic sanitary supervisor, while it would be culpable extravagance to pay a salary large or small to a take-it-easy, feeble, or uneducated officer.

Is it vain to hope that for this one occasion the corporation will shut out from their minds any and every political, religious, or personal influence on behalf of or against any candidate, and will do themselves credit before the citizens by choosing for the task of sanitary reconstruction a man who knows his business well, has the pluck and energy to do his duty fearlessly, and is willing to devote himself to the performance of that task, and to nothing else?

# Notes on Current Topics.

## School Board Playgrounds.

A FEW days ago the National Health Society passed a resolution expressing a hope that the School Board for London will, at the earliest opportunity, find means for fitting up and opening the playgrounds attached to their schools, for the purpose of systematic recreation during Saturday afternoons and summer holidays.

The National Health Society is already widely known for the many excellent measures it has taken to diffuse

an elementary knowledge of sanitation among the people. Its regard to the hygienic provisions of School Boards is quite in accordance with the vigilance it usually exercises in all matters affecting the national health, and is by no means either an officious or a supererogatory proceeding on their part. Many months ago we drew attention to the reasons why the little boys and girls who come under the jurisdiction of these Boards might feel the enforced confinement of the school-room more than those who belong to a higher class of society. Accustomed, as most of them have been, to run wild about the streets, often underfed and poorly clad, and often with a naturally weak constitution of body and brain, they would be very likely to feel the want of exercise, the confinement in doors, the restraint, and the mental application incidental to a School Board education. It is well known that some of the school-rooms are not so well ventilated as they ought to be, and that they are frequently over-crowded; so that many of these children who have been in the habit of passing most of their time out of doors, would be very apt to suffer from breathing an impure atmosphere during many hours of the day. Large playgrounds, systematic exercises, and plenty of open spaces would, therefore, be a great boon to a class of school-boys, the majority of whom, it should be recollected, are not destined to follow the more sedentary and least laborious pursuits of life, but have to adopt vocations, and will be hereafter exposed to conditions, which may seriously tax their bodily energies. It is to be hoped, therefore, that the School Board authorities will give the representations of the National Health Society due consideration in order that the health and stamina of the industrial classes of the next generation shall not, through want of sufficient fresh air and out-door exercise, be sacrificed to their intellectual development.

## Infinitesimalism Gone Mad.

In introducing a course of lectures on the Homœopathic Materia Medica, Dr. Richard Hughes recently gave to the few students who attend the London School of Homœopathy an exposition of homœopathic posology. He is not himself a regular "high dilutionist," his practice stopping at the 30th centesimal potency, and only reaching this in occasional instances. Now, the third centesimal dilution contains 1 part of active principle in 1,000,000 parts of the dilution or trituration. By adding two ciphers for every dilution from the 3rd to the 30th, the student will get at a figure which represents what the latter is supposed to be. Dr. Hughes adds that many physicians of scientific reputation employ the 200th dilutions, and he declares that the evidence of the efficacy of such attentuated medicines is undeniable. He further tells us that there are homœopathists in America who have made the 1,000th potency a new unit, and have started from that to the 1,000,000th, and even to the 1-10,000,000th. The lecturer suggestively points out that to make the medium dilution of these extravagancies 2,000 *gallons of spirits of wine, a million phials, and over a year of perpetual shaking would be required.*

## Poisoning of a Surgeon by Aconite Liniment.

Mr. Harcourt McLeod Busfield, a surgeon, of Boothfold, Newchurch-in-Rosendale, Manchester, died on the 28th ult., under the following distressing circumstances:—He had been out of health for some weeks, and on the previous evening (the 27th) he retired to rest, but passed a very restless night. About half-past four both he and his wife got up. He went into the surgery, leaving his wife in the dining-room, and presently returned, and exclaimed, "I'm a dead man!" at the same time showing a bottle, the contents of which he said he had drunk. The bottle contained aconite liniment. He requested his wife to send for Dr. Wilson, a neighbouring medical man. In the meantime he drank freely of mustard and water, but he gradually grew worse, and died in about an hour, and before the arrival of a medical man. A bottle containing sherry was afterwards found next to where the bottle of aconite had been taken from, and as they much resemble each other in colour, there is reason to believe that the deceased drank the aconite in mistake for the sherry.

## Sale of Food and Drugs Act, 1875.

Messrs. Anderson, P. A. Taylor, and Whitwell, members of Parliament, have prepared and introduced "A Bill to Amend the Sale of Food and Drugs Act, 1875," which was ordered by the House of Commons to be printed on December 10, 1878. It contains only four sections and twenty-four lines. Section one is the short title. Second two provides that in the sale of adulterated articles it shall be no defence to allege that the sample was purchased for analysis, and that, therefore, the purchaser could not be prejudiced. Section three extend the meaning of the word "county," and has no bearing on the seller. Section four permits the sale of diluted brandy, whisky, and rum, when they have not been reduced below 25 per cent. under proof, and of gin not more than 30 per cent. under proof. The *Chemist and Druggist* says that if this Bill becomes law, it will deprive adulterators of a defence which has been the more popular because it has rested on a mere verbal quibble.

## The Alice Memorial Fund.

Doubtless, those well meaning gentlemen who have attached their names to the appeal for funds now being circulated throughout the United Kingdom, for an "Alice Memorial Fund at Darmstadt," have not given a moment's thought to the poverty of many of our own hospitals; we hope, therefore, we may be excused reminding them that "Charity should begin at home." To canvass the country when everything is so depressed for the purpose of transferring large sums of money from this country for the support of hospitals and training institutions in Germany, for the simple reason that Her late Royal Highness the Princess Alice took an interest in them, is one of which we cannot approve. We will not attempt to harrow the feelings of the benevolent by drawing pictures of many of our charitable institutions closing wards for want of money; we prefer saying there are such in which Her Royal Highness also took an absorbing interest, quite as much, if not more, in need of "memorial funds," without going as far as Germany for them

If our Teutonic neighbours possess that appreciation of the sterling worth of Her late Royal Highness they are accredited with, let them show it in a practical manner by supporting the charities established or promoted by the deceased princess for their benefit.

## Use of Chloroform in Diseases of the Heart.

On this subject M. Vergely, of Bordeaux (*La France Médicale*), remarks that there is a difference of opinion, some asserting that chloroform is very useful, and others that it does harm in affections of the heart. In M. Vergely's memoir, to which M. Dieulafoy has recently drawn the attention of the Societé Médicale des Hopitaux, three principal points are established. 1. That the existence of heart disease does not contra-indicate the use of anæsthetics. 2. That chloroform is a sedative in this class of diseases. 3. That it should be used with discretion. In some cases of severe palpitation chloroform may be successfully administered. Also in some cases of dyspnœa and palpitation arising from mitral insufficiency, either alone or conjointly with hypodermic injections of morphia. M. Vergely has also given it without any accident in angina pectoris, and in certain other affections of the heart characterised by dyspnœa and palpitation. From inquiries he has made into the literature of the subject, he concludes that this agent has been employed too timidly and unsystematically.

## Small-pox and the Registration of Diseases.

A case recently came before the meeting of the Asyums' Board at Deptford, which shows how much some Act of Parliament is wanted for the compulsory registration of diseases. It appears that two nurses found a man sitting by the roadside, and suffering very badly from small-pox. They were unable at the time to procure an ambulance, and actually carried him to the hospital. On arriving there, he was discovered to be in the worst stage of the disease, and soon afterwards he died. The relatives of the man stated that he had, during their temporary absence, left the house, and had been wandering about four days, when he was found by the nurses, besides which he had been ill for nine days before his escape. It is quite evident that if a Registration of Diseases Act had been in force the case of this man would have been found out in sufficient time to have had him isolated and properly looked after. It is because patients, suffering from infectious diseases, are not removed sufficiently early from crowded districts and from their still more crowded homes, that this, and other epidemic affections, spread so rapidly when once a few cases have made their appearance. At the meeting above referred to, it was stated that in the course of four weeks 218 patients were admitted to the Deptford Hospital, of whom 27 died, 142 were discharged, and 224 remained under treatment.

## Juvenile Parturition.

In a recent case (Reg. *v.* Dean) of a criminal assault on a girl under twelve years of age, tried before Mr. Day, Q.C., sitting as Commissioner, it was proved in evidence that the girl had been delivered of a full-grown child, which is still living, at the age of twelve years and one month. The prisoner, who was the girl's stepfather, was convicted of the felony and sentenced to ten years' penal servitude. It is stated that with the exception of two anonymous cases quoted in Taylor's work on Medical Jurisprudence, this is the earliest age of delivery recorded as having occurred in this country.

## University of Dublin.

The following gentlemen have been appointed by the Provost and Senior Fellows of Trinity College Extern Examiners for the Medical and Surgical Examinations in the University. Botany and Materia Medica: W. R. McNab, M.D., Professor of Botany, Royal College of Science, Ireland. Physics and Chemistry: G. F. Fitzgerald, M.A., Fellow of Trinity College. Descriptive Anatomy, Reuben J. Harvey, M.D., Lecturer on Physiology in the Carmichael College of Medicine and Surgery. Clinical Medicine: Samuel Gordon, M.D., ex-President K.Q.C.P.I. Institutes of Medicine (including Medical Pathology): James Little, M.D., Vice-President K.Q.C.P.I. Ophthalmic Surgery: Richard Rainsford, M.B., F.R.C.S.I., Surgeon to St. Mark's Ophthalmic Hospital, &c.

The rates of mortality in the principal foreign cities according to the most recent weekly official returns were in Calcutta 56, Bombay 31, Madras 38; Paris 27; Geneva 22; Brussels 26; Copenhagen 23; Stockholm 24; St. Petersburgh 44; Berlin 26, Hamburg 26, Munich 28; Vienna 30, Buda-Pesth 40; Naples 34, Venice 33; Alexandria 45; New York 23, per 1,000 of the population. Cholera caused 25, and fever 200 deaths in Calcutta. The fatal cases of small-pox in St. Petersburgh rose to 54 from 37 and 39 in the two previous weeks.

The excessive death-rate in Salford last week was due to the fatal prevalence of measles, scarlet fever, and whooping-cough. Scarlet fever also showed excessive fatality in Birmingham and Bradford. Four deaths were referred to diphtheria in Hull. Small-pox caused 12 more deaths in London, 27 in Dublin, but not one in any of the other large towns.

The rates of mortality per 1,000 last week in the twenty-three principal cities and large towns were—Brighton 20, Sunderland 20, Hull 20, Portsmouth 22, Bradford 22, Wolverhampton 22, Newcastle-upon-Tyne 23, Edinburgh 23, Leeds 24, Sheffield 25, Nottingham 26, Leicester 26, Plymouth 27, Glasgow 27, London 28, Oldham 28, Birmingham 29, Bristol 29, Salford 34, Manchester 35, Norwich 36, Liverpool 36, and the highest rate of all, Dublin 48.

The managers of the Royal Institution of Great Britain have decided that the 1879 Actonian Prize shall be awarded for an essay illustrative of the wisdom and beneficence of the Almighty, the subject being "The Structure and Functions of the Retina in all Classes of Animals viewed in Relation with the theory of Evolution." The prize is 100 guineas, and will be awarded or withheld, as the managers shall think proper.

In addition to the £10,000 bequeathed to Dudley and Wolverhampton charities already announced, the following legacies under the will of the late Mrs. Bennett, of Dudley, are to be paid within twelve months, clear of legacy duty:—Birmingham and Midland Eye Hospital, £500; General Institution for the Blind, Edgbaston, £500; General Institution for Instruction of Deaf and Dumb Children, Edgbaston, £500; Birmingham and Midland Counties Middle Class Idiot Asylum, Knowle, £500.

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The *Liverpool Post* reports the death of Tom Thumb, at his native place, Bergen, in the province of West Friesland, in Holland, whither he had only recently retired after realising a handsome fortune from exhibiting himself in the chief countries of Europe and America. The cause of his death was dropsy. His real name was Haneman.

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The proportion of candidates at the last examinations at the Royal College of Surgeons, England, who presented themselves and failed, was not quite so large as it has been at several previous courts. Of the 149 candidates examined, 41 failed to reach the required standard, and were referred—35 for three and 6 for six months' further anatomical and physiological study.

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In London the deaths referred to diseases of the respiratory organs, which had been 555 and 629 in the two preceding weeks, further rose last week to 664, and exceeded the corrected weekly average by 240; 486 resulted from bronchitis and 108 from pneumonia.

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The Medical Officer of Health for the Port of London, in consequence of the reported spread of the plague in Russia, has made arrangements for examining all arrivals in the Thames from that country, with the view to avert any possible importation of the disease by water. The Customs authorities will co-operate with the medical officer in these precautionary measures.

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Prof. Humphry, F.R.S., of Cambridge, will deliver the biennial oration in memory of John Hunter in the theatre of the Royal College of Surgeons on the 14th proximo.

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Hippophagy is on the increase in Paris. The number of horses sold for food last year was 11,319, being 700 more than in 1877.

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# Scotland.

Aberdfen University.—At a meeting of the Senatus Academicus of Aberdeen University on Saturday the 18th January, Professor A. Davidson was installed in the Chair of Materia Medica.

Glasgow Death-Rate.—The mortality in the city for the week ending 18th January was at the rate of 27 per 1,000 per annum, against 28 in the preceding week, and 30, 28, and 29 in the corresponding weeks of 1876-77-78.

Glasgow Blind Asylum.—The Annual General Meeting of the qualified subscribers to this institution was held in the Religious Rooms on Monday, the 20th January, Lord Provost Collins presiding. Mr. Robert Jamieson, Secretary, read the annual report. It stated that the total number who received the benefits of the institution during the year was 151. There had been employed in the manufacturing department during the year 72 blind persons, and the wages earned by these amounted to the sum of £2,258 19s. 8d. As the larger number were unable to earn sufficient to maintain themselves and their families, the sum of £1,080 1s. 7d. was allowed to them in supplement. The sales for the past year amounted to £16,215 7s. 2d., while for 1877 they amounted to £15,012 16s. 3d., showing an increase for 1878 of £1,202 10s. 11d. The public were solicited to patronise the sales. The directors were anxious that the legacies received should be added to the capital, but hitherto they had been unable to do so, as the ordinary revenue had been insufficient to meet the expenditure. Of the sum of £1,916 10s. 3d. received as legacies during the past year, only £520 11s. 7d. had been added to the capital. With respect to new buildings, it was considered that the present was the most eligible site and a committee was appointed to supervise the erection of new buildings on the present site, at an estimated cost of about £20,000, exclusive of the cost of internal fittings.

The "Graham" Lectures.—The first of the series of "Graham" lectures, which have been instituted in connection with the Chemical Section of the Philosophical Society of Glasgow was delivered on the evening of the 22nd inst. in the lower hall of the University Museum by Mr. Wm. Chandler Roberts, F.R.S., Chemist to the Mint. The chair was occupied by Mr. James Young, of Kelly, at one time an assistant to Professor Graham. There was a large attendance. The chairman having introduced Mr. Roberts, the lecture was proceeded with. In dealing with the subject the lecturer described and illustrated the various stages of the important experimental investigations of Graham, from the time he left Glasgow, in 1837, up almost to his death. He dealt with the interesting subject of the occlusion of gases within certain solids, more particularly of the metal palladium, and in connection with which he almost completely established the metallic nature of hydrogen. Touching this point, Mr. Roberts expressed regret that Graham had not lived until about a year ago, when the metallic nature of that element was most indisputably shown by Pictet. Sir William Thomson, at the conclusion of the address, moved a vote of thanks to the lecturer, which was warmly accorded.

Edinburgh University Court.—The meeting of the University Court for filling up examinerships, &c., has been postponed to the 31st inst.

Royal Society of Edinburgh.—A meeting of the Edinburgh Royal Society was held on the 20th inst., Professor Holland in the chair. Professor Crum Brown read a paper on the "Action of Heat on the Salts of Tri-Methyl-Sulphur," and a note on the "Experimental Deterioration of the E. M. F. of the Gramme Magneto-Electric Machine at Different Speeds," was read by Professor Tait. Professor Tait also read a paper on "The Law of the Cooling of Bars."

Edinburgh Royal Infirmary.—An adjourned meeting of contributors to the Royal Infirmary was held in the Council Chambers on the 20th inst., Lord Provost Boyd in the chair. Mr. David Smith read the report of the committee, which stated *inter alia*, 1st. "That the committee had to express their deep regret at the excess of the expenditure over the ordinary income of the infirmary which had occurred last year. The deficiency had arisen from what the committee had from year to year to regret, viz., the shortcoming of the

ordinary income. The deficiency in the year ending October, 1877, was £3,582 6s., but last year it turns out to be £5,559 2s." This had arisen principally from the smaller amount of legacies received last year than in the preceding. In 1877 the legacies above £100 amounted to £15,420, while last year the amount was only £6,832. The managers out of the legacies received, specially one in favour of the Convalescent Home, have been able to defray the necessary expenditure, and at the same time to place £7,974 to the credit of what is called the extraordinary account. The source of income from the sale of tickets to students exceeded that of the previous year. The amount received last year from this source was £2,384, while the year before it was £1,985 11s. 6d. The nursing department was most successfull. With reference to the new infirmary there has already been expended the sum of £242,326, and according to the estimate of the architect, a further sum of £81,569 10s. 9d. will be required, making a total expenditure of £323,895 10s. 9d. A further sum of £25,000 it is estimated will be required for internal fittings. Altogether at least £350,000. The new infirmary is not likely to be ready for occupation this year.

Glasgow Convalescent Home.—The fourteenth general meeting of the subscribers to this institution was held at Lenzie on the 21st inst. The managers' report showed that during 1878 the total number of patients treated in the home has been 1,325, being 133 in excess of the former year. The patients treated yearly in the home have more than doubled their number since 1873. The average stay in the home had been 19 days. The whole expenditure last year amounts to £2,010 4s. 7d.. which is a cost of £1 10s. 4d. per patient. The annual subscriptions amonnt to £1,362 4s. 6d., as compared with £1,073 13s. in 1877.

## Literary Notes and Gossip.

An attempt to perpetuate the memory of St. Luke, "more surely than Bible History" can be expected to do, is to be made in March by some brilliant literary meteors, who propose embodying in a new journal corporate, *St. Luke, a Clerical, Medical, and Legal Review*. Impertinent querists will probably ask what "The Beloved Physician" had to do with law? We certainly have read of one or two medical saints, but a lawyer, never!

* * *

We learn that our *confréres* in Italy, anxious not to be behind hand with the rest of civilisation, have determined to start a new gynæcological journal, the title of which will be *Annali di Obstetrica, Ginecologia e Pediatria*. The editorship is entrusted to Sigs. Chiari, Morisani, Perro, and Tibone. The publication will be monthly, at Milan. We can only hope for our foreign embryo a larger mead of success than that hitherto obtained for the English and American obstetric and other journals of a special character.

* * *

The conductors of the *Contemporary Review* announce that Mr. Brudenell Carter, F.R.C.S., of St. George's Hospital, will reply in the February number of that magazine to a paper on "The London Medical Schools," by Mr. William Gilbert, which appeared in the *Fortnightly Review* for January. Mr. Carter's pen is quite equal to the unthankful task.

* * *

The last volume (lxxviii) of that venerable and exceedingly handy publication, "Braithwaite's Retrospect of Medicine," is now before us. Started soon after the *Medical Press*, it has appeared with the utmost regularity each six months for nearly forty years; other half-yearlies and quarterlies have ceased to exist, but Braithwaite is Braithwaite still, and long may it continue to flourish, and to give us that useful compendium, to which for so many years past we have been accustomed to turn for reference.

* * *

A "new and important work" on the "Hygiene of the Skin" is announced as in preparation, for which the publishers are touting for advertisements. The price of this "important work" is fixed at the modest price of 1s., and a first edition of 10,000 copies is "guaranteed." In order to obtain the desired advertisements its promoters state that—"This long required work will shortly be published, and will command a large sale amongst the *medical profession*, chemists, and all those who are anxious about their general health and appearance." Here is a new field for authors: write an important work price 1s., tell the public 10,000 will be published—the number will probably startle the uninitiated in editions, but no matter, ask them £5 per page for advertisements and pocket the surplus.

* * *

Among the most useful Directories (next, of course, to the "Medical"), which have been issued from the press this year is Street's "Indian and Colonial Directory" now laying before us, and to those who have relatives in those parts, or think of going thereto, it will be especially valuable. The various steam routes to the places treated of, with rates of fares and times of transit are given, thus placing concisely before the public the different facilities offered by the several companies. Particulars of the various railways in operation or construction are also supplied where practicable. The London agents to each of the banks are named, so that a traveller is enabled to see to whom to apply, where financial information or assistance is needed in connection with any particular town or city. Full particulars of the principal products are given, and articles which form the chief trade of each place. Maps of the various countries are also given, the object being rather to show the relative positions of the principal towns than to fill the maps with innumerable names of unknown villages or stations. Much time and labour have evidently been bestowed on the production of the work, which deserves every success.

* * *

Reprints of "original communications" that have appeared in our columns have been somewhat numerous during the past few weeks. Dr. Stretch Dowse has just issued the series of lectures on "Syphilis of the Brain and Spinal Cord" (Baillière, Tindall, & Cox), expanded to a handsome book, with several coloured plates. Dr. Godwin Timms has reprinted in pamphlet form his papers "On Alcohol" (Baillière, Tindall, & Cox). Dr. Routh his paper "On the Population Question," read before the British Medical Association, with the discussion thereon (Baillière, Tindall, & Cox). Dr. Day, of Stafford, his address before the Sanitary Institute, "On Ozone in Relation to Health and Disease" (J. & A. Churchill), and Mr. Marlett Boddy, F.R.C.S., has expanded his papers "On Hydropathy" to a demy 8vo pamphlet of fifty-four pages. Thus there have been five reprints in book or pamphlet form from our columns in about a fortnight.

* * *

Books on domestic medicine for the lay public have had several additions of late. But a few months since Dr. Naphey's "Body and its Ailments" was issued (price 6s.), which has attained such popularity, that we are told a very large edition is well nigh exhausted. Another and a much more pretentious volume of over 1,000 pages (price one guinea) is now before us from Messrs. Cassell, Petter, & Galpin, entitled "The Family Physician," "by Physicians and Surgeons of the London Hospitals," who the authors are does not appear. Still a third, in the shape of a second edition of Dr. W. J. Russell's "Domestic Medicine and Hygiene," a small 32mo book of 400 pages at the modest price of two shillings. Certainly, the colonists—most of these works are compiled for the especial benefit of antipodeans and others far removed from the tender mercies of medical men—ought to feel grateful to authors and publishers for their solicitous attention to their necessities.

* * *

The *Indian Gazette* announces that the Government of India offer a reward of 500 rupees for the best Sanitary Primer suitable for use in Indian Schools, both English and vernacular. The work must be in the English language, from which it will afterwards be translated into the principal languages of India. It is required to be simple, "without theories," thoroughly practical, and showing in particular the chief sanitary defects of Indian towns and villages, and the best means of remedying these effects; all this within MS. that will not cover more than from twenty-four to thirty pages of print, of small-pica octavo size. We happen to know one celebrated writer quite equal to these requirements, but we fear he would have some difficulty in getting over the proviso that "the handwriting must be legible!"

It is said of Massino d'Azeglio, that he wrote his own opera, composed the music, painted the scenery, directed the orchestra during the overture, and afterwards appeared on the stage in the principal tenor character of the piece, thus occupying the *rôle* of poet, musician, painter, conductor, singer, and actor in one evening. We do not know anyone in our profession who embodies in his own august person quite so many attributes, though brass plates and illuminated door lamps occasionally supply the public with information that their possessors are physicians, surgeons, and accoucheurs, that they draw teeth and act as chemists by supplying medicines at so much per head. We have, however, known Germans who combined under one cerebral atmosphere, physician, surgeon, author, critic, and bookseller; but this is decidedly more reputable than paying for another's brains, and issuing the book as the effort of your own; still better than stealing another's brains without acknowledgement.

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The rapidity with which our postal communications are transmitted in foreign parts was exemplified rather strangely a few days ago. A bet was made between some literary men at one of the London newspaper offices, in September last, as to the time letters and post cards would take to travel round the world. Accordingly, six post-cards and six letters were posted on October 1st, the front sides in both cases being ruled off into six equal compartments to receive the various addresses, room being left at the top for a row of postage stamps. On the backs were carefully-worded printed instructions as to the course to be pursued by the recipients, and columns for filling in date of receipt when re-mailed, and for the number of post-cards and letters received. A list of correspondents' addresses was also given, commencing at Alexandria, and going on to Singapore, Yokohama, San Francisco, New York, and back again to London, with a request that each correspondent would cancel the last address, and put the next in the compartment following, and affix the necessary stamps to cover postage. Out of the dozen sent, five letters and one post-card came back to London, after their long journey, by the early (8 o'clock) post on December 31st, thus taking 90 days 20 hours, perhaps the very quickest that could be made under any circumstances. The letters and single post-card arrived in perfect condition, but presented a most strange appearance, being almost covered with cancelling marks and postage stamps of various descriptions, besides the numerous addresses and scorings out in various coloured inks.

# Correspondence.

## DISQUALIFICATION OF VOTERS BY MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With reference to some notes in your paper of the 25th of December on the Medical Relief Voting Disqualification Bill, I may mention that alterations have already been made, which I think meet the objections that you make to it. It is no longer applicable to out-patients, or to any medical relief, except that given in consequence of a person becoming an inmate of a hospital for infectious diseases.

Yours faithfully,

Green Bank, Liverpool, Jan. 1, 1879. W. Rathbone, M.P.

## LIFE INSURANCE QUERIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—How ought the following query in a life insurance paper be filled up?

"Describe the general configuration, condition, and physical development of applicant."

A reply in your next issue, will greatly oblige

Life Insurance.

[The question is ridiculously vague. Perhaps "Fat, fair, and forty," would be an adequate reply in feminine cases, or "Small, spare, and sinewy" for men. Many of the queries which medical referees are obliged to answer are, however, much more foolish—for instance, such as these: "Have either of applicant's grandparents met with any accident during childhood? Have any members of applicant's family been addicted to intemperence?" Queries such as these should never be answered by the medical referee, except by such a reply as "Cannot say." It is obvious that the medical referee should not make himself responsible for anything but what he can see for himself. Those statements which are simply supported by the assertion of the applicant should be included amongst the replies which he (the applicant) gives to queries. If the medical examiner asks a question the reply cannot bind the applicant in the least degree, unless the examiner is prepared to swear to that reply; and even then the examiner is responsible for the form in which the reply is expressed—a responsibility which does not fairly rest upon him. The examiner should be obliged to ask those questions only which bear directly on the applicant's state of health, and he should be prepared to verify the reply by reading over his entry to the applicant.—Ed. M. P. & C.]

## VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of the 8th inst., appears a letter from Mr. Donovan, which requires, I think, some notice from me. Had the writer read my paper attentively, he would have seen that I gave as a cause for the "unwillingness" to bring in children for vaccination, the barbarous way vaccination is performed in some cases. Mr. Donovan accuses me of casting a slur on the public vaccinators. Again I must accuse him of inaccuracy. I distinctly stated that it was to save my brother dispensary doctors *annoyance* that I advised public vaccine collectors. I was far indeed from wishing to cast a slur on public vaccinators. Mr. Donovan perhaps has heard of the proverb—"It is an ill bird that befouls its own nest." I wonder what he calls accusing public vaccinators of not using the same precautions and tenderness in dealing with the children of the poor as they would with their own children? Surely, not a slur, perhaps an "unwillingness" (please Mr. Editor, do not forget the inverted commas) to do their duty to the poor man as well as to the rich. Mr. Donovan, I am afraid, has still to learn, that the Irish dispensary doctor is a man of honour and a christian, and that both professions inculcate that, when a medical officer is put in sole medical care of poor persons, and especially of *poor children*, he is bound by every law to make no difference between rich and poor.

Yours, obediently,

Thos. P. Tuckey, M.B.

## HOW TO LIVE ON SIXPENCE A DAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As considerable inquiry has lately arisen on this subject, and as the food question forces itself into prominence, you will, I trust, permit me to mention that the Vegetarian Society offers to supply freely information concerning the dietetic practices of its members, and that I shall have pleasure in forwarding papers on the subject to any reader who may favour me with his address, by post-card or otherwise.

Yours faithfully,

Cheadle, Cheshire. R. Bailey Walker, F.S.S.

## "THE VACCINATION SYSTEM."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The letter of Dr. Donovan in your issue of 8th inst. on the above subject, calls for some reply, as the innuendo contained therein is likely to lead to an erroneous conclusion amongst people who might take his opinion as an authority on vaccination and public vaccinators. He says, the "unwillingness" on the part of the guardians of children to have lymph taken, is owing to the "manner" in which the operation is performed; the context explains that he means to say the manner is generally rough and slovenly. Now I do not pretend to have as extensive a field for performing the operation as Dr. Donovan, nor do I compare my skill to to his—comparisons are odious—but I say there is a very great unwillingness in many instances in my district to allow lymph to be taken; and I fearlessly assert that it does not arise either from roughness or want of due care in operating.

In more than one instance, I have seen mothers evince very great unwillingness to have the lymph collected off the arm after they themselves, by their own carelessness, had ruptured the vesicle, and allowed the lymph to escape.

As well as being a little too dogmatic, for a mere *opinion* of *one* public vaccinator, Dr. Donovan's letter is somewhat inconsistent, for while he insinuates that there is very generally "incompetence" amongst the public vaccinators of Ireland, and blames the Local Government Board for not requiring a guarantee as to competence, he admits that the appointment of a public vaccine collector would be a "direct slur on the proficiency of the Irish public vaccinators." Surely it would not be any slur if a man his equal, if such could be found, in operative tact and *gentleness with children*, were appointed to the office. Such a man is, by his own showing, a *rara avis*, at least in the capacity of public vaccinator, and could not fail to be respected, I had almost said revered, by all of us for his *gentle* qualities.

Yours, &c.,

A PUBLIC VACCINATOR.

January 10th, 1879.

## FIFTEEN CIGARS A DAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the MEDICAL PRESS AND CIRCULAR of the week before last, I notice that a case had been cited in Paris at the Congress on Hygiene, of a gentleman who for some fifty years had smoked as many as fifteen cigars a day, and yet had maintained health and strength. The case, so far as it goes, is full of interest. It shows one point in hygiene most strongly; and that is, the extreme value of inheriting a vigorous constitution from our parents. This, after all, is the very most important essential of a healthy and happy existence. But, if some persons should allege, because of instances of men and women of such powerful organisations being enabled to pass a flourishing life whilst they indulge largely in alcoholic fluids and in tobacco, that this plainly shows that the use of alcohol and tobacco is not very frequently productive of disease, I am sure every clinical observer would hasten to negative such a conclusion.

My own experience of the evil effects of great tobacco smoking and chewing, is that these are among the most prevalent causes of chronic disease in the male sex. Of course, I do not mean for one moment to compare the dangers caused by the use of tobacco with those we are so familiar with at the bedside, in cases of diseases caused by alcohol. Tobacco does not cause cirrhosis of the liver, nor disease of the lungs and heart, in the same way, or with the same frequency as chronic tippling does. But there are, nevertheless, several well-marked diseases caused by the taking in of nicotine into the blood, whether through the absorbents of the mouth in smoking, or, more rapidly, in the case of chewing. First of all, the digestive organs are often greatly impaired by the use of nicotianæ tabacum. The teeth are frequently blackened, and the gums swollen in great smokers and chewers. Caries of the teeth is favoured by the various acids produced by the burning of tobacco, and mingled with the saliva. Duskiness of the fauces, and relaxed sore-throat, are far too prevalent among smokers, as good observers have long noticed. Dyspepsia caused by nicotine is so common as to be hardly worth referring to. Diarrhœa, or, more frequently, constipation, is induced by the use of tobacco in many instances. And I must not omit, in passing, the remark that the *male sex*, who smoke, are alone, with the very rarest exceptions, the subject of epethelioma of the lip. I once saw such a case in an old Irish woman, who was a constant pipe smoker.

With regard to the nervous system, the weakness of vision produced by nicotine is a constant trouble to youthful smokers. Mr. George Critchett has remarked that, among wealthy young men, weak sight is very frequently indeed caused by their extravagant addiction to cigars and pipes. Tobacco amaurosis, too, is far from rare. In very young men, the use of nicotine is peculiarly inimical to intellectual improvement. Thus, M. Joly found that, in the Polytechnic School at Paris, the non-smoking students carried off the very great majority of the prizes for mathematics; and Dr. Kostral, physician to the State factory of tobacco of Austria, shows how nicotine poisoning often kills the young boys of the factory, and causes abortions in the young mothers, and death of infants at the breast, through the nicotine contained in their mother's milk. For my part, I say, that the use of tobacco is quite opposed to all medical experience; and I could cite a host of witnesses of the greatest eminence to that effect.

I am, Sir,

Your obedient servant,

CHARLES R. DRYSDALE, M.D.

17 Woburn Place, W.C.,
Jan. 11, 1879.

# Medical News.

**Royal College of Surgeons of England.**—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 20th inst. :—

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| Benington, R. C. | Jones, F. F., L.S.A. |
| Bridgeford, W. A. S. | Leftwich, C. H. |
| Childs, C., L.R.C.P. | Lucas, C., L.S.A. |
| Davies, D. S., L.S.A. | May, T. H., M.D. Dub. |
| Deakin, J., L.S.A. | Rigden, B. |
| Hicks, F. J., L.S.A. | Russell, G. H. |
| Hughes, T. M., L.S.A. | Shaw, W., M.B. |

The following gentlemen passed on the 21st inst. :—

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|---|---|
| Alban, E., L.S.A. | Morley, E. J., L.R.C.P. |
| Batty, W. E. L. | Riley, J. W. |
| Chesshire, A. E. | Robinson, F. |
| Collington, J. W., L.R.C.P. | Saunders, W., L.S.A. |
| Colt, T. A. | Smith, W. H. |
| Cox, L. F. | Tayler, W. M. |
| Dismorr, H., L.S.A. | Thomas, W. F. |
| Gwynn, C. H., M.B. Ed. | Ward, G. J. |
| Harrison, A., L.R.C.P.Ed. | Welch, S. A. |
| Jones, H. P. | Young, W. H. F. |
| Martin, T. | |

The following gentlemen passed on the 22nd inst. :—

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|---|---|
| Addison, W. H. | Holbeche, A. O. |
| Bickerton, T. H. | Hoole, H., L.S.A. |
| Bourns, N. W. | Landon, E., L.R.C.P.Ed. |
| Butler, G. H. | Marsh, W. A. |
| Chillingworth, A. | Roper, E. |
| Corder, S. R., L.S.A. | Seager, H. W. |
| Cotton, C., L.R.C.P.Ed. | Smith, E. F. |
| Da Salva, P. M., L.S.A. | Watkins, S. C. |
| Francis, W. | Woollett, S. W., L.S.A. |
| Hartley, J. | |

**Society for Relief of Widows and Orphans of Medical Men.**—A Quarterly Court was held on January 8th, Edward Tegart, Esq., V.P., in the chair. A sum of £1,267 was voted for distribution among 58 widows, and 11 orphans; and 3 orphans in the Copeland Fund. The expenses of the quarter were £50 18s. 3d. The Secretary stated that he had received applications from 2 widows and 1 orphan, but as the proper forms had not as yet been returned, the cases could not then be considered. One member was elected, and the deaths of 4 members reported.

**Pure Spirit.**—We are asked to announce that the Gold Medal for pure spirit at the Paris International Exhibition, being the highest award, has been obtained by Messrs. Kinahan, for their LL Whiskey.

**Small-Pox and Fever in London.**—A meeting of the managers of the Metropolitan Asylums District took place on Saturday last, under the presidency of Dr. Brewer. There was an unusually large attendance of members. The fortnightly report was presented in reference to the state of the small-pox and fever hospitals in the metropolis, and the prevalence of these diseases in the metropolis. At Hampstead, the number under treatment was 19, with 280 vacant beds; at Fulham Hospital, 47; number of beds available, 194; at Deptford Hospital, 247 patients, and 83 beds available. The total for the fortnight ending 24th January was 313 patients, leaving 567 beds available. The total patients for the preceding fortnight were 260, showing an increase of small-pox patients of 53. The reports as to the fever hospitals showed a decrease of 10, as compared with the previous fortnight. Considerable discussion ensued as to the discrepancy in the expenditure of staff in the hospital, it being stated that Hampstead Small-Pox Hospital, with but 19 patients, had an equal staff, or nearly so, to that of Deptford

Hospital, which had 247 patients, the amount of salaries showing only a difference of £7. The report was ultimately received.

**National Dental Hospital, London, W.**—The Annual Meeting of the Subscribers was held on Friday last, at the hospital, the president of the institution, the Right Hon. Lord Viscount Enfield, in the chair. The reports showed that the progress of the hospital had been extremely satisfactory during 1878; the receipts, notwithstanding the general depression, showing an increase over those of 1877, and being the largest received during any year since the hospital's foundation. The number of patients attending the hospital had increased over the previous year by 1,097, the total number being 10,014; the operations performed had been 13,067.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

In consequence of great pressure on our columns we are compelled to crowd out several important contributions, amongst others an Obituary of Surgeon-Major Gayer, several Original Communications, Reviews, Correspondence, &c.

### A CASE FOR SYMPATHY.

THE melancholy and sudden death of the late C. J. Axford, M.R.C.S., of St. Leonard's-on-Sea (which resulted from the excessive use of chloroform, inhaled to relieve the severities of asthma), has left Mrs. Axford a widow with three children, for whom there is not the smallest provision.

The members of the medical profession and others are earnestly solicited to contribute to a fund now being raised on their behalf, and having satisfied ourselves of the *bonâ fides* of the case, we have no hesitation in placing our columns at the disposal of those gentlemen who have undertaken to receive subscriptions.

References { Dr. Ady, F.R.C.P., 1 West Ascent, St Leonards.
Dr. Bagshawe, 6 Warrior Square, St. Leonards.
W. Haward, M.R.C.S., &c., 33 Marina, St. Leonards.

Donations will be thankfully received by—
Messrs. Coutts & Co., Bankers, Strand, London.
W. Haward, M.R.C.S., &c., 33 Marina.
F. B. Courtenay, M.R.C.S., 2 Chandos St., Cavendish Sq., London.
G. W. Hind, F.R.C.S., 22 Gower Street, Bedford Square, London.
At the Office of the *Lancet*, Bedford Street, Strand.
And at the London Office of the MEDICAL PRESS AND CIRCULAR.

THE PSYCHOLOGY OF HAMLET.—In our next will appear an article on "The Psychology of Hamlet" by Dr. L. S. Forbes Winslow.

F.R.C.S.—With pleasure.

ANNEX.—We have received the Report of the Jurors in the Materia Medica Section, to which we intend referring later on.

ÆSTHETIC.—Quite an unusual occurrence; try the experiment again.

A MEMBER.—If possible in our next.

SMOKE.—A pamphlet, entitled "May Young England Smoke?" has just reached us in the form of a second edition, evidence at least that some previous copies have been read, we hope to the satisfaction of the author. May Young England smoke! Certainly, if so disposed, just as Young England may eat, drink, and be merry, so long as it keeps its appetite and indulgence in these necessaries or luxuries, as the case may be, within reasonable limits, and takes care not to insist upon it in the presence of those who object. It may be as well to mention that we have not yet gone beyond the title page of "May Young England Smoke?"

THE DUBLIN OBSTETRICAL SOCIETY will meet on Saturday, Feb. 1, at 8 o'clock, at the College of Physicians, when the following communications are set down for reading: Dr. W. J. Hark. "On Ovariotomy."—Dr. Macan, "On Contracted Pelvis."—Dr. Purefoy, "On the Prevention of Puerperal Inflammation."

DR. HARDY'S paper "On Diphtheritic Paralysis" received.

MR. E. MARLETT BODDY, F.R.C.S.—Paper "On the Advantages of Calomel, especially in Typhoid Fever," received.

PROF. CHARCOT'S "Lectures on the Pathological Anatomy of Diseases of the Lungs," concluding lectures, received.

AN AMERICAN SKETCH OF AN ENGLISH PHYSICIAN.—We copy the following extract from the *Cincinnati Lancet and Clinic*, of Dec. 7, 1878: "Probably, the English medical author best known in the United States at present, always next to Sir Thomas Watson, is Dr. J. Milner Fothergill. He has an easy, transparent, and interesting style, and he uses the most recent and recondite medical knowledge to illustrate his points in such a way that his readers cannot fail to appreciate them. Fothergill is very accessible, has a great deal of genuine *bonhomie*, with no end of north country shrewdness; and, I believe, has a regard for American physicians, based on a fortunate experience in meeting first-class men pursuing their studies, like himself, in Vienna. Fothergill is known amongst his London familiars as "the Claimant." In size and appearance he is said to resemble the famous Tichborne pretender—hence the name. He weighs about 300 pounds, and he puffs and blows as he rolls along the Queen's highway like a steam-engine. His face is red, his voice loud, and his laugh is like the explosion of a volcano. He wears in London a broad-brimmed hat, like a Mexican sombrero, and a thin coat like an American sack. He suffers from the heat! When he takes his bandanna from his pocket and wipes the sweat from his forehead, and then clears his throat preparatory to a speech, the world attends. A London paper of a personal kind the other day told a story, the hero's name was concealed, but it could be none other than Fothergill. "A physician, returning late the other night from visiting a patient, was assailed by a foot-pad." "What did you do?" said his friend, to whom he told the story, "Fell on him, and mashed him. He was never seen afterwards." If Fothergill were anything else than the man of genius, the true friend, and the kind hearted physician, these peculiarities would tell against him; but no one possessed of the least discrimination could fail to see, under this rather rough exterior, the highest qualities of a superior manhood. Long may he live to write books and to have thousands of readers in the United States; and may the publishers, who profit by his genius, be moved to compensate him for his labour."

THE APOTHECARIES' SOCIETY *versus* SHEPPERLEY.—We regret to hear, as we are going to press, that the appeal in this case, which was given in favour of prescribing chemists, has been withdrawn. Certainly, after the letter of the Solicitors of the Medical Alliance Association, in our columns a fortnight since, the position of the Apothecaries' Society was defined, and should have decided their course of action.

### VACANCIES.

Armagh Union, Richhill Dispensary.—Medical Officer. Salary, £120, with fees, and £20 as Sanitary Officer. Election, Feb. 10.
Crediton Union.—Medical Officer for the Cheriton District. Salary, £40, with the usual fees extra. Applications to the Clerk of the Guardians before Jan. 31.
Inverness District Asylum.—Assistant Medical Officer. Salary, £80, with board. Applications to Dr. Aitken before Feb. 8.
Leeds Union.—Assistant Medical Officer. Salary, £100, with board. Applications to the Clerk of the Board, Union Offices, Leeds, before Feb. 2.
Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70 with board. Applications to the Chairman before Jan. 31.
Richmond (Surrey) Infirmary.—House Surgeon Salary commencing at £80, with board. Applications to the Secretary before the 15th prox.
Roscommon County Infirmary.—Apothecary and Registrar. Salary £60, with apartments and allowances. Election, Feb. 17.
St. Pancras, Middlesex.—District Medical Officer. Salary, £110, with the usual extra fees. Applications to the Clerk at the Union Offices before Feb. 10.
Tuam Union, Abby Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Feb. 3. (See Advt.)
West Ham Union, Essex.—Medical Officer. Salary, £100, with the usual extra fees. Applications to the Clerk, Workhouse, Leytonstone, E.

### APPOINTMENTS.

COATES, A., L.R.C.P.L., M.R.C.S.E., a Medical Officer to the Salisbury Proflident Dispensary.
DIXON, J., M.R.C.S.E., Honorary Consulting Surgeon to the Brighton and Hove Dispensary.
EDGAR, J. W., M.D., C.M., Medical Officer for the Settle District and the Workhouse of the Settle Union.
HARRIS, V. D., M.D., M.R.C.P.L., an additional Assistant Physician to the City of London Hospital for Diseases of the Chest.
MORRIS, J., M.R.C.S.E., an Honorary Surgeon-in-Ordinary to the Brighton and Hove Dispensary.
O'NEIL, P. L., L.R.C.S.I., L.K.Q.C.P.I., &c., Medical Officer to the Athy Auxiliary Small-pox Hospital.
ORMEROD, J. A., M.B., M.R.C.P.L., an additional Assistant Physician to the City of London Hospital for Diseases of the Chest.
ROBERTSON, J. G., M.B., C.M., Resident Medical Officer to the Gateshead Dispensary.
ROSS, F. O., M.B., L.R.C.S.I., House Physician to the Hospital for Women, Soho Square, London.
ROWE, G. H., M.R.C.S.E., House Surgeon to the Worcester General Infirmary.
WAYLEN, G. S. A., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Devizes Rural Sanitary Distrsct.

## Deaths.

ATKINSON.—Jan. 17, at 20 Lower Gardiner Street, Dublin, Maria, wife of Robert Atkinson, M.R.C.S.E.
ATKINSON.—Jan. 23, at 20 Lower Gardiner Street, Dublin, Robert Atkinson, M.R.C.S.E.
BURTON.—Jan. 18, at Washington Street, Brighton, Boston, Massachusetts, America, Henry Wingfield Burton, L.R.C.S.I.
BYASS.—Jan. 9, at Rayleigh, Essex, James Byass, L.S.A.L., aged 81.
COATES.—Jan. 13, at Micklegate, York, William Coates, M.R.C.S.E., aged 71.
HENDERSON.—Jan. 13, Joseph Henderson, L.F.P.S.G. (of Deptford), aged 52.
MCDONALD.—Jan. 4, at Dundee, James McDonald, L.F.P.S.G., aged 3[illegible].
ROBINS.—Jan. 14, at Betley Heath, William Robins, L.S.A.L. (formerly of Oxford Terrace, Paddington), aged 65.
WILDBORE.—Jan. 15, at Walthamstow, Daniel Peacock Wildbore, F.R.C.S.E., aged 86.
WEBSTER.—Jan. 8, at Warriston Crescent, Edinburgh, Dr. Alexander Binny Webster, formerly of the Bengal Service.
WHITE.—Jan. 13, at Richhill, co. Armagh, John White, L.R.C.S.I., aged 38.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 5, 1879.


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NOTES FROM A

## Clinical Lecture

ON

## CATARRHAL OPHTHALMIA.


By Mr. HAYNES WALTON, F.R.C.S.,

Surgeon to St. Mary's Hospital, and Surgeon in Charge of the Ophthalmic Department of the same.


Gentlemen,—The term ophthalmia is frequently used to express inflammation of any part or appendage of the eye. In teaching, and in science, we must be as accurate as we can, though often rather arbitrary in our terms. We restrict that of ophthalmia to inflammation, and its consequences of the conjunctiva. To inflammatory affections of the eyeball we apply the term ophthalmitis; iritis, it used to be called, when as yet it was not known that the iris does not inflame without the rest of the eyeball being similarly affected.

I proceed to consider the disease of catarrhal ophthalmia. Catarrh merely means "to flow down, (καταρριεδ)" and a catarrhal affection is an acute or sub-acute inflammation, or engorgement of any mucous membrane, by which is produced swelling and abnormal secretion, either mucus or muco-purulent discharge, and free production of new cells. I allude briefly to definition, because I so often hear of catarrhal ophthalmia and purulent ophthalmia, spoken of as if they were different affections. No generic distinction is admissable, but classification is needed, such as simple catarrhal or epithelial ophthalmia—the mucous variety; and severe catarrhal—the purulent variety. But the line of demarcation cannot always be drawn. It is not always possible to say whether the mucus or the pus element prevails. Then the two varieties which I have named may, either of them, be mild or intense.

The patient on whom we concentrate our attention to-day—I have drawn attention to him several times—is aged 27, and a butler by occupation. He was admitted Dec. 23 with simple catarrhal or epithelial ophthalmia. I will describe the usual symptoms of a typical instance of the affection.

*Symptoms in their order of Development.*—A sensation of sand, or dust, or grit in the eye. The deception is produced by the sensitive palpebral conjunctiva rubbing against the enlarged and projecting blood-vessels of the sclerotic portion of the same; adhesion of the edges of the eyelids in the night; redness of the palpebral and reticular redness of the rest of the conjunctiva. The undue colour is not vivid, but like brick-dust, or bluish, or it has a tint of lilac or violet. This is because the conjunctival vessels only are involved. The vascular network, which consists chiefly of veins, moves with the conjunctiva when it is raised or drawn from the eyeball. There are meshes of it, varying in size from a pin's head to the breadth of the cornea. Hæmorrhage may occur from the passage of the red corpuscles of the blood through the capillaries, or from rupture of them.

While the degree of the hyperæmia of the ocular and the ocular-palpebral portion of the conjunctiva is unmistakable, that of the palpebral portion is not so apparent. It must be judged of indirectly or inversely by the extent to which the Meibomian glands are obscured.

While thus speaking of this conjunctival inflammation in individual description, it must not be supposed that there is a definite line to the diseased action. Anastomosis of the blood-vessels renders this impossible. The vessels of the sub-conjunctival tissue particularly, and those of the sclerotica, are in some degree affected. When they are more than usually influenced they may be readily discerned as being deeper, darker, and lying in different directions to those of the conjunctiva. You should learn to recognise them.

The conjunctiva swells. The palpebral portion is villous and irregular. This is due to the villi being engorged and turgid, and the glands being enlarged and prominent from their increased activity. The oculo-palpebral and ocular portions of the same are thickened. This state must not

be mistaken for the chronic condition of granular conjunctivitis.

Chemosis is very rare; it appears only when the inflammation is highest, is seldom very marked, and is always of the serous form. The conjunctiva never adheres to the cornea.

The ordinary lachrymal moisture is increased in the first instance, then it stops, and its place is supplied by mucus from the inflamed membrane, and which has some corpuscular elements. The recent pus cells are partly emigrant white corpuscles, and partly productions from within the epithelial cells by endogenous multiplication. The mucous glands give a freer secretion; the discharge gets thicker, and is whitish or yellowish. Later it may take on more of a purulent character from the greater number of the corpuscular elements. Most of these cannot be told from pus corpuscles. But the quantity and quality of the abnormal product depends on the extent of the inflammation. This, the mucous variety, may not pass its bounds, or it may go into the purulent variety. There may be a little mucus lying on the eyeball, just enough to be recognised, or it may collect in quantity about the cilia, and glue them together in bundles, or it may be so purulent or profuse as scarcely to be distinguised from mild purulent ophthalmia.

Intolerance to light is scarcely present, nor is there increased lachrymation unless the cornea be in some way diseased or injured, or the sclerotica be inflamed. Such complications are extremely rare, unless the ophthalmia be from a mechanical cause.

Pain does not occur, or but very exceptionally. There is no impairment of vision beyond what is caused by the secretions passing over the cornea, and forming a semi-opaque medium or cloud which obscures the sight; or some peculiarity of refraction, such as prismatic colours, or distortion of objects, which are due to alterations in the corneal epithelium.

The active pupil and the acuteness of vision declare the eyeball to be sound. So long as the visual power is unimpaired we are sure that the redness is surface action, and chiefly conjunctival.

There are scarcely any constitutional symptoms, unless the mucous membrane of the nose and that of the frontal sinuses participate, when there is generally catarrhal fever, with headache, heat, chills, a foul tongue, impaired appetite, and perhaps sickness.

Both eyes are usually attacked, not always at the same time, and if separately, the second is involved just as the other is getting well.

Whatever may be the degree of the symptoms, they are usually more marked in the evening, but decline when the patient retires to rest. Sleep is not interfered with. The affection is usually symmetrical, and both eyes are attacked at the same time. There may be exceptionally slight febrile symptoms.

To continue the case before us, let me remind you that there are frequently variations in the symptoms of disease, and even characteristic ones may be very slight or actually absent. Here only one eye was attacked, and there was much pain from the commencement, little morbid secretion, more mucus than pus, much swelling of the upper eyelid, and a great deal of serous chemosis. This collection of serum gravitated according to the position in which the head was placed, and bulged the conjunctiva very much. And on this last-mentioned peculiarity in the case alone shall I dwell. It differs in appearance and in effect from the fibrinous chemosis of severe catarrhal or purulent ophthalmia, which overlaps the cornea circularly, adheres to it, and is the cause of the circular and distinctive ulceration of the corneal margin. The more there is of this firm chemosis, the greater is the danger to the eye.

*Treatment.*—If the exciting cause be removed, the inflammation will nearly always decline under the influence of local cleanliness, and still quicker with the advantage of lessening suffering under very simple treatment. This consists in frequent fomentations, the use of astringents—here alum was prescribed—rest to the eye, confinement to the house in cold weather, and if there be a marked mixture of pus with the mucus, when there are usually febrile symptoms, then confinement to the house regardless of the weather; attention to any disordered constitutional states, be they those of depression or otherwise. The condition of the general health may render a person liable to repeated attacks. Whichever astringent is used it should be so diluted that it shall not produce pain, nor even decided smarting, or harm instead of good will ensue. Of all drugs nitrate of silver is that which is most abused.

I incised the conjunctiva at once with the circular knife made for the purpose, making four incisions, two above and two below. Immediately the patient began to improve, and now at the end of a week every symptom is better, and the chemosis is gone. As there was general feebleness, iron has been given all along.

Some one asked me just now how this case differed from conjunctivitis. It is a conjunctivitis, and according to my teaching, it is that and something more. I usually restrict the term conjunctivitis to that state of the conjunctiva in which there is much redness, and even swelling, without discharge. There may even be dryness of it. For the most part it is a chronic state, some would call it hyperæmia rather than an *itis*.

The man left the hospital on the 12th day.

# Original Communications.

## ON THE PATHOLOGY OF PERIPHERAL NERVE-DISEASES. (*a*)

By JULIUS ALTHAUS, M.D., M.R.C.P. Lond.,
Senior Physician to the Hospital for Diseases of the Nervous System.

In introducing his subject, Dr. Althaus alluded to the discrepancies existing amongst the authorities concerning the frequency of inflammation of the peripheral nerves, giving it as his opinion that this was more common than was generally supposed, and that, although the evidence of post-mortem examinations was as yet not large, the clinical symptoms were in some instances sufficiently striking to warrant the diagnosis of neuritis or peri-neuritis. Inflammation attacked the entire structure of the nerve, or only its investing membrane—the peri-neurium—the fundamental difference between the two diseases being that in neuritis the central core, or cylinder axis underwent the same degeneration as all the other portions of the nerve, while in peri-neuritis this important part escaped destruction. He then described the different forms of neuritis pathologically, viz., the interstitial proliferating, the hyperplastic parenchymatous, the ascending and descending, and neuritis nodosa. Regeneration was more easily effected in nerves which had only the function of common sensation and motion, and less easily in those which belonged to the special senses; and peri-neuritis was, other things being equal, much less grave than neuritis, on account of the inflammation being confined to the sheath of the nerve, and sparing the cylinder axis.

After describing the various causes leading to neuritis, Dr. Althaus related a case of acute inflammation of the olfactory nerve, which had occurred in a patient under his care at the hospital, suffering from progressive locomotor ataxy. The principal symptom had been subjective olfactory sensation of phosphorus for about a month, upon which anosmia, or complete loss of smell, had become developed. He analysed the case with regard to the seat of the affection, showing that it was not due to any affection of the accessory mechanism of smell in the nose, nor of Ferrier's olfactory centre in the tuberculum cornu ammonis, but to inflammation of the bulbs on the cribriform plate of the ethmoid bone. This diagnosis had

(*a*) Paper read before the Medical Society of London, January 13th, 1879.

since then been confirmed by post-mortem inspection. The subjective olfactory sensation of phosphorus was explained by assuming that the olfactory nerve responded to stimulation other than by special odoriferous substances, by perception of the smell of phosphorus. Thus the constant voltaic current applied to the mucous membrane of the nose caused the one subjected to the experiment to perceive a phosphorous smell.

The author then described a case of auditory neuritis, going, at the same time, fully into the pathology of Menière's disease. This he thought to be owing to different pathological lesions, and therefore not a pathological entity. He recommended that this term should only apply to hæmorrhage into the membranous labyrinth, but not to hyperæmia or inflammation of that structure. The auditory neuritis in his case occurred in a patient suffering from progressive locomotor ataxy, the principal symptoms being vertigo and a roaring noise in the head, like thunder, or explosions of gunpowder, ringing of bells, and screaming of whistles. This lasted for a month during which time the hearing of the patient, which, until then, had been perfectly good, was gradually diminished, and at the end of the period mentioned he was found to be completely deaf. He ultimately recovered from all symptoms of ataxy, but remained stone-deaf. Dr. Althaus said that the auditory nerve was not simply a nerve of special sense, but had a distinct relation to the centres regulating the equilibrium of the head and the body. He described the functions of the cerebellum and semi-circular canals, and then analysed the pathology of the case, showing that there was no affection of Ferrier's auditory centre in the superior temporo-sphenoidal convolution, nor of the cerebellum, nor of the auditory nerve at the base of the brain, but of the labyrinthine expansion of the nerve, affecting the cochlea as well as the semi-circular canals.

The last subject touched upon was peri-neuritis of the portio dura, with special reference to such cases where the nerve suffers in the Fallopian aqueduct, when symptoms on the part of the chorda tympani, the Stapedian nerve, which supplies the levator tympani muscles, and the petrosal, or Vidian, nerve make their appearance. The importance of electric exploration, both by the Faradic and Voltaic current, of the suffering nerve and muscles, for the diagnosis and treatment of the affection was dwelt upon, and the author concluded his paper with remarks on the prognosis and treatment of the different forms of neuritis and peri-neuritis.

# Transactions of Societies.

## ACADEMIE DE MEDICINE ET DES SCIENCES, PARIS.

At a recent meeting of this body, Professor Fizeau in the chair, an important communication was presented by M. Paul Bert,

### ON THE POSSIBILITY OF PRODUCING, BY MEANS OF PROTOXIDE OF NITROGEN, PROLONGED INSENSIBILITY, AND ON THE INNOCUOUS QUALITIES OF THIS ANÆSTHETIC.

This gas, discovered by Sir Humphrey Davy towards the end of the last century, is, at the present day, employed by many practitioners for the purpose of producing insensibility during dental operations. This insensibility cannot, however, be allowed to exist for any considerable length of time, for this reason: that the moment at which the desired degree of insensibility is gained, symptoms of asphyxia appear, which would soon lead to fatal results. For this reason, the American surgeons have not succeeded in performing lengthened operations on patients under the influence of protoxide of nitrogen, except by administering this gas in such quantities as to produce short, but repeated periods of insensibility, allowing the patient to recover consciousness between each period. This difficulty results from the fact, that insensibility can only be produced by causing the patient to inhale pure protoxide of nitrogen, without any mixture of air; it follows, therefore, that asphyxia and insensibility are produced at one and the same time. M. Paul Bert proposes to produce prolonged insensibility, obviating, at the same time, all danger of supervention of asphyxia. The fact, that protoxide of nitrogen must be administered in a pure state, signifies that the tension of this gas, must, in order that it may penetrate into the organism in sufficient quantity, be subjected to a pressure equal to that of an atmosphere. Under the normal pressure, it is necessary, in order to obtain this gas, that it should be in the proportion of 100 per cent. If we suppose, however, the patient to be placed in an apparatus in which the pressure is increased to that of two atmospheres, he may be subjected to the required tension by causing him to inhale a mixture of 50 per cent. of protoxide of nitrogen, and 50 per cent. of air; in this manner insensibility would be produced, while the normal amount of oxygen would be maintained in the blood, and consequently the normal condition of respiration preserved. "This," says M. Bert, "is what actually occurs." As yet, however, he has experimented on animals only. The following is his description of his manner of conducting this experiment: "I enter the cylinder, and there, with an augmentation of pressure equal to that of 1-5th of an atmosphere, I cause a dog to inhale a mixture of 5-6ths of protoxide of nitrogen, and 1-6th of oxygen, a mixture in which, as will at once be perceived, the tension of the so-called laughing-gas is exactly equal to that of an atmosphere. Under these conditions, in from two to three minutes, a very short period of agitation, the animal enters into a state of total insensibility; the cornea and conjunctiva may be touched without causing any movement of the eye, of which the pupil is dilated; a sensitive nerve may be laid bare and pinched, or a limb amputated, without causing the slightest movement; the muscular relaxation is extraordinary, and, were it not for respiratory movements, which continue with perfect regularity, death would appear to have ensued. This condition may continue for half an hour, or an hour, without any change taking place. During this time the blood retains its red colour and its richness in oxgyen, the heart its force in rhythmic action, and the temperature its normal state. Any excitation brought to bear on a centripetal nerve induces in the circulation and respiration all those phenomena of reflex action which would occur in the case of an animal in its normal state. In short, all the phenomena of the so-called *vegetative life* remain intact, while those of the animal life are for a time abolished; when, at the end of any given period of time, the vessel containing the gaseous mixture is taken away, the animal, at the third or fourth respiration, recovers almost immediately sensibility, volition, and intelligence, as is sometimes unpleasantly proved by the desire to bite the operator, frequently exhibited by it. When unbound, it moves freely, and rapidly recovers its original gaiety and vivacity. This rapid return to the normal condition, so different from the after-effects when chloroform has been employed, arises from the fact that protoxide of nitrogen does not, like chloroform, enter into chemical combination with the organisation, but is simply dissolved in the blood. As soon as the air inhaled ceases to contain this gas, it escapes rapidly through the lungs; this I have discovered by analysing the gases of the blood. The innocuous action of protoxide of nitrogen is clearly proved by these experiments. On the one hand, the anæsthesia affects only the medullary sensibility, leaving intact the reflex movements of organic life, the suppression of which, easily resulting through the employment of chloroform, can alone lead to fatal results. The harmlessness of this gas is still more decisively proved by the comparatively few accidents which have occurred from its administration in numerous cases by the dentists (the cases may be counted by hundreds of thousands), and the more so, that this gas has frequently been administered without prudence and by incompetent persons, under conditions in which the intervention of asphyxia would augment the dangers, if such exist, of anæsthesia. I feel myself, therefore, fully authorised through my experiments on animals in recommending to surgeons in the most emphatic manner, the employment of protoxide of nitrogen under pressure, when insensibility of long duration is required. I assure them that by measuring, according to the method already indicated by me, the barometrical pressure, and the centisimal composition of the mixture, in such a manner as to produce the pressure of an atmosphere for the protoxide of nitrogen, and the normal pres-

sure of the air for the oxygen, they will obtain as complete insensibility and muscular relaxation as they can possibly desire, with rapid recovery of sensibility, and consequently the perfect consecutive well-being of the patient. The method of administration is singularly convenient, as, in case of any of those slight inequalities resulting from special degrees of susceptibility between different individuals, which invariably occur, it is sufficient either to diminish or increase the barometrical pressure, and this may with ease be effected by means of a cork. I see but one serious difficulty, that of obtaining the necessary apparatus, which I must admit to be an insuperable one to army surgeons attached to regiments on active service. As the greater number of important operations take place in large towns, however, and as these are generally supplied with baths in which compressed air is employed, I confess I can see no great difficulty in providing in them a room large enough to contain the patient, the operator, and some dozen assistants, while the expense, some 12,000 francs, would not form a very formidable item in the accounts of any hospital. These difficulties, however, are merely questions of secondary importance, the solution of which concerns the surgeons who, in the future, will employ this anæsthetic; on them also will fall the burden of arranging those numerous questions of detail, which ever arise on the introduction of any new therapeutical agent. I have fulfilled my duty as a physiologist in pointing out this agent, in demonstrating the immense advantages which would accrue from its employment, and in insisting on its innocuous qualities, which can be explained with such wonderful facility."

# Literature.

## DANGERS TO HEALTH. (*a*)

We remember once examining a drawing of a scene during the French Revolution, in which one of the leading incidents was the figure of a man seated on a barrel of gunpowder, smoking with the most perfect *insouciance* a cigarette, perfectly regardless both of his own and his neighbours' lives. Such recklessness can only be stigmatised as foolhardy and criminal. This incident occurred during a period of popular frenzy, when Reason was temporarily dethroned, and Folly and Madness had full sway. At the present time, a supposed period rivalling the Golden Age in the spread of knowledge and the march of intellect, we can unfortunately equal the achievement of the fool on the powder barrel in the age of the Revolution, though not in quite a similar way. Families live in houses underneath which there is danger to life, as sure and fatal in its effects as the results produced by the explosion of a barrel of gunpowder. Men otherwise sensible and intelligent, rent or live in houses badly ventilated and badly drained, poisonous, and therefore unhealthy. They are utterly regardless of the perils surrounding them.

The world is flooded with sanitary literature. Medical men have preached for years the gospel of hygiene, the public sin, not through a lack of instructors, but through apathy and indifference to the most important questions of health and its preservation. How can we rouse attention to the necessity of healthy homes? Is it possible to make the public feel the importance of living in well-drained and well-ventilated houses? We believe it will be a Herculean task, though it may ultimately be accomplished by the persistent effects of sanitary reformers.

Instruction by the eye as well as by the ear has always been a valuable means of imparting knowledge, and Mr. Teale has hit upon this happy method of instruction in the work he has published, to illustrate the value of healthy homes, and to show the dangers arising from domestic sanitary defects. In an admirable introduction he has ably summarised the objects he had in view in writing this work, and though we are tempted to quote largely from it, we refrain, lest we might spoil the reader's pleasure by extracts which could give no proper idea of the nature of the whole. It should be read by every landlord, medical man, architect, officer of health, town councillor, poor-law guardian, members of parliament, in fact, by every householder in the kingdom; and not only read, but pondered and acted on.

Every page is pregnant with suggestive truths appealing to the intelligence through the eye. There are sketches showing how drains are badly constructed, how poisonous gases escape into houses, how death lurks beneath the foundations of the most beautiful buildings, how "man's inhumanity to man," through avarice and ignorance, is concealed beneath a fair exterior, and only revealed too late by the presence of sickness and death.

We should almost like to have an *auto de fé* of all the jerry builders, rapacious landlords, and contractors, who erect such houses as described by Mr. Teale; and though we are opposed to Lynch law, the men who deliberately and wilfully sacrifice so many valuable lives, are well deserving of the fate meted out to criminals in the backwoods of America. Criminals and assassins they are, though of a class to escape the vengeance of the law.

Mr. Teale has done good work in exposing some of the rascalities of the building trade, and we look, as he does, to an intelligent public opinion as the only practical way of suppressing the traffic engaged in by unscrupulous contractors. Knowledge is power. By the large circulation of this work we hope that a sound and healthy impression will be made upon the public mind.

(*a*) "Dangers to Health. A Pictorial Guide to Domestic Sanitary Defects." By T. Pridgin Teale, F.R.C.S. London: J. and A. Churchill.

## HANDBOOK ON THE DIAGNOSIS OF SKIN DISEASES. (*a*)

Within a space of 262 pages of moderate size, the reader will find in a condensed but clear and systematic arrangement the views held by the author respecting the diagnosis of cutaneous diseases. The introductory chapter on the study of Skin Diseases contains much valuable information, alike for the practitioner and student. Then follows a suggestive chapter on the elementary lesions of the skin, and their value for the purposes of diagnosis and classification. Dr. Liveing therein insists, 1. "Upon the necessity of assigning a definite meaning to the terms in use to express the pathological changes in the skin." 2. "That elementary lesions are liable to be over-estimated in value, for they are indicative of the stage or degree of inflammation, rather than of any particular disease." 3. That certain elementary lesions "occur infrequently, and these assume in consequence considerable diagnostic value."

Other special features of this handbook include: (*a*) chapters and tables of classification, of value in reference to the differential diagnosis of various cutaneous affections. These being more or less allied in character and symptoms, exhibit nevertheless, when carefully studied differentially, essential variations, both as to their etiology and classification, *e.g.*, Morbilli, Scarlatina, Rötheln. (*b*) References to plates of value to illustrate difficulties in the diagnosis of skin diseases; and by these the reader is directed chiefly to consult the Atlases of the Sydenham Society, Cazenave, Hebra, Fox, and Hutchinson. (*c*) A concise and valuable chapter on dermato-syphilis, which can be read with advantage beside the Harveian lectures on syphilis by Mr. Lane, and the experiences of the French syphilographers, Messrs. Ricord and Victor de Méric.

The author has carefully kept to the purpose of his manual, and is likely to receive the cordial thanks of the practitioner rather than the student. The condensation which the size of the work has necessitated, and the fact of it dealing with only a part of the extensive theme, viz., diagnosis, of necessity also requires some previous knowledge of the subject to enable the reader adequately to follow the author. We hope ere long Dr. Liveing may be able to present the profession with a more complete and comprehensive expression of his personal experiences of the diagnosis, etiology, prognosis, and treatment of skin diseases; and towards this, the present handbook affords a valuable contribution, which bids fair to pioneer for it a favourable reception. Should this be done, some illustrations will enhance the value of the text, especially for students.

(*a*) "Handbook on the Diagnosis of Skin Diseases." By Robert Liveing, A.M. and M.D. Cantab., F.R.C.P. Lond. London: Longmans, Green, and Co. 1878.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 5, 1879.

## MEDICAL STUDENTS AND MEDICAL SCHOOLS.

THE article which Mr. Brudenell Carter has contributed to the current number of the *Contemporary Review* on "The London Medical Schools," will have the good effect of disabusing the public mind of any prejudices against the character of medical students, to which the recent scandalous remarks of Mr. Gilbert may have given rise.

It will be recollected that in the January number of the *Fortnightly Review*, Mr. Gilbert made the astounding assertion that medical students came more frequently into collision with the authorities than any other class of students; that it has been computed that during the past year no fewer than 400 out of the 2,000 medical students in London have come directly or indirectly under the notice of the police; and that, moreover, more medical students have misconducted themselves during the last winter sessions than the students of all other professions put together, not excluding those of the Universities of Oxford and Cambridge.

These statements of Mr. Gilbert are the more unpardonable, considering that he had not the slightest foundation for making them. He brought forward no facts, no statistics, no authority, in support of them; and he took no trouble to make any personal inquiries into the truth of any reports he may have heard on the subject. His opinions were couched in that loose phraseology which is so characteristic of the intemperate and flippant writer. He tried, moreover, to shirk all responsibility for these sensational statements, and insinuated, by such expressions as "it has been computed," "it is calculated," that he really had some good foundation for what he said. He did not, as Mr. Carter sarcastically, but justly remarks, inform his readers upon what data the computation or calculation was based; "nor even whether the arithmetician who worked out the result is a resident at Hanwell or Colney Hatch."

We need scarcely tell those who are familiar with the medical schools of this, or any other great metropolis, that there was not much difficulty in showing the injustice as well as the absurdity of the statement which the writer in the *Fortnightly* had presumed to make. But instead of being satisfied, as this writer was, with bare assertions, unsupported by any kind of evidence, Mr. Carter took the trouble to inquire for himself as to whether there was any foundation for the bold and systematic attack that has been made upon the character of a class of students to whose conduct the public can never be indifferent. "As the result," says Mr. Carter, "of inquiries addressed to the dean of every school in London, I find that there were in attendance at the several hospitals during 1878, 2,441 students, of whom only ten are known to have come under the notice of the police in the ordinary sense of the phrase. . . . I have asked the Chief Commissioner of the Metropolitan Police, whether the statistics of his office would lend Mr. Gilbert any support; and I am informed that the authorities at Scotland yard have no 'information on the subject.' As far as the police themselves are concerned, the very existence of those whom Mr. Gilbert represents to be almost a criminal class, is absolutely unknown to them."

Not satisfied with aspersing the general conduct of medical students, Mr. Gilbert cast serious reflections upon the maternity department of the London hospitals, asserting that the mortality among the female patients was greater than it should be, and that the habit of medical students attending midwifery cases while engaged in the dissecting rooms, was accountable for this increased mortality. Such a bare-faced mis-statement of facts might have been very properly dismissed with a few contemptuous remarks, but with regard to the alleged high death-rate at some of the hospitals, it is perhaps as well that Mr. Carter went so far as to "obtain extended statistics from every hospital in London." As the result of his investigations, he conclusively shows that in 17,066 cases there were only 67 maternal deaths—a death-rate of only 3·9 per 1,000; that the mortality of the St. Bartholomew's patients, instead of being, as was said, lower than that of other hospitals, is a little in excess of the average of them all; that the Royal Maternity Charity, which works among the same class of people by means of educated midwives, had in 48,996 cases, a mortality of 4·5 per 1,000; and that the midwifery work done by students from the schools is so much appreciated by the poor, that whenever a hospital school comes into competition with the Royal Maternity Charity, the work of the latter dwindles, this charity, indeed, being completely beaten out of the field.

The fact is, Mr. Gilbert, in giving such an untruthful representation of the modern medical student, drew partly upon his own imagination, and partly upon his reminiscences of the past; and not merely upon the past, as it was,

but upon the pastas it was caricatured by the comic writers and artists of the period. Even in those times Mr. Gilbert's description would have been very wide of the truth; now it is little better than a tissue of misrepresentation from beginning to end. Three circumstances have affected a very marked improvement in the *morale* of the medical student of the present day. The requirements of the medical examining boards are more exacting, and their examinations more difficult than they were formerly. Some of these examinations have to be passed in the middle of his curriculum, instead of being postponed to the end of it; and, what is most pertinent to our present argument, before he can be registered as a medical student, he has to pass a preliminary examination in proof of his having received a fairly liberal education. Consequently, the majority of medical students of the present day belong to a more respectable and a more educated class of society than was the case with the majority of students in former times; whilst, owing to the regulations respecting, and the higher standard of, the primary and pass examinations, he is less tempted to waste the first year or two of his hospital career in idleness and dissipation.

Although, however, Mr. Carter is fully justified in exonerating medical students from the aspersions that have been cast upon their moral character, we must not forget that as regards the social status of a large number of both students and general practitioners, there is much room for improvement. It cannot be contended that the social status of the majority of medical practitioners is quite equal to the social status of those who belong to the church or to the bar. We have still amongst us men whose acquirement sscarcely bespeak a liberal education, or are such as should claim for them admission into the ranks of a learned profession—men whose manners and whose professional conduct are barely characteristic of the well-bred gentleman—men whose knowledge of those subjects which form an essential part of a higher education, nay, even of the three R's, would scarcely carry them through a School-board examination. Even the preliminary classical examination which every person has to pass before he can be registered as a medical student, has not had such a salutary influence upon the educational and social position of medical men as might be supposed. Candidates still come up for their primary and pass examinations who have completely forgotten, if they ever knew, the most ordinary rules of the Latin Grammar, who are lamentably ignorant of their own language, and who, to crown all, are even guilty of misspelling what little they do know on any given subject. There is, however, every hope that these imperfections in the general scholarship, and the resulting inferiority in the social status, of a large number of medical practitioners will be before long removed. The exertions of the Medical Council in the cause of medical education, the imminent reconstruction of the Council itself, and the establishment of a Conjoint Scheme of examination for the three divisions of the United Kingdom, will no doubt do much to minimise the deficiencies above mentioned, and to make the general and professional acquirements of the humblest village surgeon second only to those of the fashionable physician.

## THE MORTALITY IN DUBLIN.

At length it would seem that public opinion in Dublin has been thoroughly aroused by the excessive fatality of the last few months, and by the exposures of which the Public Health Committee and its organisation have been the subject. Even that body has felt that the *status quo* requires some notice at their hands, and they have, therefore, made, through their supervising medical officers, an attempt—albeit a feeble and inconclusive one—to calm the public apprehensions, and to explain away the facts.

After all that we have said in derogation of the committee and its system, it is due to them that we should give to their "Report as to the Death-Rate of Dublin" as much publicity as our space permits; but it is also due to the public that we should point out the respects in which that Report entirely fails to satisfy us.

The first object to which the Report is devoted is to refute the prevalent belief that Dublin ought to be a healthy city on account of its salubrious situation. It says:—

> The situation of the city is not naturally so advantageous for sanitary purposes as the sites of Edinburgh, Birmingham, and most other large towns. Dublin is built on the estuary of a river, and close to a bay with flat, muddy shores, over which sewage is spread in enormous quantities. The basement storeys of a large proportion of the houses are below high water level, and the main sewers, owing to topographcial peculiarities, cannot continuously discharge their contents. We have it on the high authority of the Rev. Professor Haughton—equally eminent as a geologist and a scientific medical man—that Dublin, built, as he graphically describes it, on "the bottom of a mud valley," is naturally placed under most disadvantageous circumstances.

Much of this statement we question, but, presuming it all to be correct, we invite the authors of the Report to compare the death-rate of Dublin with that of other large towns, such as Glasgow and Bristol, which are also "built on the estuaries of rivers, and close to bays with flat, muddy shores." We invite them, also, to prove that "sewage" is spread "in enormous quantities" over these "flat, muddy shores," and, by a comparison of the death-rate of Dublin with that of Sutton, Clontarf, and Sandymount—suburbs which lie directly upon these shores—to show that these chimerical sewage banks are a direct cause of the excessive death-rate of the city. If it be true that the main sewers of the city cannot continuously discharge their contents, we venture to ask who, if not the Dublin corporation, is to blame for such a state of things. We have the utmost respect for the dictum of Professor Haughton, which this Report quotes with so much gusto, but we should have greater confidence in it if expressed in a formal manner and upon paper than when uttered as it was, in a period of after-dinner jovialty at the Mansion House. But, if that dictum means anything, it means that the conditions of Dublin sanitation are intrinsically bad, and that, therefore the energetic efforts of an intelligent and well-officered sanitary organisation are doubly needful for the protection of the city, and we want to hear of any single respect in which the Public Health Committee have showed themselves equal to the responsibility thus cast upon them by the learned Professor.

But the defence put forward in this Report entirely

begs the question. Is not Dublin where it always was? Were not the "mud valley" and the "flat, muddy shores" the same ten years ago as to-day? Is not the sewage now thrown into the Liffey just as it was ten years ago (and as it is likely to be ten years hence)? Alas! yes. How, then, are these conditions to blame for the steady increase in the Dublin mortality within the last five years? and what becomes of the Public Health Committee's geological excuse for their incompetency.

The Report proceeds:—

The unusually low temperature which has, with but few and brief intervals, prevailed since November in Dublin, has caused a very great increase in the mortality from diseases of the respiratory organs, and, together with a slight augmentation in the death-rate from zymotic diseases, caused by small-pox, fully accounts for the abnormal mortality of the fourth quarter of last year and the present month, so far as it has run.

During the past 16 weeks small-pox caused 183 deaths. Prosecutions for neglecting to have vaccination performed do not appear ever to be instituted in Dublin, though such neglect is very common. The Poor-law boards, and not the Public Health Committee have power to order prosecutions.

Fever was somewhat rife, 138 deaths being attributable to it. Cold, by producing overcrowding, conduced to this result; and during the prolonged frost a vast number of house-drains were not acting. Sewers are potent for evil, not for good, if leaky or badly trapped; and many householders, even in the best localities, fail to see that they are well made or well kept. The main sewer system has been greatly improved, and surpasses that of most towns of the United Kingdom.

Diseases of the breathing organs destroyed 986 persons; the average for ten years' corresponding sixteen weeks being only 541. The mean temperature of the past twelve weeks was 35·1, or 7 degrees below the ten years' average; and this accounts for the high mortality when the circumstances of our vastly numerous poor are considered. Their clothing, especially that of the feet, is bad, and their food scanty, because in a great degree their wages are spent in drink. Deaths from convulsions in infants increased during the quarter. The police statistics show 4,447 committals of females for drunkenness in 1876, as against 4,045 in 1866; and many deaths of infants by convulsions can be thus accounted for.

This paragraph is quite conclusive as an explanation of a part of the recent excessive mortality, but entirely futile as an argument in defence of the Public Health Committee. Undoubtedly the severe weather carried off many old people in Dublin, and *pro tanto* made the city appear inordinately unhealthy. But was not the weather as severe or more severe elsewhere? Were not the conditions which produce respiratory disease far worse in Scotland and parts of England than in Dublin? And yet the Dublin death-rate of the last three months nearly doubled that of these places. But if we were to admit that the present death-rate of Dublin is only apparently excessive as compared with the death-rate of previous years, we would still remain unsatisfied as to why the mortality of the most genial seasons is still—in Dublin—far in excess of that of other large towns.

It would seem that bad weather produces in Dublin a greater mortality than it produces elsewhere; but that circumstance is easily explained when we know the condition of sanitation in which the poor of the city are obliged to live. In English towns the population, though naturally class for class, as drunken, as dissolute, and as dirty as the Dublin poor can be, are, if not compelled to be clean, at least afforded a chance of being so. Their habitations are reconstructed, drained, watered, and scavenged by the sanitary authorities whether they like it or not, and their landlords are *compelled* to do all that can reasonably be expected in the way of sanitation. Accordingly, English poor children spend their lives in moderately pure air, and in reasonable domestic comfort, and reach manhood, as a rule, in robust health, and well able to resist the onslaught of a sickly or inclement season.

In Dublin how different is all this. The scavenging is notoriously disgraceful. The tenement houses in which the poor live are the dilapidated mansions of the past century, which, built in the first instance without any idea of sanitation, have fallen into such a state of decay, filth, and miasm as to be simply indescribable—leaking roofs, wet floors and walls, rotting timbers, hermetically closed windows, obstructed sewers, usually no water supply, no ashpit, or else one brimming full of putrid offal, except on the rare occasions when the landlord pleases to empty it. In such dwellings the empire of stench and disease must be, and is, complete and despotic. In such places the puny infant of broken-down parents draws his first poisoned breath, and thenceforth knows none of the cares and comforts which make a healthy man. Is it any wonder that he is stricken by the first epidemic of fever or the first access of bad weather?

But who is to blame for all this? We reply emphatically the sanitary authority, the Public Health Committee of the Dublin Corporation. It is empowered by the 25th and 26th section of the Public Health (Ireland) Act to enforce proper drainage, by the 44th and 45th sections to compel the construction and cleansing of latrines, by the 83rd and 84th sections to forbid the occupation of cellar dwellings, by the 87th to inspect lodgings and enforce all sanitary necessities therein, by the 110th to deal with all nuisances. They have full power to undertake domestic scavenging at the expense of the householder; to make house drains and compel him to pay for them. In fact, the law has given to the committee the means of completely reforming the sanitary state of houses without a shilling additional expense to the ratepayers. These powers they have possessed for years, but have refused to avail themselves of them.

Are we not, therefore, justified in holding the Public Committee fully responsible for the abominable state of the city, and for the lives sacrificed to filth diseases within its walls? We shall return to the question next week.

## HABITUAL DRUNKARDS UNRECLAIMABLE.

The assertion of Dr. Moxon that habitual drunkards are rarely reclaimed has given great umbrage to those total abstainers and "temperance" writers who have been looking forward to a millennium of teetotalism. Dr. Moxon's dictum has been gainsaid in various quarters, and his attention has been drawn, especially by the Rev. G. M. Murphy, to the many drunkards who have been cured of their intemperate habits. It is probable that this physician, as he himself admits, speaking from his experience of the later stages and more severe forms of drunkenness, may

have taken a too gloomy view of the possibility of reforming this unfortunate class of people. The fact is, their reformation depends in a great measure upon the kind of drunkard and stage of drunkenness dealt with. There are drunkards and drunkards. The general concensus of opinion among medical men, and, indeed, of the public in general, is to the effect that the confirmed habitual drunkard —the so-called dipsomaniac—is rarely or never permanently reclaimed. This is especially the case with women, so that we constantly hear members of the profession saying that, "they have never known a female drunkard to be cured of her propensity to drink." We should, therefore, advise our temperance reformers to address their laudable efforts rather to the prevention than to the reclamation of habitual drunkards. The old adage that "Prevention is better than cure" is as applicable to the moral as it is to the physical evils of mankind. At all events, we doubt whether the way in which the total abstainers are setting about the reformation of our drunken population is quite in the right direction. Dr. Moxon has incurred the severe displeasure of his critics by saying—"For teetotalising A, the good man, to save B, the sot, is throwing good after bad; the sot is not worth it." We fancy from the tone of his answer to the Rev. G. M. Murphy that Dr. Moxon may feel inclined to revoke an expression which the *Medical Temperance Journal* has characterised as "inhuman sentences," and as "nauseous and contemptible." We think he would be wrong in doing so, and for the following reasons. It may be seriously doubted whether all the recent agitation and all the publications in favour of total abstinence are sensibly diminishing the prevalence of intemperance. Never was there a time when the subject attracted so much attention, or occupied so large a part of the literature of the period as it is now doing, and never was there a time when intemperance has been so prevalent among both sexes in the lower classes, and among the female portion of the middle and upper classes of society, as it is at the present day. While our library tables are loaded with temperance journals and temperance pamphlets, while English and American writers are vying with each other in their crusade against this great blot upon modern civilisation, and while many eminent London physicians and surgeons are, through the medium of a high-class journal, discussing the question as to whether total abstinence or temperance is best for the people, our medical periodicals are crowded with advertisements of proprietors of private reformatories for "dipsomaniacs," and our prisons and our asylums are largely recruited by persons whose crimes or whose madness are to be attributed to alcoholic indulgence. When the total abstainers tell us that "at least 40,000 drunkards, and 120,000 victims, either directly to their own indulgence, or indirectly, to the intemperance of others, die annually in our fatherland," they forget that they are stating a fact which tells against as well as in favour of the probable success of the difficult task they have undertaken, or, at least, of the means by which they would attain the object they have in view. That this great temperance revival may ultimately have a beneficial influence upon the morals of the people we will readily admit, but its prospects must be regarded from a preventive rather than from a curative point of view, and belong to the next rather than to the present generation. We look upon it as the outcome of that spirit of philanthropy which is so characteristic of the age rather than as the best way in which that philanthropy can be brought to bear upon an evil the removal of which cannot be too earnestly desired. To return, therefore, to the rather unguarded expression above-mentioned, we do not hesitate to say that even from a humanitarian point of view it is far from being indefensible. It is a trite saying that we must be sometimes "cruel to be kind." We doubt whether the established drunkenness of the present day should not be treated in a very different manner to that in which some sentimental reformers propose to treat it. We doubt whether the confirmed sot should be petted and pampered, any more than a hysterical girl should be petted and pampered. The more care that is taken of him (except in the way of forcible restraint) the less likelihood there is of his taking care of himself. Let him be punished so far as it is possible to punish him. Let him see that he is an object of aversion and disgust, not only to society, but to those nearest and dearest to him. Let those who are on the same road to ruin see that there is little pity and less help for him who has entered upon a career of dissipation and drunkenness, and we are persuaded that there would then be fewer drunkards amongst us. Those who have already given way to intemperate habits would be less disposed to continue them; those who are as yet sober-minded would be more deterred from contracting them. Such a Draconic method of dealing with drunkards may at first sight appear very unchristian, but we doubt whether it would not be the most practical and the most successful.

## PRISON APOTHECARIES IN IRELAND.

THE dispute which arose many months since in reference to the imposition of the duty of Apothecary upon the Surgeons of Irish Prisons, has as yet received no settlement, and the question remains in a most unsatisfactory condition. Most of the surgeons are also—and under the old law, must necessarily have been—surgeons to the County Infirmaries, and therefore occupied a position incompatible with drug dispensing. Many of them are Fellows of the Irish College of Surgeons, and, therefore, forbidden to accept a salary for such a duty, and almost all of them are unable to perform apothecaries' duty, never having learned or practised the art, and being fully engaged in private practice. The prison surgeons, moreover, hold that it is perfectly illegal to impose upon them this duty, and they are fortified in this view by the opinion of Mr. Purcell, Q.C., which was obtained for them by the Irish Medical Association. That opinion, which we publish below, is quite explicit, so that it would seem that the Prison Surgeons who are disposed to maintain their position can do so:—

QUERIES SUBMITTED ON BEHALF OF THE IRISH MEDICAL ASSOCIATION TO T. A. PURCELL, ESQ., Q.C., AND HIS REPLIES THERETO.

(1.) Whether the conduct of the General Prisons Board in attempting to enforce the duties of an apothecary and the compounding of medicines upon those medical officers who were appointed before the passing of the late Prisons Act, is not a violation of the 40 & 41 Vic., c. 49 (Prisons, Ireland, Act), and consequently illegal?

(1.) In my opinion the General Prisons Board has no

power to impose upon medical officers appointed prior to the passing of the Prisons (Ireland) Act, 1877, the duties of an apothecary, or to compel them to compound medicines.

(2.) Should a medical officer, appointed before the passing of the Act, refuse to undertake the duties of an apothecary in addition to his previous duties as medical attendant, can the General Prisons Board dismiss or otherwise punish such medical officer on account of such refusal?

(2.) In my opinion the refusal by a medical officer appointed prior to the passing of the Act, to undertake the duties of an apothecary would not constitute a legal ground of dismissal by the Board.

(3.) Should the Board dismiss, or attempt to dismiss, such medical officer for refusing to act an an apothecary aforesaid, what redress has he, and what legal proceedings by, or on behalf of, the said officer, and against whom would Council advise?

(3.) Should the Board dismiss such medical officer on the ground of his refusal to act as an apothecary, I am of opinion that an action would lie by the medical officer against the Board to recover damages for such wrongful dismissal, and that he would be entitled to a mandamus to be restored to his office.

(4.) Have medical officers a legal right to elect to retain their offices on the terms of the old Act—7 Geo. IV., c. 74, and can the General Prisons Board in any way prevent their so doing?

(4.) I am of opinion that they have, and that the Board can dismiss them only for incompetency or misconduct.

The question has been brought to a crisis by the resignation of Dr. Boxwell, the Surgeon to the Wexford Infirmary and Gaol, who sacrificed his office sooner than submit to the imposition of the new duties. The Prisons Bill passed on the 1st of April, 1878. Dr. Boxwell, having exhausted six months in remonstrance, resigned on the last day of October. For his services during the intervening period, he claims 191 guineas, being at the rate of a guinea a day. The reply which he received is one of the coolest documents we have ever read. It informs Dr. Boxwell that his claim has been submitted to the Law Adviser, and that it is that gentleman's opinion that Dr. Boxwell "is not legally entitled to claim *any salary or remuneration.*" That after April, 1878, "the appointment vested in, and still remains with the Lord Lieutenant, who is entitled to fix the remuneration, subject to the consent of the Treasury;" that if Dr. Boxwell "thought fit to continue to act without appointment, he cannot legally claim any salary." That it is for the Prisons Board to say whether, under all the circumstances, they would recommend His Grace to advise any time to be given. That the question of the amount of salary to be paid to the new medical officer of Wexford prison, is at present under the consideration of the Treasury, and when a decision is come to, Dr. Boxwell will be paid at the same rate for the period for which he claims.

This conclusion is very suitable to the views of the Prisons Board, but unfortunately for the view of the Law Adviser, there is a special clause in the Act which preserves to the prison officers all their rights, immunities, and privileges, and Mr. Purcell, Q.C., advises that no one has any power to unseat them so long as they do the duty imposed upon them by the Act:—

27. *Position and Duties of Existing Officers of Prisons.*—The officers attached to prisons on the first day of April, 1878 (in this Act referred to as existing officers of a prison), shall hold their offices *by the same tenure, and upon like terms and conditions, as if this Act had not passed*, and shall receive salaries of not less amount than those which they have hitherto received.

From and after the first day of April, 1878, no surgeon of the infirmary of any county shall be bound or required as a condition precedent to the making of any presentment for his salary as such surgeon under the provisions of the 86 Sec. of 6 & 7 Wil. IV., c. 116, to give his attendance or assistance to the prisoners in the gaol of such county; but no such surgeon shall be entitled, save as provided by Sec. 34 of this Act, to any compensation, gratuity, or allowance whatever, by reason of the discontinuance of any attendance or assistance at any gaol which, but for the passing of this Act, he would have been bound to give as a condition precedent to the making of a presentment to him for his salary as surgeon to the county infirmary under the provisions of the said Section.

As to the refusal of the Board to pay Dr. Boxwell, all we can at present say is *nous verrons.*

The first new appointment has just been made under the new Act, Dr. Palmer having been appointed to the Armagh Infirmary and Prison, on condition of his undertaking to compound the medicines. The Board has perfect power to make such a bargain with a new officer, but no authority whatever to force it upon one of the officers of the old system.

# Notes on Current Topics.

## The Dental Mob.

A CONTEMPORARY draws the following charming picture of the chaos to which the Tomes-Lubbock Dental Practitioners Bill and the negligence of the General Medical Council have reduced the profession of dental surgery.

"The period during which persons entitled to be registered under the Dentists Act could be registered on payment of a fee of £2 expired with the year 1878, and at the last there was such a rush of applicants that close upon five thousand 'dentists' have now been 'conditionally' placed on the Dentists' Register. It is known that very few, comparatively, of these persons possess a licence in dental surgery; and it seems impossible to believe that all, or even nearly all, the rest were '*bona fide* engaged in the practice of dentistry.' No effort of any kind has been made to protect the Register against the admission of any person whose conscience, or ignorance, permitted him to make application in the form prescribed by the Act. Are the five thousand already admitted to the Register to be permitted to remain on it? It is said that they are only 'conditionally registered,' and that the Register will be purged of those who have no right to be upon it. But how and when is this process to be effected? The only machinery for exercising the power of erasure from the Register is a Committee of five of the General Medical Council; and how are they to obtain evidence of incorrect or fraudulent representation? We have received a pamphlet giving an explanation of the Act by Mr. Tomes. 'Very speedily after August 1, 1879,' he tells us, 'the Dentists' Register will be published, and then will come

the time of reckoning. The dental practitioners are the only persons who, in their respective localities, know the persons who are in *bonâ fide* practice as dentists. It will be for them to look over the Register so soon as it is published, and, if names are found therein which have been wrongfully entered, the facts of each case must be collected and transmitted to the Registrar of the Medical Council.' It will truly be an edifying spectacle to see registered dentists trying to oust each other from the Register ! and what a work for those members of the Medical Council who may be appointed on the Erasure Committee ! According to Mr. Tomes, all who have obtained admission to the Register wrongly are safe till next August at any rate ; and how much longer after that time will it be before an expurgated Register is published ? "

The *fiasco* is positively laughable to every one but Mr. Tomes, Sir John Lubbock, and the unhappy victims of toothache, for whose behoof the framers of the Act took upon themselves the task of discriminating between the competent and incompetent.

But Mr. Tomes and the Dental Reform Committee need not promise themselves the gratification of wiping out the "*bona fide*" druggists whom he has enrolled. On the Register these gentry are, and there they must stay, for we assert, without fear of contradiction, that no one except the makers of the Act can unseat them. There is no power whatever given to any conclave to decide the *bona fides* of dental practice. The Committee of the General Medical Council might, if it wished, administer before registration a perjury oath to every registered dentist, but, when that oath had been taken, they would have no power whatever to strike off the name. The *fiasco* is complete. Nothing but an Act of Parliament can remedy it, and that only by disrating the whole list, and restoring matters to the *status quo* of six months ago.

We fear it is not likely to be done, but nevertheless, the alternative is better than to wait for (say) thirty years until the Tomes-Lubbock druggist-dentist has gone to his rest. Until then, the Register cannot be otherwise purified.

Meanwhile the "ill wind" which has wrecked the Dental profession has "blown good" to the General Medical Council. That body has received altogether £9,460 in dental registration fees, and has banked £8,655 free of all outlay. If Mr. Tomes's promised expurgation of the list takes place, of course, most of the cash must be handed back. We fear that that gentleman will not find it easy to convince the Council of the propriety of that arrangement.

## A Post-Mortem Under Difficulties.

At a recent inquest in Newry the coroner directed Dr. Crossle to hold a *post-mortem* examination of the remains. The doctor proceeded to the residence of the deceased to hold the examination. At the door of the house he was met by the father of the dead boy, who, with a large knife which he brandished, threatened the life of the doctor if he dared to enter the house. The doctor returned to the inquest and communicated the state of affairs to the coroner, who directed that the police should accompany Dr. Crossle to the house, remove the father, and make the necessary examination. Accordingly, the police and the doctor visited the house again, and this time the man was even worse than before, and the two members of the constabulary were obliged to retreat before the open knife. A message was sent to the barracks for extra men, who came down armed, and after some resistance, the father, who was in a state of great excitement, was captured and removed, and the examination proceeded with.

## The Lectures at the London College of Surgeons.

Prof. Parker will commence his course of nine lectures "On the Evolution of the Vertebrata," on Monday next, the 10th of February. Prof. Flower will then deliver nine lectures "On the Comparative Anatomy of Man," in continuation of his course of last year, commencing on Wednesday, the 5th of March next. And in June next Prof. Jonathan Hutchinson and Mr. B. T. Lowne will complete the lectures for the present year, the former by a course of six lectures "On Certain Diseases of the Eye, Skin, and Joints, which are produced through the Influence of the Nervous System," and the latter by three lectures "On the Physiology of the Nervous System," in continuation of his course of last year.

## M. Chauffard on Bloodletting.

Apropos of some interesting clinical remarks on this subject, by Professor Wharton Jones, to which we recently drew attention, we observe that a French writer has a favourable opinion of this remedy in cases in which it is now seldom employed. M. Chauffard (*La Presse Medicale Belge*), thinks that phlebotomy is at the present day often neglected in cases where it might be found very useful He lately had under his care in the hospital, a young man twenty years of age, robust, moderately stout, and rather plethoric, who, after enjoying good health, had a severe attack of hæmoptysis. By occupation he was a stonecutter, and doubtless the attack had been excited by the irritation caused by the inhalation of the dust. The symptoms having lasted for three days without any signs of improvement he entered the hospital. After examining the lungs and finding them free from any serious disease, M. Chauffard prescribed bloodletting to the extent of 500 grammes. The result was very remarkable, for the hæmoptysis, which had continued up to the time of the operation, ceased immediately afterwards. His appetite and strength soon returned, and the blood so quickly recouped itself that no trace was left of the double loss it had undergone. It may be observed that the above is the inverse of what takes place in those cases in which a suppressed normal hæmorrhage gives rise to one that is vicarious of it. It is not, however, merely the accidental attack of hæmorrhage that may be arrested in this manner, for it should be borne in mind that the hæmorrhagic molimen to which by habit an organ has been subjected may be a source of danger. For instance, one of the most useful applications of bloodletting is the prevention of those catamenial congestions which persist after impregnation, and which lead to the separation of the ovum. It is, in fact, one case of

sterility that is often overlooked. M. Chauffard says that his father used to relate several cases of this kind in which, by means of bleeding, and by bleeding alone, he was able to carry patients to the full time of utero-gestation who had been previously childless. M. Chauffard himself recalled a case in which a lady of Besançon who had for ten years consulted several physicians of repute for the treatment of her sterility, but all to no purpose. She was of a florid complexion, rather flat, and plethoric. The catamenia had always been perfectly regular and very abundant; nor did there appear anything in respect of either herself or husband to account for her sterility. M. Chauffard was convinced that impregnation had taken place more than once, but that it had been rendered abortive by the abundant hæmorrhage which the impregnation could not stop. In accordance with this view of the cause, every month on the eve of the day on which the catamenia were expected to return, a small quantity of blood was taken from the patient, and on the day following the bleeding was repeated. At the end of nine months her first child was born, and subsequently she had several others. There is nothing, observes M. Chauffard, very extraordinary in the above facts; but the practitioner would do well to bear them in mind, for this is by no means an uncommon cause of sterility, especially in patients of a plethoric habit of body.

## Constitutional Variation of Races.

At a recent meeting of the Société de Biologie, Paris, M. G. Delaunay observed that among the lower classes of animals, individuals belonging to the same species, sex, and age differ very little from each other, either in an anatomical or in a physiological point of view. On the other hand, the higher races of animals, and especially the human species, present a great variability of constitution. But in the human species this difference only or chiefly obtains among the higher races. All savages, belonging to the same tribe, closely resemble each other in form, in strength, and in intelligence. But in the higher classes of mankind we have a primitive type replaced by multiple and various types of men—individuals differing so much from each other that it is impossible to find two persons absolutely alike. From a sexual point of view, we find more variation among the males than among the females of the same race. This is especially the case in the human species, among the male portion of which there is a much greater diversity of constitution than there is among the female portion. With regard to age, nearly all infants resemble each other, both physically and morally. Moreover, all old men have the same weakness of constitution, the same feelings, the same tastes, and the same childish notions. On the other hand, adults present among themselves the greatest variation. With regard to constitution, the strong and the intelligent differ from each other much more than the weak and unintelligent. From these facts M. Delaunay draws the following conclusions:—That the differentiation of constitution being much greater among the higher species and races of animals, among adults than among infants or aged individuals, and among the physically and intellectually strong than among the physically and intellectually weak—in short, amongst individuals the most advanced in the evolution of their species—this differentiation is a direct consequence of evolution; and, moreover, a direct consequence of nutritive and functional changes that have slowly and gradually taken place in the development of the species.

## The Treatment of Diphtheria by Large Doses of Calomel.

M. C. Ruter, M.D., of Pittsburg, advocates this treatment in a paper published in the *Canada Medical Record*, May, 1878, page 188. His views of this disease and its treatment are based upon the conviction that the disease is not a poison of the blood, or in the blood, but an excess of fibrin, called, in old times, the inflammatory diathesis! He recommends calomel to be given freely and boldly every hour, until the intestinal discharges resemble the fresh-water polypi in water-troughs, gelatinous, and of a bright dark-green hue; if salivation is feared, he recommends a dose of castor-oil. He has never seen ptyalism in a single case, nor prostration when the true nature of the disease has been diagnosed.

He gives 10 grains every hour to a child of three years of age, and still larger doses to adults! The calomel must be given pure, the following being the method of administration he adopts:—

"Fill a teaspoonful full of cold water (iced in summer), drop the calomel on to the surface of the water, and then tumble it down the patient's throat at once." The calomel is not to be mixed with the water, nor placed in the spoon before adding the water.

He gives the particulars of several cases treated successfully (?) this method, when the prognosis was exceedingly doubtful.

## Puncture of Hepatic Abscess.

Writing on this subject in the American journals, Dr. W. A. Hammond insists that "puncturing the liver with the needle of the aspirator is not a dangerous operation, if it be performed early and at the right place." In support of this opinion he quotes Dieulafoy, who showed that this operation was comparatively free from danger, even when due regard was not paid to point of election or time of operating; Zimency, of Mexico, who has performed the operation many hundreds of times, using only a common trocar, and yet has never seen the procedure followed by peritonitis or other trouble; and Dr. Davis, who also had a large and similarly favonrable experience of this operation. Dr. Davis condemns the practice of waiting until adhesions have formed between the liver and walls of abdomen; the patient's strength becomes exhausted and his constitution undermined before relief is given. Since, in his opinion, exploratory punctures are not followed by any ill effects, such a procedure is perfectly justifiable on the surgeon's part, and early relief should be given. The second point is, that "the right place for the operation is through an intercostal space at a point not far from a line let fall from the middle of the right axilla." The reason is that the place of puncture in the liver is brought, in withdrawal of the trocar, into apposition with the unyielding walls of that portion of the abdomen, and all escape of fluid into the peritoneum is prevented, an advantage not possessed by a more forward position. The choice of intercostal space, whether eighth

ninth, tenth, or eleventh, must be guided by circumstances; the ninth is the most usual position for operating. Dr. Hammond is certain that abscess of the liver is a much more common disease in America than is ordinarily supposed, and that patients die of it without the real cause of death being recognised. To sum up, Dr. Hammond agrees with those who believe that puncture of the liver is a comparatively speaking harmless operation, and that it is perfectly justifiable to resort to it whenever abscess of the liver is suspected on fairly good grounds, and in support of this opinion he appeals to the test of clinical experience, both in his own practice and that of perfectly reliable brother practitioners.

## Plane Sections of Frozen Bodies for Demonstration and Examination.

THE *Lancet* says that this most important method of anatomical illustration is being carried out at the Royal College of Surgeons of England. Subjects, whose vessels have been carefully injected with coloured plaster-of-Paris, are placed in zinc-tanks, surrounded with ice and salt. In a few days they are frozen so hard that sections are readily made with a common saw. The sections now being made are both horizontal and vertical, and will well supplement the splendid collection of normal human anatomy which is daily being added to in the museum. We are not aware whether it is contemplated using the sections for the examinations, or whether they are to be merely for reference or for the completion of the anatomical series. We cannot imagine such an examination as the Fellowship complete without involving an acquaintance with the plane sections, and we think that every school museum should have its *répertoire* of such specimens, which can be so easily and cheaply made. The works of Pirogoff, Braune (translated), Legendie, and others, will give all requisite directions.

## The Influence of Gas-light on the Eyes.

WE observe that the German Minister of Instruction, in a report on the influence of gas-light on the eyes, concludes that no evil results follow a moderate use of gas, if the direct action of the yellow flame on the eyes is prevented.

This verdict, we presume, will contribute towards the eradication of the venerable but universal delusion that there is a special indiscretion in the use of gas as a means of illumination. The fact is, that gas—if used with the same discretion—is neither better nor worse than other lights. A twenty-candle volume of gas is just the same as twenty candles placed very close together, and is no more or less injurious to the eyes. People have been in the habit of comparing a twenty-candle volume of gas, placed immediately over their heads and close to their eyes, with the light of four candles placed at various distances about the room, and the discomfort caused in certain cases of the excess of light and the heat has been debited to the gas.

Another cause for the opprobrium of gas in the minds of old people is, that when they reach the age of presbyopia they can read small print with ease in daylight because they have sufficient light to enable them to place it at a distance. In the evening they are forced to bring it closer to the eye, and thus they throw a strain upon their ciliary muscle which causes watering of the eye, and this they charge against the gas as one of its sins. Gas needs to be burned in moderation, to be well ventilated, and to be used at the proper distance; but when thus employed, it is as good as other lights, and much better than some.

## Suicide by Poisoning with Aquafortis near Sligo.

LAST week Dr. Wood, coroner for Sligo, held an inquest in the County Infirmary on the remains of a man, about forty-five years of age, named Thomas Hyland, who died in that institution, having, it is supposed, committed suicide by drinking aquafortis. The deceased man was a stranger in the neighbourhood, and very little could be gathered respecting antecedents. The only clue which appears is that he was out of employment; and in his desponding state of mind, he probably fancied himself utterly forlorn and wretched in a strange town without money or friends.

## Cost of the Paris Hospitals.

FROM a table of the comparative annual expenses of the Paris hospitals and hospices, published in the *Union Médicale*, we extract the following figures. At the Hôtel Dieu, with 514 beds, the annual expense per bed is 1,194 frs. (nearly £48); and at La Charité, with 472 beds, it is 1,096 frs. (nearly £46). The Clinique, with 74 beds, is the hospital which costs most, viz., 1,847 frs. (£73) per bed; and the Ménages, with 1,387 beds, is the hospital which costs least, viz., 399 frs. (£16) per bed. The department of the Seine has twenty-seven hospitals and hospices, which contain 18,000 beds, the mean annual expense per bed being 877 frs. (£35). These sums are entirely for maintenance, and do not comprise the interest on capital employed.

## Uncooked Food as Diet.

A GERMAN physician has started a theory that all food should be eaten raw, as all the nutritive qualities meat and vegetables possess are in a great measure, if not entirely, destroyed by cooking. Persons afflicted with gout, rheumatism, or indigestion are advised to try uncooked food, such as oysters and fruit, and they will find all medicines unnecessary. The yearning for drink, says this German philosopher, is caused by the unnatural abstraction of the aqueous element from the "solids," which, as in the case of uncooked beef, for instance, amounts to seventy or eighty per cent. All this might pass, and be deemed worthy of consideration, but when the same learned pundit goes on to say that clothes are a mistake, most people will give him up. Apart from appearances being against him, the recent severe weather is not favourable to his theory.

A MOVEMENT is on foot in Dublin to establish a Convalescent Hospital for small-pox cases, and several subscriptions have already been received for the purpose.

## Punishment before Conviction.

A story of a strange and cruel experience that has happened to an Italian pharmacist reaches the *Pharmaceutical Journal* from Rome. In 1873 this person, whose name is Francois Amato, was charged with poisoning a man named Grossi by means of henbane, and for five years he has been lying in prison awaiting his trial. When at last this took place, two questions were left to the jury, Was the dead man poisoned at all? and if so, Was the prisoner guilty? The jury answered the first question in the negative. The judge, addressing the prisoner said, "Amato, not only does the verdict of the jury exculpate you, but it declares that the crime of which you have been accused has never been committed." The audience applauded vehemently, whilst the poor pharmacist, who had borne his five years of "preventive" imprisonment with great patience, staggering like a drunken man under the shock, was just able to murmur his acknowledgments, "Thanks, gentlemen; thanks to you all!" Surely he was thankful for small mercy.

## The Physiological Action of Coffee.

Prof. Binz has been making some new experiments on this subject. He found that very large doses not only raised the temperature, but caused death by convulsions; but the latter could be averted by artificial respiration. Moderate doses of caffein raised the blood-pressure, the effect being the same whether the pneumogastric nerves are divided or not. Prof. Binz has also examined the effect of caffeoon, the name given by Boutron and Frémy to the volatile products developed in the coffee-bean by roasting, and he finds that it acts, like caffein in moderate doses, as a stimulant to the brain, the heart, the respiration, and the heat-producing apparatus. He agrees with Hoppe-Seyler and Voit, that an ordinary infusion of coffee slightly increases rather than diminishes tissue-change. In any case, the influence it exerts in this direction is very trifling. The potassium salts contained in coffee are probably of no physiological importance.

## Ovariotomy.

A case of ovariotomy having occurred in the hospital practice of Professor J. Gaillard Thomas, of the College of Physicians and Surgeons, New York, the plan of treatment successfully adopted by him is worth noting, and is as follows, given in his own words:—

By my direction one of Dr. G. W. Kibbee's fever cots, which is provided with a webbing or network instead of the ordinary canvas used in cots, was brought, and a folded blanket placed over the meshes of the latter. The patient was then placed on it, with her night dress gathered up under her arms, and her whole trunk enveloped in a sheet. This was kept saturated with cold water, which an india-rubber cloth, conveniently arranged, prevented from wetting the floor. In one hour the temperature had gone down to 102 deg., in two hours to 100 deg.; and during the course of the evening it fell to 97 deg. The pulse also went down in a corresponding manner. The patient has now been kept in this wet-pack for nearly a week, and whenever the temperature has shown a tendency to rise fresh applications have been made, and always with the result of at once reducing it. To-day her temperature is 97 deg. and her pulse 110 to 115; so that I think she can safely be pronounced out of danger.

## Extraordinary Birth.

John Perrins, M.D., Boston, Mass., reports an extraordinary case of this nature. On the 14th June, 1878, Mrs. J., a Swede, æt. 27, a primipara, weighing 135 lbs., was delivered instrumentally of an enormous child.

"About twelve hours after birth the child was weighed and measured, with the following results:—Weight, 19¾ lbs.; height, 25¾ inches; circumference of head, 16¾ in.; neck, 9¾ in.; shoulders, 19¾ in.; hips, 17¾ in.; arm, humerus, 9¾ in.; thigh, 10¾ in.; length of neck, after all the pulling it got, 1 in." Delivery was accomplished with the greatest difficulty.

## Chloroform Impurities and Dangers.

It is considered by M. Perrin (*Les Mondes*) that chloroform, as an anæsthetic, has become much less reliable and more dangerous of late years. Sleep is often difficult to get with it, and he mentions some cases in which the attempt had to be given up, after trying successively the drug procured in several shops. It often produces disorder of the stomach, moreover (vomitings, &c.), and twice in his recent experience it caused a state of apparent death, which was followed with extreme exhaustion. M. Perrin examined some of the samples of chloroform used by means of sulphuric acid; they took a fine red mahogany tint, indicating impurity. This chloroform, rectified by M. Regnault's process, gave very satisfactory results. No accidents complicated the anæsthesia, and everything occurred in the usual way. He recommends his colleagues in hospitals to follow his example, and urges the necessity of changing the mode of manufacture.

## Viper Poison.

An interesting observation has been made by M. Lacerda with regard to the poison of serpents. It has been generally thought that the venomous matter some species secrete is merely a poisonous saliva, acting like soluble ferments. The facts M. Lacerda has observed seemed to prove, on the contrary, that this matter contains *figured ferments*, having remarkable similarities to *bacteria*. Filaments of protoplasmic matter were observed, of arborescent form, and composed of cells. Spores were set at liberty, which, under favourable conditions, enlarged and gave off a small growing tube; this separated and formed another spore which was reproduced in the same fashion, &c.

## The End of a Dublin Advertising "Doctor."

"Dr." Mulvany, whose advertisements have been for many years before the Dublin public, not only on the walls of the city but also in some of our daily contemporaries, whose columns are often garnished with quack announcements, has terminated his existence by his own hand—having, in a quarrel with his wife, seized a double barrelled fowling-piece, and after dangerously wounding her, discharged the second shot into his own mouth, which

proved fatal after a day's suffering. It appears that the deceased was a man of a most excitable temper, and it may be in the recollection of our readers was not very long since prosecuted for an assault committed by him on Dr. Johnston, the then Master of the Rotundo Hospital, at a time when Mulvany's wife was an inmate of that institution.

## Appropriation of Oxygen by Animals and Plants.

VARIOUS researches on the process of respiration in animals have proved that the oxygen of the air, on its entrance into the blood, is first loosely bound by the hæmoglobin of the blood corpuscles and conveyed to the tissues, where the process of oxidation occurs in a more active, ozone-like condition. It now appears probable, from observations of Mr. Jamieson, of the Royal Society of Victoria, that in plants also, the absorbed oxygen is transformed into ozone or a more active form. Sections of ripe fruits not having reached the stage of decomposition, showed the ozone reaction both with tincture of guaiacum and with iodide of starch. In this form the active oxygen is apparently conducted to the tissues to be oxidised, as in animals. To what substance the oxygen is temporarily united, or what plays the *rôle* of the hæmoglobin in animals, does not appear, but it can be shown that it is not chlorophyll.

## Burning an Hospital Ambulance.

A CASE has recently been reported to the Irish Local Government Board of an outrage perpetrated at the Small-pox Hospital, Loughrea. The Board of Guardians, to be prepared for any emergency, had an ambulance ready in which was a bed to convey cases that might be reported anywhere in the union to the fever hospital. At 2 o'clock in the morning, when the two nurses attending the patients in the hospital looked out they discovered the ambulance in a blaze, some miscreant having set it on fire. With great presence of mind the nurses pushed the ambulance away from the hospital shed. Had they not done this, or not discovered the fire, the probability is the shed would have taken fire, and the patients, of whom there are four or five, would have been burned to death.

## A Sham Army Doctor.

A SURGEON in the Army Medical Service, having observed a newspaper paragraph stating that Henry Dudley, "army doctor," was recently sentenced to eighteen months' imprisonment for stealing £27 from the Adelphi Hotel, Liverpool, writes that there is no medical officer of the above name in the British Army.

A SUCCESSFUL attempt has just been made, says the *Student's Journal*, to transfuse milk into the circulation of a dying patient. The marvellous result that has followed this effort in a new direction will encourage the hopes of those who refuse to endorse the pessimism of certain leaders in medicine, and who decline to see any prosperous future for the introduction of novelties in this line. Although we have only meagre details as yet, it is not too much to anticipate that great triumphs may be achieved.

## Therapeutics of the Vienna School.

A VIENNA correspondent of the *Chicago Medical Journal* says that after listening to the lectures of Professor Bamberger, and hearing but little said of therapeutica measures, he asked a German physician why Prof. Bamberger did not say something about treatment? The reply was that physical diagnosis was his only *forte;* and that in all cases where there was any doubt he was most anxious not to lose sight of his patient, so that, in the event of death, he might be able to clear up the mystery by a *post-mortem* examination. On the other hand, Prof. Duchek is a more practical teacher of therapeutics, but he is careful not to give any medicine "that will materially disturb the functions of life," and restricts his list of remedies to about a dozen drugs. Of these the principal are quinine, digitalis, iodide and bromide of potassium, opiates, the salicylates, the acetate of ammonia, mineral acids, ipecacuanha, castor oil, the saline cathartics, and occasionally calomel. With regard to the above statement we may remark that the advancement of therapeutics will not be retarded by physicians making, like Prof. Bamberger, diagnosis their *forte*, provided there are others who are equally zealous in their almost exclusive attention to the subject of treatment. Prof. Duchek's plan of using very few drugs is a good one. It would be well if most medical men were to follow his example, and if the editors of the next edition of our Pharmacopœia were to weed that work of the many superfluous medicines and preparations which it contains.

## Albrecht von Græfe's Opinion of the Paris Clinics.

ALBERT VON GRÆFE (*Sein Leben und Sein Werken*) was not very flattering in his opinion of the Paris clinics. In those for internal medicine, he says, one spends his time without profit. The diagnosis is not so exact as in Prague. therapeutics not so rational as in Berlin, lectures verbose and uninstructive, students in excess, the examination of patients often impossible. The clinics of Bouillaud, Chomel, and Rostan are very little instructive, while Piorry is perfectly crazy. "I take most pleasure in following Louis, though he is always hoarse and does not speak a word. The chief thing in Paris is the devotion to specialties. I visit the clinics of Sichel and Desmarres regularly. At Sichel's the material is enormous, but his lectures are wordy, tedious, and more like the chatter of an old woman than of a man of science. At Desmarres' patients are less numerous, but his lectures are more interesting and his ideas and method of treatment more novel and instructive. In the Hospital of St. Louis there are from 400 to 600 skin patients; the treatment pursued is that of Biett, which is the most unscientific thing in medicine. Among all the French, Ricord is the most genial and original. At Trousseau's children's clinic you see a great variety of cases, and listen to rhetorical lectures filled with paradoxes. Trousseau, however, is the foremost physician for children living."

THE rates of mortality last week in the twenty-three principal cities and large towns of the United Kingdom were—Nottingham 20, Plymouth 20, Bristol 21, Ports-

mouth 21, Oldham 23, Bradford 23, Leeds 23, Birmingham 24, Norwich 24, Edinburgh 21, Brighton 25, Leicester 25, Wolverhampton 25, Newcastle-upon-Tyne 25, London 26, Sheffield 27, Glasgow 29, Hull 29, Liverpool 31, Sunderland 31, Salford 32, Manchester 34, the highest rate 43 per 1,000 in Dublin.

## Liebig's Extract of Meat.

When Baron Liebig stated that his discovery of extract of meat would prove one of the most beneficial to mankind of his various discoveries, he had no conception of the enormous extent of consumption which the future would develop. From a few hundred Bavarian oxen, which were originally sufficient to supply the continued demand, the total number of cattle since used by the Liebig Company, exceed 1,500,000 head.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were in Calcutta 54, Madras 35; Paris 28; Geneva 26; Brussels 33; Amsterdam 24, Rotterdam, 30, The Hague 33; Copenhagen 24; Stockholm 22; Christiania 21; St. Petersburgh 47; Berlin 28, Hamburg 26, Dresden 23, Breslau 31, Munich 34; Vienna 28, Buda-Pesth 36; Turin 35; Alexandria 48; New York 23, Philadelphia 19 per 1,000 of the various populations.

The late Dr. Frederick Foster Quin, whose collection of works of art, &c., was sold the other day at Messrs. Christie, Manson, and Wood's, has left the bulk of his fortune, amounting to about £17,000, to the London Homœopathic Hospital, Great Ormond Street, of which he was the founder. Dr. Quin also bequeaths a legacy of £200, and his valuable medical library, to the Homœopathic Society.

Last week scarlet fever, measles, and whooping-cough showed fatal prevalence in Salford; and scarlet fever, whooping-cough, and enteric fever in Oldham. Scarlet fever also caused excessive mortality in Bradford, Sunderland, and Newcastle-upon-Tyne. In London 24 more fatal cases of small-pox were registered, and 19 in Dublin. A death from hydrophobia is also reported in London.

A complimentary dinner was given a few days since in London, by the committee and medical officers of the Volunteer Ambulance Department, to Surgeon-Major M'Nalty, who has volunteered for active service in Afghanistan. The chair was taken by Surgeon-General Munro, the president of the department.

A Bill bearing the names of Mr. Rodwell, Sir Baldwyn Leighton, and Mr. Bristowe, to provide for the establishment of county infirmaries for the reception and relief of the infirm poor chargeable to unions and parishes in England and Wales other than in the metropolis, and for other purposes relating thereto, has been printed.

Mrs. Fowler, wife of Dr. (?) Fowler, well known throughout the country as a phrenologist, and lecturer "On the Laws of Life and Health," died in London last week. She is said to have been the first lady professor of obstetrics in America.

A small, but not the less acceptable, testimonial was presented a few days since to Dr. Rees Hopkins, medical officer of the Pontypridd Union Infirmary, in the shape of a silver drinking cup, in token of the gratitude and esteem of his patients.

# Scotland.

Glasgow Medico-Chirurgical Society.—At the meeting of this Society held in the Faculty Hall, on Friday the 24th ult., Dr. A. D. Stewart read a paper "on the Percentage Representation of the Function of the Conductive Apparatus of the Ear." Dr. Stewart began by showing that the point to be decided in any examination of the conductive apparatus is the *minimum intensity* of sound required to excite vibrations at a fixed distance. If the intensity of sound were readily represented by figures, no better process than this could be desired, but as the intensity of sound is not readily expressed in figures, the distance, at which a sound such as that of a watch, possesses the minimum intensity required by the normal conductive apparatus, is taken as the representative of the intensity, and is regarded as the standard with which variations of distance—representing variations in the intensity of sound—may be compared, as watches are not uniform in intensity of the sound which they emit, and as uniformity in the results is desirable, Dr. Stewart proposes to assume a standard distance, 100 inches, to represent the minimum intensity necessary to excite vibrations in normal ears, and to correct watches by the method applied to scientific instruments when inaccurate. Thus, supposing a watch to have a normal distance of 56 inches, and that a patient hears it at 24 inches, the following proportional statement at once gives the percentage equivalent for the patient's distance—$56 : 24 :: 100 : x$; where $x = 42{\cdot}85$ per cent., which is the percentage equivalent for the conductive capability in his case.

Birth in the Street.—On the 24th ult., a young woman, named Jessie Miller, 24 years of age, residing in Richard Street, Glasgow, made application at the Maternity Hospital for admission, as she was about to be confined, but was told that the place being full she could not be admitted. That the place was full is, however, denied. She left to go home again, being accompanied by her step-father, and while passing up West Nile Street, she became ill, and gave birth to a female child on the street. Her step-father carried the infant home, where the poor woman was also assisted, and shortly after getting there she gave birth to a second child, a boy. Dr. Johnson, of the police, subsequently attended. It appears that there was neither food nor clothing in the house. The case has been reported to the parochial authorities; and the investigation will doubtless attract further attention to the alleged mismanagement of this institution.

The Maternity Hospital Scandal again.—At a meeting of the Barony Parochial Board held on the 28th ult., the case of Margaret McKendrick, who seems on the way to fame, once more turned up. Mr. F. G. Dougall asked if there was anything further in regard to the case, as it seemed to him "to be hanging up too long." The inspector said the Maternity Hospital had given him much trouble lately. In consequence of the action of the officials of that institution

(sic), he had nearly had two births in the board premises. One woman was refused admission into the hospital, who was in such a state that it took the parochial board officials all their time to get her into a bed in Barnhill. The institution required looking up. Mr. B. Martin said the Maternity Hospital seemed to be one of the blots of the city, and instanced a case that had come under his notice that morning of a girl residing in the East end, who in applying at the hospital at a quarter past eleven o'clock one evening, was refused admission. She managed to get back to the house which she left, and in which there was no bed, and within an hour she was delivered of a child. Was such a thing to be tolerated in a civilised country? Here is surely material for Mr. Donald Munro; and we are certain to hear something more of these matters in due course.

Royal Maternity Hospital, Edinburgh.—Dr. Angus McDonald has been appointed one of the ordinary physicians to this institution, in room of Dr. Zeigler, who, after ten years of service, has resigned.

Medical Education of Women.—At a meeting of the Committee for Securing the Medical Education of Women in Edinburgh, held at St. Andrew's Square, Edinburgh, on the 28th ult., it was unanimously resolved, on the motion of Professor Masson, to form a national association for promoting this object. The statement of accounts as submitted by Miss Louisa Stevenson, the Honorary Secretary, showed that during the past year the receipts had been £2,265, and the expenditure £2,110, leaving £155 in the hands of the treasurer.

Suing for Professional Attendance.—At a Small Debt Court, before Sheriff Balfour, held on the 29th ult., Dr. Alexander F. McKay, of Glasgow, sued John Raeside, 387 Duke Street, for the sum of £8 7s. 9d. for professional attendance and medicine, as per account commencing 15th Sept., 1877, and ending 3rd Jan., 1878. The patient was one of defender's work-women. He admitted liability for the first fortnight's attendance. Owing to contradictory evidence the Sheriff decided for £4 without expenses.

Glasgow Royal Infirmary.—The Annual General Meeting of the qualified contributors to the Glasgow Royal Infirmary was held on the 27th ult., in the Merchant's Hall. The Hon. the Lord Provost presided, and was supported by Mr. Wm. McEwen, Mr. John Burns, Rev. Mr. Matheson, Mr. Charles Nugent, Dean of Guild Playfair, &c. The report by Dr. Thomas showed the institution to be in a flourishing condition. The expenditure had been as follows:—House, viz., salaries and servants' wages, provisions, medicines, liquors, &c., £19,762 6s. 2d.; salaries (medical, secretary, cashier, and clerk, &c.) £2,652 4s. 11d.; repairs on house, &c., £439 11s. 5d.; total £22,854 2s. 6d.; extraordinary expenditure £704 13s. 2d., making the total expenditure of the house £23,558 15s. 8d., and leaving a balance of income over expenditure of £24,466 16s. 4d., which falls to be carried to the credit of the capital account.

Dr. McCall Anderson on Addison's Disease.—Dr. Anderson's paper, which was read before the Glasgow Medico-Chirurgical Society, entitled "A Case of Addison's Disease improving under Treatment, and on the Relationship between Addison's Disease, Vitiligo, and Alopecia Areata," has attracted some attention. This paper we propose giving to our readers in our next. It is very significant of the author's enviable facility for arriving at conclusions; and is perfectly on the same lines as his paper "On the Curability of Attacks of Puerperal Peritonitis and Acute Phthisis (Galloping Consumption)." We, in the North, are thus disposed to dispute with the metropolis the *cure* of consumption in its gravest forms. A very ingenious suggestion was made by Dr. Rinton as to the cure of Addison's disease. When he first saw the case, it occurred to him that the post-mortem would be interesting, and by way, evidently, of anticipating that pleasure, he saw Professor Cleland on the subject, and the question was discussed—"Why not remove the capsules?" (!) Dr. Brown-Sequard had removed both capsules from a rabbit, with a *result quickly fatal;* but in another case the animal *survived three days,* only *one capsule being removed.* (!) Dr. Anderson thought that Dr. Rinton's suggestion "in regard to operative interference, would be likely to be of service if the opinion is correct that the semi-lunar ganglia and solar plexus are involved in Addison's disease." Why not on limited grounds excise the semi-lunar ganglia and the solar plexus? Seriously, is such as this to be dignified by the term, "scientific discussion?"

# Correspondence.

## A MODIFICATION OF THE DUCKBILL SPECULUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I wish to bring before the notice of the profession a modification of the usual form of Sim's Duckbill Speculum, as sold by the instrument makers. The blade is made much flatter and somewhat broader, and the part connecting the blade with the handle has a bevelled ring to admit the finger, which takes off some of the strain from the wrist, and gives greater facility for manipulation.

The advantage of the blade not being so deeply hollowed is, that when used while plugging the vagina, there is much less liability to catch in the plug and pull it out altogether, as frequently happens with the ordinary form of blade.

Anyone who has been obliged to hold one of the ordinary duckbill speculæ, or one with the straight handle (Simon's) during a sustained operation (sometimes lasting more than an hour) as in vesico-vaginal fistulæ, &c., will, I am sure, appreciate the cross handle, which is movable, being only fixed by a screw, can be carried separately, and when required, adapted to any sized blade, and which by bringing the "flexors" instead of the extensors of the arm into play, gives immense power of traction, and is not nearly so fatiguing as when the straight-handled modification, or the older-shaped duck-bill is used.

Messrs. Arnold & Co., Smithfield, are the makers in London, and John Whyte, Dublin.

Alexander Duke,
Assistant Physician, Rotundo Hospital.

## THE DUBLIN PUBLIC HEALTH JOB.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some one having drawn my attention to a reference to me in your issue of the 29th ult., I beg to say the writer of the article has undertaken to supply some very inelegant parenthesis to my remarks in the Dublin Corporation, and at the same time, with much unfairness he omits what I really did say, and which justified me in using the severe words which conclude his quotation.

*The Medical Press* accused the Corporation of taking no

steps to close uninhabitable dwellings. I proved from documentary evidence that 700 dwellings had been closed, and about 800 withdrawn from habitation until certified fit for same. This was done in a period of ten years, and before we can put the Artizan's Dwellings Act into operation. *The Medical Press* again accused the Corporation for not stimulating vaccination.

In my remarks I said such was not within the powers of the Corporation. That there had been neglect, but that it lay with the Government and not with us, and I quoted the following extract from the last report of the Irish Medical Association :—"Your Council deeply regret that the vaccination laws at present in force in Ireland, which are admitted to be very imperfect, have not ere this been modified, and feel justified in expressing their opinion that the Government has been left without excuse for its inaction with regard to this important matter, and they feel bound to state further, that had either of the Bills suggested by the Association been made law much of the loss of life and other evils which are being daily caused by the present epidemic of small-pox would have been averted." Do I transcend the limits of politeness when I say the suppression of these points of my views becomes rather a "reptile press" than the columns of a fair English journal? As to myself, in my private capacity the improvement of the dwellings of the people has been my chief study. When High Sheriff of Limerick, I read a paper at the Royal Dublin Society. The immediate result was the formation of a company aided by Sir A. Guinness. Sir, the animus that inspires some people is apparent; they care more, I fear, for the death of popular institutions in Ireland than for the life of the people, but, thank God, they will have to destroy them first in your free country—a work beyond their power.

Uninfluenced by such very vulgar attacks we will pursue our course, and depend on the support of the disinterested and fair-minded men both in England and at home.

Trusting you will do me the favour of publishing this letter in you next issue, I have the honour, Sir, to be

Your obedient servant,

St. Michael's, Dalkey, Feb. 1st., 1879. CHARLES DAWSON.

## MILK TRANSFUSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *Irish Times* and *Freeman* of Thursday last, I noticed a statement, in a prominent position in both journals, that transfusion of milk had been performed the previous day by Drs. McDonnell and Meldon, for the first time in the United Kingdom. I am not aware by whose authority these paragraphs were inserted, but it appears very doubtful whether such announcements should be conveyed to the public or the profession through the medium of lay journals. My object in writing to you is to state that milk transfusion was performed in the County Louth Infirmary, on the 21st of April, 1878, on John Coleman, who was suffering from severe hæmorrhage (fatal), consequent on compound fractures of leg and thigh, involving the main vessels, by

Your obedient servant,

Dundalk, Jan. 26, 1879. HERCULES MACDONNELL.

# Obituary.

## THE LATE SURGEON-MAJOR E. J. GAYER,

Of the Indian Medical Service.

WE insert, with a regretful feeling of satisfaction that we are thus enabled to do justice to the memory of a distinguished officer, the following record of the career of the late Surgeon-Major E. Gayer, which we take from the *Indian Medical Gazette*. The editor of our contemporary, in his concluding remarks, says that he places this record in the hands of Dr. Gayer's boys, "that it may stimulate them to emulate the honourable and useful career of their father." We willingly comply with the request of Mr. Joliffe Tufnell, whose pupil Mr. Gayer was, to place the notice in our columns, in order that it may stimulate numbers of young men now studying for service in the army to emulate the honourable and useful career of Dr. Gayer, and, like him, at life's end to earn a similarly honourable notice :—

THE services of Surgeon-Major E. J. Gayer date from the 2nd of January, 1856. He had, therefore, on the 23rd of August, 1878, the date of his lamented death, completed a period of service of 22 years and nearly 8 months, in the employ, first, of the Honourable East India Company, and since 1858 of her Majesty the Queen. He obtained his commission as Assistant-Surgeon at the age of 22, the earliest age at which a medical officer could then be entertained, and died at the age of 44. The best years of a short life prematurely closed were thus spent in India; and it is the purpose of the following brief record to detail concisely in what manner they were spent. Soon after arrival in India, he was selected as physician to the Lieutenant-Governor, Sir F. Halliday, while on tour. His next appointment was to the civil station of Salone, in Oudh. He was serving at this station when the mutiny broke out. He found his way to Allahabad, which is 72 miles distant from Salone, but we have been unable to ascertain how he made his way to Allahabad. He left Allahabad and served with Colonel Barrow's Irregular Cavalry, composed of civilians and others whose occupation was gone in consequence of their districts being in a state of rebellion. He accompanied Havelock's force, and shared with it all the vicissitudes and dangers which culminated in the first relief of Lucknow on the 25th of September, 1857. He was present at no less than eleven actions during the mutiny, and was one of that glorious force which so intrepidly fought its way through the streets of Lucknow on the 25th of September. The brilliant deeds of Havelock and his followers have recently been recorded in glowing words, and it is not our intention to recount, in this biographical notice, events which have gained a conspicuous place in history. To have contributed as a unit to the magnificent exploit which Havelock finally accomplished after a series of fierce struggles, and the failure of a first attempt, is, however, a circumstance which invests with significance and glory the record of a single life.

Assistant-Surgeon Gayer was necessarily one of the garrison of the Lucknow Residency until the second relief by Sir Colin Campbell, which took place on the 16th of November, 1857. Subsequent to the relief of Lucknow he accompanied the relieving force on its return to Cawnpore, and was present at the defeat of the Gwalior rebels on the 7th of December, 1857. This event terminates the record of his war services, for which he obtained a medal and Lucknow clasp. He served for some time at Allahabad in the General Hospital, and obtained medical charge of the Allahabad Levy. While holding this charge, he was appointed to the civil station of Backergunge in Bengal, and was transferred thence to Tirhoot. Tirhoot used to constitute one of the most important and desirable civil medical appointments in Bengal. It was an immense district, containing a population of four millions. The climate is favourable to health, and indigo enterprise has attracted to the district a large European population. The head-quarters' station, Mozufferpore, is an important and populous one, and contains a good hospital-dispensary, which collects cases from a wide and populous area. Gayer laboured with great acceptation and success in this charge till February, 1871, when he took a well-earned furlough to Europe. He acquired a high reputation as a conscientious, industrious, and intelligent public servant, an excellent medical practitioner, and a first-rate surgeon. His services were eagerly sought by residents in the district, official and non-official, and greatly appreciated. To become a patient of Gayer's was to become a fast and lasting friend. He devoted special attention to surgery, and the Mozufferpore Dispensary presented annually a long list of important operations, and a good tale of success. He was particularly interested in diseases of the eye, and had a large practice in cases of cataract, for the removal of which he devised a special operation. He kept himself fully acquainted with surgical progress in Europe, and supplied himself with instruments and appliances which gave promise of improving surgical

practice. He was not fond of his pen, and beyond his official reports, which were always carefully drawn up, he placed no accounts of his observations, practice, and results on record. His leisure hours were employed in the study of chemistry, to which he was very partial; and in working with the microscope, to which as a student he had paid great attention. He was an enthusiastic and skilled microscopist, and was thoroughly familiar with the instrument theoretically and practically. He was equally successful in photography; and the attention which he devoted to astronomy is shown by the astronomical maps which he has left behind him.

During his furlough he was not idle. He attended the London and Paris hospitals, and laboured to master the improvements, more particularly in surgical instruments and practice, which had taken place since his student days. Two communications read before the Royal Microscopical Society on "A New Form of Micro-Spectroscope," show that his mind was occupied with the problem of increasing the usefulness and mechanical convenience of the microscope as a means of scientific investigation. A subsequent paper, entitled "Notes on Micro-Photography," gives evidence in the same direction. These communications indicate thorough familiarity with the mechanical and optical principles involved in the construction and use of the microscope, and ingenuity in devising means of improving it as an instrument of research. On his return from furlough, Gayer resumed his old appointment. Shortly after this, apprehensions of famine arose, and extensive relief measures were organised in Behar under the personal direction of Sir Richard Temple. The services of civil surgeons were put in requisition for this duty, and Surgeon-Major Gayer earned the Lieutenant-Governor's public acknowledgments for the assistance rendered on this occasion. Partly as a reward for these services, and partly in recognition of his merit as a man and surgeon, he obtained successively the Civil Surgeoncy of Dacca and of the 24-Pergunnahs, and was appointed to act as Professor of Surgery in the Medical College and First Surgeon in the hospital during the absence on leave of Professor Partridge. This was the summit of Gayer's ambition. During his incumbency in the College, Gayer threw his whole heart and energies into the work. He drew up a careful course of lectures on surgery, in which he dwelt with special minuteness on operations, instruments, and appliances. His clinical prelections were painstaking and laborious. He spared no trouble to give his students a good practical knowledge of surgery, and became very popular among them on account of his kind manner and constant efforts to instruct them. He personally superintended the execution of a series of diagrams to illustrate the teaching of surgery. These are admirably done, and supply a great want in the school. They will long remain a monument of Gayer's zeal and industry. During this time he became much appreciated and sought after in private practice, and commanded the confidence, respect—nay, affection—of a large and growing constituency. His success as a practical surgeon is indicated in the series of papers which we published in our issues for March, April, and May last, which give earnest of sound work and earnest endeavour to attain the great ends of a surgeon's thought and effort—the saving of life, limb, and function.

Gayer was a gentleman in every sense of the term, of a manly, honourable nature, with a high estimate of duty, and great energy and self-reliance in acting up to it. He was a man of kindly disposition, hospitable, of pleasant address and manner, warm-hearted and constant. He made many staunch friends, and those who became his friends remained so. He was free from tinsel and display, and, though by no means self-depreciative, disdained to use artifices to advance his interests. He was rather late of attaining the object of his ambition—a chair of surgery—but there is very little doubt that, had he lived to fill it long, he would have proved a worthy successor of the able men who had preceded him. The end of his life is a very sad one, for the sadness of it consists in its abrupt and untimely extinction, when he was in the fulness of mental vigour, and prepared, with everything in his favour, to embrace opportunities of usefulness and success in life and practice. With this exception, the tale is a bright one—a tale of good service, a record of a cheery, earnest, practical nature, actively engaged in the god-like task of relieving suffering and prolonging life.

He has left behind him seven sons. We place this record, brief and imperfect though it is, in the hands of his boys. It may, perhaps, stimulate them to emulate the honourable and useful career of their father—a career characterised throughout by a sound and manly devotion to duty, and spent from beginning to end in the service of his country, and in actively promoting the welfare of his fellow-men. An example of this sort is a heritage of high value, far surpassing, if rightly appreciated and used, the most splendid material fortune.

# Medical News.

**Royal College of Physicians of London.**—The following gentlemen having passed the required examination, were admitted Members on January 30:—

Blake, Henry, M.B. Lond., St. George's Hospital, S.W.
Carrington, R. E., M.B. Lond., 13 Loughborough Road.
Hood, Donald W. C., M.B. Camb., 43 Green Street, W.
Khory, Rustomjee Naserwanjee, M.D. Brussels, 47 Minford Gardens, West Kensington Park, W.
Kidd, Percy, M.B. Oxford, St. Bartholomew's Hospital.

**Royal College of Surgeons of England.**—The following gentlemen, having passed the required examination for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the Jan. 23rd:—

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|---|---|
| Davies, E. E. C. C. | Payne, C. Alexander |
| Elliot, Henry C. | Smith, H. A., L.R.C.P. Ed. |
| Forsbrook, W. H. R. | Waldo, F. Joseph |
| Lory, W. John | Weston, S. T. Darby |
| Mason, W. Harrup | Wharry, A. James |
| Nicod, L. C. Napoleon | Young, C. Louis |

The following gentlemen passed on Jan. 24th:—

| | |
|---|---|
| Collier, M. P. Mayo, L.S.A. | Morrison, J. T. Jackman |
| Freeman, W. Thomas | Preston, A. Chevallier |
| Griffiths, H. Tyrrell | Vores, Arthur |
| Hall, J. Lees, L.S.A. | White, R. Watts |
| Layton, H. Albert | |

The following gentlemen passed on Jan. 27th:—

| | |
|---|---|
| Congreve, G. Thos., L.S.A. | Leatham, H. B., L.S.A. |
| Fuller, T. Warberton | Miller, H. Percy |
| Giles, F. William | Ogle, C. John, L.S.A. |
| Greathead, J. B. S. | Price, E. Morris |
| Jenkins, J. H., L.R.C.P. Ed | |

**Liverpool Medical Institution.**—The following gentlemen have been elected office-bearers for the ensuing year:—President: Dr. Waters. Vice-presidents: Mr. Manifold, Dr. Oxley, Mr. Puzey, and Mr. Newton. Treasurer: Dr. Dickinson. Hon. Secs.: Dr. Caton and Mr. Edgar Browne. Council: Drs. Davidson, D. Williams, W. Williams, Howie, and Graham; Messrs. Warburton and Bernard.

# Novelties.

## ROBSON'S INHALER.

The profession and the public have reason to thank Messrs. Allen & Son, for the various useful and cheap contrivances they have introduced from time to time. Their Turkish Bath for home use is a model in these respects. Now we have before us a very handy Inhaler, the effectiveness of which is insured by a simple inner contrivance, which causes the air or medicated vapour to be inhaled to pass through the water before it can possibly reach the mouth; thorough medication being thus obtained without trouble or annoyance to the patient. The accom-

panying illustration represents the inhaler with the inner diffusing apparatus lifted out.

## AN IMPROVED BRONCHITIS KETTLE.

We have also received two specimens of Bronchitis Kettles, to which we have much pleasure in calling the attention of our readers. Their uses we need scarcely mention. Each has a receptacle under the elbow for the purposes of medication if required. The water is put in at a screw plug on one side. The boilers are seamless as regards tops and bottoms, being stamped in one piece, which is then seamed. The lamp is also in one piece. Messrs. Allen & Sons are also now manufacturing a Food Warmer, the saucepan and kettle and lamp of which are made seamless in one piece. Seamless tinware has been made by many large firms in Birmingham, Wolverhampton, &c., for upwards of 25 years. It has not, however, gained the markets for *home* uses to the same extent as in the colonies, notwithstanding the fact that such ware is much more durable and much less likely to get out of order.

## THE INVALID'S KETTLE.

The same firm also introduce to the notice of the medical profession, a new article, called "The Invalid's Kettle," which should speedily recommend itself for general usefulness. It is not intended to supersede the regular bronchitis and croup kettles before referred to.

This novelty, divested of its tube, is to all intents and purposes, and can be used as—a strong and well made ordinary kettle.

By a simple construction of the spout, a long tube, of about twenty-four inches is provided, which can be slipped into the spout, and the article is at once converted into a vapourising or bronchitis kettle, ready for any emergency.

We believe this is the first attempt at the conversion of an ordinary kettle into an effective vapouriser, and the manufacturer has succeeded in producing a strong, cheap, and effective article.

## SUDDEN DEATH OF DR. JOHN BARKER, CURATOR OF THE MUSEUM OF THE IRISH COLLEGE OF SURGEONS.

We regret to record the death of John Barker, M.D., T.C.D., Curator of the Museum and Examiner in Materia Medica in the Royal College of Surgeons in Ireland. Dr. Barker retired to rest on Saturday night to all appearance perfectly well, and was found dead in bed on Sunday morning. It is supposed that the cause of death was heart disease, but the question will be the subject of a coroner's inquest. Dr. Barker was a sound anatomist, and had considerable mechanical talent in the preparation and exhibition of the specimens used in a museum. Under the Committee of Privy Council, Dr. Barker was a frequent lecturer in provincial towns, while that method of instruction was patronised by Government, and his lectures were in much demand by local bodies and used to be well attended. The deceased obtained a gold medal in mathematics in T.C.D. in 1840. The Curatorship of the College of Surgeons, now vacant, is worth £150 a year (Dr. Barker's salary was latterly £200), and no doubt there will be many applicants for the post. An Examinership in the professional court is also vacated by Dr. Barker's death.

## THE DUBLIN BRANCH OF THE BRITISH MEDICAL ASSOCIATION

Held its second annual meeting last week, with a success which must have been gratifying to its President, Mr. Porter, and its Hon. Secretary, Dr. Duffey. The Association assembled for business in the Hall at the College of Physicians of Ireland, and was there addressed by Mr. Porter in an intelligent and interesting discourse. Dr. Gordon was selected for the Presidency of the year 1879, and arrangements for the coming meeting of the Association at Cork were brought under discussion by Dr. H. MacNaughton Jones.

The banquet of the branch which followed upon the meeting was successful in all respects. The Legislature was represented by the Attorney-General for Ireland and Dr. Cameron, M.P., the Bar by Mr. Purcell, Q.C., the University by Dr. Haughton, and the Profession by the President of the College of Surgeons and Vice-President of the College of Physicians.

The Dublin branch undoubtedly owes the greater part of its success to the energy and popularity of Dr. Duffey, and the proceedings last week must have been gratifying to him for the trouble he has taken in the matter.

## NOTICES TO CORRESPONDENTS.

### NEW SUBSCRIBERS FOR 1879.

Our best thanks are due to the following gentlemen who have kindly tendered us their support as "New Subscribers" in addition to the 150 names published by us a fortnight since :—

Dr. Bates, Cowbridge, Glamorgan.
Dr. Borck, St. Louis, America.
Dr. Cashin, Jervis Street Hospital, Dublin.
Dr. Christal, Collon.
Dr. Dalgleish, Aberdeen.
Dr. Edmonds, Croydon, Surrey.
Dr. Fixott, St. Heliers, Jersey.
Dr. Hughes, Kilcock.
Dr. Kisch, Liverpool.
Dr. Mather, Haddington, N.B.
Dr. O'Connell, Plumstead, Kent.
Dr. O'Grady, Stockport, Cheshire.
Dr. Percival, Boston.
Dr. Pietri, Comptroller of the Marine Hospital, Toulon, France.
Dr. Prichard, Abington Abbey, Northampton.
Dr. Ritchie, Gateside, Forfar, N.B.
Dr. Saintfield, Philadelphia.
Dr. Shanahan, Adare.
Dr. Vallin, Hôpital St. Michel, Paris.
Dr. Wheeler, New York.
Dr. Williams, London.

Dr. L. S. Forbes Winslow.—"The Psychology of Hamlet" essay received, but, unfortunately, too long for our present crowded columns. If you will reduce its length it shall appear under our "Department of Lunacy" next week.

Harveian Society of London.—On Thursday, Feb. 6, at 8.30 p.m., Mr. Teevan, "On Incontinence and Retention of Urine in Children."—Dr. Norman Kerr, "The Mortality from Intemperate Drinking, and how best to arrive at the truth."

Mr. Walter Rivington, F.R.C.S., will deliver the Hunterian Oration in the Theatre of the Hunterian Institution on Wednesday next at 8 p.m.

Prof. Humphry, F.R.S., of Cambridge, will deliver the Annual Hunterian Oration at the Royal College of Surgeons, England, on Friday, the 14th inst., at 3 o'clock.

Dr. Patterson Cassells.—We shall be glad to receive your translation of the thesis "On Exostosis," though in the present crowded state of our columns, we fear we shall be unable to give space to it before March.

## MRS. WELDON.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—I have received so many letters inquiring the name of the weekly journal you mentioned in your issue of Jan. 29, as printing my history, I shall be obliged to you to inform my inquirers in your columns that the *London Figaro* publishes the same in its Wednesday number. Your obedient servant,

Tavistock House, Tavistock Square, GEORGINA WELDON.
February 3, 1879.

DR. ——, Glasgow.—The omitted notes will appear next week in the column devoted to "Literary Notes and Gossip."

DR. TAYLOR.—The remaining "Clinical Lectures on Diseases of the Lungs," by Prof. Charcot, are in type awaiting illustrations from the engraver, which we hope to receive in time for our next. Many thanks for your complimentary note.

PROF. PARKER will commence a Course of Nine Lectures "On the Evolution of the Vertebra" at the London College of Surgeons on Monday next, at 4 p.m.

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8 o'clock, Specimens will be exhibited by Dr. Hicks Botham, Dr. Galabin, and Dr. John Williams.—The President's Address.—Paper: Dr. Jas. Braithwaite, "On Digital Dilatation of the Os Uteri in Labour."

EPIDEMIOLOGICAL SOCIETY.—This (Wednesday) evening, at 8.30, Sir Joseph Fayrer, "On the Relation of Filaria Sanguinis Hominis to Endemic Disease in India."

THE meeting of the Pharmaceutical Society of Great Britain will be held this (Wednesday) evening at 8 o'clock, when the following paper will be read:—"On Myrtus Cheken," by Mr. E. M. Holmes.

ODONTOLOGICAL SOCIETY.—First meeting of the Session, 1879, on Monday, Feb. 10, at 8 p.m. Inaugural Address by the President, Mr. Edwin Saunders, F.R.C.S.—Casual Communications, the President, Mr. H. Moon, and Mr. S. I. Hutchinson.

THE Medical Society of the King and Queen's College of Physicians of Ireland will meet on Wednesday next, at 8 p.m., at the College Hall, when the following communications are set down for reading: Dr. Walter Smith, "Illustrations of the Use of Chrysophanic Acid in Diseases of the Skin."—Dr. W. J. Smyly, "On Hystero-Epilepsy."

## A CASE FOR SYMPATHY.

THE following subscriptions have been received in response to the appeals in the MEDICAL PRESS AND CIRCULAR and the *Lancet*:—

| | £ | s. | d. | | £ | s. | d. |
|---|---|---|---|---|---|---|---|
| C. Aspray, Esq. .. .. | 25 | 0 | 0 | Miss Aspray .. .. | 5 | 0 | 0 |
| Mrs. Spicer .. .. | 21 | 0 | 0 | Sir J. Paget, Bart. .. | 3 | 3 | 0 |
| Sir Wm. Jenner, Bart. .. | 5 | 5 | 0 | Dr. Wakley .. .. | 2 | 2 | 0 |
| G. W. Hind, Esq. .. | 5 | 5 | 0 | Dr. Watson .. .. | 2 | 2 | 0 |
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| Dr. Quain.. .. .. | 5 | 0 | 0 | Dr. Duncan .. .. | 0 | 10 | 0 |

Any further Donations will be thankfully received by—
Messrs. Coutts & Co., Bankers, Strand, London.
W. Haward, M.R.C.S., &c., 33 Marina.
F. B. Courtenay, M.R.C.S., 2 Chandos St., Cavendish Sq., London.
G. W. Hind, F.R.C.S., 22 Gower Street, Bedford Square, London.

MR. A. C.—In our next.

MR. G. W. W.—Received, and shall be examined.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Quain, London. Dr. Pietri, Comptroller of Marine Hospital, Toulon. Mr. Cotterell, University College. Dr. Johnson, Dublin. Mr. Marlett Boddy, Dartford. Mr. Teevan, London. Dr. Russell, London. Dr. Thorowgood, London. Mr. Rathbone, M.P., Liverpool. Dr. Lombe Atthill, Dublin. Dr. Charteris, Glasgow. Dr. Johnson, London. Mr. J. Rooke Ley, Manchester. Mr. Reginald Harrison, Liverpool. Dr. Brinton, Philadelphia. Mr. Douglas Hemming, Bournemouth, Dr. Bourneville, Paris. Dr. Saunders, London. Dr. Black, Glasgow. Mr. Hall, Wragley. Mr. Edmonds, Croydon. Mr. Hyslop, Stretton. Dr. Mather, Haddington. Dr. Herbert Major, Wakefield. Dr. Percival, London. Dr. Kelly, Rotherhithe. Mr. Squire, London. Mr. Dalgleish, Aberdeen. Mr. Atkinson, Kendal. Dr. Dutant, Paris. Surgeon-Major Duncan, Woolwich. Dr. Fixott, St. Helier's, Jersey. Dr. Edgar Sheppard, Colney Hatch. Dr. Hardy, Paris. Dr. Birch, London. Mr. Hilton, Edinburgh Mr. Whistler, Glasgow. Mr. Hoblyn, Bath. Dr. Winslow, London. Dr. Borck, St. Louis, America. Dr. Williams, Colchester. Mr. Klugh. National Dental Hospital. Dr. Bates, Cowbridge, Glamorgan. Dr. Mullaby, Templemore. Dr. Phillips, Novan. Dr. McDonnell, Dublin. Dr. Purdon, Kinnetord. Dr. Hempbill, Clonmel. Dr. Walker, Ronmahon. Dr. Burnside, Clondalkin. Dr. Wall, Carrick-on-Suir. Dr. Walsh, Dublin. Dr. Brown, Waterford. Dr. Callan, Castlebellingham. Dr. Brown, Belfast. Dr. Douglas, Warrenpoint. Dr. McIlroy, Ballymoney. Dr. Clarendon, Newcastle. Dr. Ringland, Lisbane. Dr. Andrew, Chapelizod. Dr. Baker, Dublin. Dr. Cronin, Drogheda. Dr. Newill, Dungannon. Dr. Davison, Dromara. Dr. Smith, Clogher. Dr. Heyns, Ballyvaughan. Dr. Martin, Newry. The Registrar-General for England. The Registrar-General for Ireland. The Registrar, Royal College of Physicians of London. Mr. Dawson, Dalke. Dr. Prichard, Northampton. Dr. Ritchie, Gateside, Forfar. Dr. Headlam Greenhow, London. Dr. E. Ward, New York. Dr. O'Grady, Stockport. Mr. Hay, Hull. Mr. Schacht, Clifton. Mr. Jesse, Macclesfied. The Registrar of the Medical Council. Dr. Althaus, London. Mr. Haynes Walton, London. Mrs. Baines, London. Mr. Rackham, Norwich. Dr. Leared, London. Dr. O'Flannagan, Houghton-le-Spring. Dr. John Williams, London. Dr. Black, Cockburnspath. Mr. Francis Vacher, Birkenhead. Mr. Lawson Tait, Birmingham. Dr. O'Connell, Plumstead. Dr. Patterson Cassells, Glasgow.

## VACANCIES.

Armagh Union, Richhill Dispensary.—Medical Officer. Salary, £120, with fees, and £20 as Sanitary Officer. Election, Feb. 10.

Cork Street Fever Hospital, Dublin.—Temporary Physician. Election, Feb. 6.

Dental Hospital of London.—Lectureship on Dental Surgery. Applications to the Hon. Sec. at the Hospital, Leicester Square, before Feb. 12.

Inverness District Asylum.—Assistant Medical Officer. Salary, £80, with board. Applications to Dr. Aitken before Feb. 8.

Manchester, Hulme Dispensary.—House Surgeon. Salary, £130. Applications to the Hon. Sec. before Feb. 10.

Richmond (Surrey) Infirmary.—House Surgeon Salary commencing at £80, with board. Applications to the Secretary before the 15th prox.

Roscommon County Infirmary.—Apothecary and Registrar. Salary, £60, with apartments and allowances. Election, Feb. 17.

St. Pancras, Middlesex.—District Medical Officer. Salary, £110, with the usual extra fees. Applications to the Clerk at the Union Offices before Feb. 10.

Stourbridge Dispensary.—House Surgeon. Salary, £130, with £25 allowance for horse hire. Applications to the Hon. Sec. before Feb. 8.

West Bromwich Hospital.—House Surgeon. Salary, £30, with board. Immediate application to the Hon. Sec., 13 Church Road, Edgbaston, Birmingham.

## APPOINTMENTS.

CARDEW, G. A., M.R.C.S.E., Resident Medical Officer to the Cheltenham General Hospital.

CHRISTAL, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Collon, co. Louth.

CONNOLLY, William, L.R.C.S.I., &c., Medical Officer, Waterford Union Workhouse.

CONRY, John, L.R.C.S.I, &c., Medical Officer Kilkelly Dispensary, Swinford Union.

DOYLE, C. W., M.B., C.M., Assistant-Surgeon Accoucheur to the Norwich Lying-in Charity.

FITZGERALD, E. L.R.C.P. Ed, L.R.C.S.I., Medical Officer to the Mallow Union Workhouse, co. Cork.

GUNN, J., M.B., C.M., Medical Officer for the West Dispensary District of the Royal Infirmary, Dundee.

HARDING, R., L.R.C.P. Ed., Medical Officer for the New Radnor District of the Kington Union, Herefordshire.

HUGHES, R. L., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Kilcock, co. Kildare.

HUTCHINSON, T. S., L.R.C.P. Ed., M.R.C.S.E., an Honorary Surgeon to St. Bartholomew's Hospital, Chatham.

MACDONALD, A., M.D., F.R.C.P. Ed., a Physician to the Royal Maternity Hospital, Edinburgh.

MACDONNELL, M. A., M.D., C.M., Medical Officer and Public Vaccinator for the No. 1 District of the Toxteth Park Township.

ROBERTS, G. W., L.R.C.P. Ed., Medical Officer of Health for the Denbigh Urban Sanitary District.

RODGER, W., L.F.P.S.G., Medical Officer and Public Vaccinator for the Parish of Galston, Ayrshire.

SANCTUARY, T., M.B., L.R.C.P.Ed., Medical Officer for the Western District of the Redruth Union, Cornwall.

SHANAHAN, J. F., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Adare and Kilfinny, co. Limerick.

THOROLD, E. F., M.L., Physician to the Plymouth Dispensary.

WALKER, J. F., L.K.Q.C.P.I., Medical Officer for the No. 6 District of the Basingstoke Union, and Medical Officer of Health for the No. 6 Sub-district of the Basingstoke Rural Sanitary District.

WALSH, J. J., L.R.C.P.Ed. & L.M., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Ardfinane Dispensary District of the Clogheen Union.

WARREN, S., M.B., C.M., Medical Officer for the Upton District of the Wirrall Union, Cheshire.

## Births.

BURKE.—Jan. 15, at Kaltimagh, co. Mayo, the wife of Michael J. Burke, M.D., of a daughter.

CORDNER.—Jan. 25, at Aughnacloy, co. Tyrone, the wife of Louis Maxwell Cordner, L.K.Q.C.P.I., of a daughter.

M'CAY.—Jan. 19, at Clough, co. Antrim, the wife of John M'Cay, L.R.C.P., &c., of a daughter.

MILLER.—Jan. 20, at Derry, the wife of Sir William Miller, Knt., M.B., T.C.D., of a son.

WALKER.—Jan. 25, at Putney, the wife of Alexander Walker, M.D., of a son.

## Deaths.

DUKE.—Jan. 30, at the Glen, Lewisham, Fannie Louisa, wife of J. C Duke, M.R.C.S.

HADLEY.—Jan. 24, at Colmore House, Handsworth, John Joseph Hadley, M.R.C.S.E., aged 71.

LANGLEY.—Jan 24, at Park Street, Worksop, William David Langley, M.D., aged 76.

MILLER.—Jan. 27, at Elm Grove, Ealing, London, W., Surgeon-Major John Miller, M.D., late Staff Surgeon to H.E. the Governor of Madras, aged 51 years.

MALAN.—Jan. 23, at Montreux, Switzerland, Henry Victor Malan, M.D., aged 62.

RITCHIE.—Found dead on the 15th ult., on a public road at Billinglay (apparently from exposure), George Ritchie, M.D., aged 72.

SHUTE.—Jan. 27, at Lutton Place, Edinburgh, Robert Shute, Esq., M.R.C.S., aged 85.

THOMPSON.—Jan. 12, at Hull, John Thompson, M.D., aged 42.

WHITAKER.—Jan. 14, at Springwell House, Blackburn, Edmund F. Whitaker, L.R.C.P. Ed., aged 45.

WILKIN.—Jan. 26, at San Remo, Italy, Isabella, wife of H. C. Wilkin, M.D., of Kensington.

# IRISH POOR-LAW INTELLIGENCE.

## ALLEGED FRAUD ON AN INSURANCE COMPANY.

IMPORTANT TO REGISTRARS.

At the Clonlara (Limerick) Petty Sessions on Friday, before Messrs. Robert Hunt, J. L. Brown, Wm. Steel Studdert, and Patrick Frost, Michael Shanahan and Michael Keogh were prosecuted for—"That you did wilfully make statements to the District Registrar at Clonlara, respecting one John Lynch, deceased, and thereby did knowingly cause a false entry to be inserted in the register of deaths, and did wilfully obtain a certified copy of such false entry from the District Registrar, and did, afterwards offer the same to the Prudential Assurance Company, knowing the same entry to be false, with intent, thereby, feloniously to defraud."

Dr. William M'Donnell, District Registrar, deposed that Shanahan, Keogh, and a man named Quilligan, came to him to register the death of one John Lynch, and also to procure a certified copy of the registry, in order to obtain the amount of a policy of insurance on the life of the deceased, which had been secured in the interest of Quilligan. In reply to questions put to them by witness on that occasion, Keogh and Shanahan distinctly stated that the age of John Lynch, the deceased, was 56 years. Witness made the entry accordingly and granted the certificate.

Patrick Lynch, son of the deceased, said, that to the best of his belief, his father was 80 years of age. Witness was aware that his father's life was insured. Keogh did not ask him to come to Dr. M'Donnell to have the death registered. Witness was himself 52 years of age.

Alfred Marshall, one of the company's officers, deposed that when a certified copy of the death of John Lynch had been presented, the company sent their agent, Shanahan, one of the accused, the amount of the policy, £12, and requested him to have it given to the widow of Lynch. If the true age of deceased, 80 years, had been registered, it would be to the disadvantage of the parties concerned.

A farmer, named Patrick Keane, deposed that the signature of Patrick Keane in the document referred to was not in his handwriting. He did not authorise his name to be attached to the paper.

Charles Flynn, district superintendent of the company's agents, deposed that he was acquainted with the handwriting of Shanahan, and he believed on his oath that the two signatures were both in the same handwriting—that of Shanahan himself.

The magistrates, after some deliberation, unanimously granted the informations.

## ATHY UNION.

AN EXPENSIVE PATIENT.

An application was before the Board from a woman lately an inmate in the small-pox hospital, for the price of a gold ring alleged to have been destroyed during the process of disinfection.

Mr. Dunne—Is this the woman who sent in the bill for £12 for clothes destroyed?

Clerk—Yes, the same.

Mr. Dunne—Is she a married woman?

Master—She is not.

Mr. Dunne—I do not know what an unmarried servant woman wants with gold rings; neither can I understand how it could be destroyed during the process of disinfection.

Dr. O'Neill—That woman must have cost the union at least £40.

Mr. O'Beirne—How on earth was that, doctor?

Dr. O'Neill—From the nature of the dietary she was on.

The Master—She must have consumed several gallons of whisky.

Dr. O'Neill—I had one patient who was consuming eighteen eggs and a quart of whisky every day for several days.

The further consideration of the subject was deferred.

THE PETTY SESSIONS—FEES ON VACCINATION AND SANITARY PROSECUTIONS.

On last board day a bill for stamps used on summonses in cases of defaulters under the Vaccination Act, and also for sanitary summonses, was before the meeting. In the case of the latter, the sub-sanitary officer informed the guardians the clerk of court was not entitled to the fees, as the summonses were of no use, as they were illegally filled.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

41 & 42 Vic., Cap. 52.

(8th August, 1878.)

An Act to consolidate and amend the Acts relating to Public Health in Ireland.

Be it enacted, &c.

PRELIMINARY.

1. *Short Title.*
2. *Interpretation of Terms.*

PART I.

SANITARY AUTHORITIES.

3. (*Verb.*) *Urban and Rural Sanitary Districts.*—For the purposes of this Act Ireland shall be divided into sanitary districts to be called respectively—

(1) Urban sanitary districts; and

(2) Rural sanitary districts;

And every such urban and rural sanitary district shall respectively be subject to the jurisdiction of a sanitary authority, in this Act called an urban sanitary authority or urban authority and a rural sanitary authority or rural authority invested with the powers in this Act mentioned.

4. (*Verb.*) *Description of Urban Sanitary Districts and*

*Urban Sanitary Authorities.*—Urban sanitary districts (or urban districts) shall consist of the places in that behalf mentioned in the first column of the table in this section contained, and urban sanitary authorities (or urban authorities) shall be the several bodies of persons specified in the second column of the said table in relation to the said places respectively.

TABLE above referred to.

| Urban Sanitary District. | Urban Sanitary Authority. |
|---|---|
| The City of Dublin - - - | The Right Honourable the Lord Mayor, Aldermen, and Burgesses acting by the Town Council. |
| Towns corporate (except Dublin) - | The Mayor, Aldermen, and Burgesses acting by the Town Council. |
| Towns, the population of which according to the last Parliamentary census exceeds six thousand, having Commissioners appointed by virtue of an Act made in the ninth year of the reign of George the Fourth, intituled, "An Act "to make provision for the lighting, cleansing, and watching of "cities and towns corporate and "market towns in Ireland in "certain cases." | The Commissioners. |
| Towns, the population of which according to the last Parliamentary census exceeds six thousand, having Municipal Commissioners under 3 & 4 Vict., c. 108. | The Municipal Commissioners. |
| Towns, the population of which according to the last Parliamentary census exceeds six thousand, having Town Commissioners under the Towns Improvement (Ireland) Act, 1854 (17 & 18 Vict., c. 103). | The Town Commissioners. |
| Towns or townships having Commissioners under Local Acts. | The Town or Township Commissioners. |

5. (*Verb.*) *Power to Appoint Committee.*—Every urban authority may from time to time appoint out of their own number so many persons as they may think fit for any purposes of this Act which, in the opinion of such authority, would be better regulated and managed by means of a committee or committees: Provided that a committee so appointed shall in no case be authorised to borrow any money, to make any rate, or to enter into any contract, and shall be subject to any regulations and restrictions which may be imposed by the authority that formed it.

6. *Rural Sanitary Districts.*—The area of every poor-law union, with the exception of those portions (if any) of the area which are included in urban sanitary districts, shall form a rural sanitary district, and the guardians of the union shall, as such, be the rural sanitary authority of such district, subject to the following conditions:—

(1) No elective guardian of any electoral division belonging to such union and forming or being wholly included within an urban sanitary district shall act or vote in any case in which guardians of such union act or vote in their capacity of members of the rural sanitary authority.

(2) (*Abs.*) Where part of an electoral division belonging to a union is situated in an urban sanitary district, the Local Government Board may divide such electoral division into separate wards and determine the number of guardians to be elected by such wards.

(3) (*Verb.*) An ex-officio guardian resident in any electoral division belonging to such union which is situated in an urban sanitary district shall not act or vote in any case in which guardians of such union act or vote in their capacity of members of the rural sanitary authority unless he is the owner or occupier of property situated in the rural sanitary district of a value sufficient to qualify him as an elective guardian for the union.

7. (*Abs.*) *Power to Alter Sanitary Districts.*—The Local Government Board shall have power, by provisional order, to separate from a rural sanitary district any town or district wholly situate therein, in which there shall be town or township commissioners under any Act of Parliament, whether the number of the inhabitants of such town or district shall be more or less than six thousand, and to constitute it an urban sanitary district; and the said board shall likewise have power, by provisional order, to add any town or township under this Act constituted an urban sanitary authority to the rural sanitary district in which it is situate, to be subject thereafter to all provisions of this Act affecting rural sanitary districts. No such provisional order shall be made except on petition from one or other of the towns, townships, or districts affected by such order, nor in the event of any objection being taken by any person affected thereby until after due local inquiry.

8 (*Abs.*) *Powers and Duties of Urban Authorities.*—Every urban authority shall within their district (to the exclusion of any other authority) have, exercise, and be subject to all the powers, rights, duties, capacities, liabilities, and obligations exerciseable by or attaching to an urban authority all the powers, &c., exerciseable or attaching by and to the local authority under the Bakehouse Regulation Act and the Artizans and Labaurers Dwelling Act, or any Acts amending the same.

Also the Baths and Washhouses Acts and the Labouring Classes Lodging Houses Acts.

9. *Similar Powers and Duties of Rural Authorities.*

10. *Vesting of Property in Sanitary Authorities.*

11. (*Verb.*) *Sanitary Officers and Superintendent Officers of Health.*—Every medical officer of a dispensary district shall be a sanitary officer for such district, or for such part thereof as he shall personally be in charge of, under the title of medical officer of health, with such additional salary as the sanitary authority thereof may determine, with the approval of the Local Government Board; and every sanitary authority, whether urban or rural, shall appoint such other sanitary officers, including a medical superintendent officer of health when deemed necessary, as the Local Government Board shall in each case direct, with such salaries or additional salaries as the said sanitary authority shall determine, with the approval of the Local Government Board; and the said board shall assign to the medical officers of health, and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the sanitary district, their respective duties and functions in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally aiding the administration of the sanitary laws within the district.

Provided that, with regard to salaries or additional salaries, whereof any portion is to be recouped to any local fund from moneys voted by Parliament, the amount of any new salary and the proportion between any existing salary, and the addition thereto, shall be approved by the Commissioners of Her Majesty's Treasury.

Every such salary or additional salary so determined or approved shall be payable from such local fund as the Local Government Board shall indicate as properly chargeable therewith, and such part thereof as Parliament shall from time to time determine shall be recouped to such local fund out of the moneys to be voted by Parliament; and the Local Government Board shall have the same powers with regard to the qualification, appointment, duties, regulation of salary, and tenure of office of every sanitary officer as they have in the case of the medical officer of a dispensary district.

12. (*Verb.*) *Formation of United District.*—Where it appears to the Local Government Board, on the application of the sanitary authorities of any sanitary districts, or of any of such authorities, and after due inquiry, that it would be for the advantage of such sanitary districts, or of any of them, or of any parts thereof, or of any contributory places in any rural sanitary district or districts, that they should be formed into a united district for all or any of the purposes following, that is to say—

(1) The procuring a common supply of water; or

(2) The making a main sewer, or carrying into effect a system of sewerage for the use of all such districts or contributory places; or

(3) For any purposes of this Act,

the Local Government Board may, by provisional order, form such districts or contributory places into a united district.

13. (*Abs.*) *Governing Body of United District.* — The governing body of a united district shall be a joint board consisting of such ex-officio members and of such number of elective members, not being less than the ex-officio members, as the Local Government Board may, by the provisional order forming the district, determine.

A joint body shall be a body corporate, &c.

14. *Regulation as to Constitution of Joint Board.*

## PART II.

### Sanitary Provisions.

*Sewerage and Drainage—Regulations as to Sewers and Drains.*

15. (*Abs.*) *Sewers vested in Sanitary Authority.*—All existing and future sewers within the district of a sanitary authority, except—

(1) Sewers made by any person for his own profit, or by any company for the profit of the shareholders; and

(2) Sewers made under any local or private Act of Parliament, or for the purpose of irrigating land,

shall vest in and be under the control of such sanitary authority.

16. *Power to purchase Sewers.*

17. (*Verb.*) *Maintenance of Sewers.* — Every sanitary authority shall keep in repair all sewers belonging to them, and shall cause to be made such sewers as may be necessary for effectually draining their district for the purposes of this Act.

19. (*Verb.*) *Powers for making Sewers.*—Any sanitary authority may carry any sewer through, across, or under any road, or any street or place laid out as or intended for a street, or under any cellar or vault which may be under the pavement or carriageway of any street, and after giving reasonable notice in writing to the owner or occupier, into, through, or under any lands whatsoever within their district.

They may also (subject to the provisions of this Act relating to sewage works without the district of the sanitary authority) exercise all or any of the powers given by this section without their district for the purpose of outfall or distribution of sewage.

19. (*Verb.*) *Sewage to be Purified before being Discharged into Streams.*—Nothing in this Act shall authorise any sanitary authority to make or use any sewer, drain, or outfall for the purpose of conveying sewage or filthy water into any natural stream or watercourse, or into any canal, pond, or lake, until such sewage or filthy water is freed from all excrementtitious or other foul or noxious matter such as would affect or deteriorate the purity and quality of the water in such stream or watercourse, or in such canal, pond, or lake.

20. *Alteration and Discontinuance of Sewers.*

21. (*Verb.*) *Cleansing Sewers.* — Every urban sanitary authority shall cause the sewers belonging to them to be constructed, covered, ventilated, and kept so as not to be a nuisance or injurious to health, and to be properly cleansed and emptied.

22. (*Abs.*) *Map of System of Sewerage.*—Every urban sanitary authority shall, and any rural sanitary authority may, if they think fit, provide a map exhibiting the system of sewerage which shall at all reasonable times be open to the inspection of the ratepayers of their district.

23. *Power of Owners and Occupiers within District to drain into Sewers of Sanitary Authority.*

24. (*Abs.*) *Use of Sewers by Owners and Occupiers without District.*—The owner or occupier of any premises without the district of a sanitary authority may cause any sewer or drain from such premises to communicate with any sewer of the sanitary authority on such terms and conditions as may be agreed on between such owner or occupier and such sanitary authority.

25. (*Verb.*) *Power of Sanitary Authority to Enforce Drainage of Undrained Houses.*—Where any house within the district of a sanitary authority is without a drain sufficient for effectual drainage, the sanitary authority may by written notice require the owner or occupier of such house, within a reasonable time therein specified, to make a covered drain or drains emptying into any sewer which the sanitary authority are entitled to use, and which is not more than one hundred feet from the site of such house; but if no such means of drainage are within that distance, then emptying into such covered cesspool or other place not being under any house as the sanitary authority direct; and the sanitary authority may require any such drain or drains, cesspool or cesspools, to be of such materials and size, and to be so ventilated, and to be laid at such level, and with such fall as may appear to them to be necessary: Provided that where, in the opinion of the sanitary authority, greater expense would be incurred in the construction of such cesspool or cesspools than in the making of a drain emptying into a sewer which they are entitled to use, the sanitary authority may require the owner or occupier to make such drain, notwithstanding that the sewer into which it is to empty is not within one hundred feet of the site of the house.

If such notice is not complied with, the sanitary authority may, after the expiration of the time specified in the notice, do the work required, and may recover in a summary manner the expenses incurred by them in so doing from the owner, or may by order declare the same to be private improvement expenses.

Provided that where, in the opinion of the sanitary authority, greater expense would be incurred in causing the drains of two or more houses to empty into an existing sewer pursuant to this section, than in constructing a new sewer and causing such drains to empty therein, the sanitary authority may construct such new sewer, and require the owners or occupiers of such houses to cause their drains to empty therein, and may apportion as they deem just, the expenses of the construction of such sewer among the owners of the several houses, and recover in a summary manner the sums apportioned from such owners, or may by order declare the same to be private improvement expenses.

(*To be continued.*)

## CARLOW UNION.

### FEVER ACCOMMODATION.

At a late meeting of the Carlow Board of Guardians a letter was read from the Local Government Board, expressing surprise that the Guardians had as yet taken no action on the recommendation contained in the last report of the inspector, Mr. O'Brien, that sheds for the reception of patients suffering from small-pox or other infectious disease should be erected in the enclosure of the fever hospital, and that the present sheds in Graigue, which had completely gone out of repair, should be taken down and utilised as far as possible.

## CAVAN UNION.

### THE STRADONE DISPENSARY.

The Chairman read the following letter from Dr. Lyndon, Ballinagh :—

"Ballinagh, 20th January. 1879.

"As the subject relative to the remuneration which I am to receive as 'Dispensary substitute' for performing the duties of the Stradone Dispensary district is to be under your consideration on Tuesday, I respectfully beg to state for the information of members of the Board not conversant with the facts of the case, that my appointment was made at a time in the year whence sickness is most prevalent—that I have attended the dispensary twice a week, never getting home till a late hour in the evening—and that I have been obliged as well to attend on a large number of visiting tickets—in most instances having to go upwards of thirteen or fourteen miles from my own residence. Under the above circumstances I think I am justified in asking the Board to look upon the case as a very exceptional one, and trust you may see youe way to give me the reasonable sum of three guineas per week.

"I remain, your obedient servant,

"George Lyndon."

The Chairman—I suppose the Board will not alter its decision come to of not paying more than £2 a week.

Mr. Smith—I read the letter of Dr. Lyndon's in the *Celt*, and I quite concur with his statement that posting costs him nearly £2 a week. You will have to pay a doctor £5 a week if you bring him from Dublin.

Mr. Martin—I would be for allowing the doctor the £3 3s. a week owing to the inclemency of the weather and the hardship of travelling at present.

Mr. M'Givney—The proper thing to do is to pay Dr. Lyndon what Dr. Mathews is getting, and anything over that let Dr. Mathews pay him.

Mr. B. Gaffney—You sanctioned the payment of £3 3s. to Dr. Mathews when he was acting in Ballinagh, and if you give it in one case why not give it in this.

Mr. M'Givney—This is not a time for increasing heavy taxation on people. I think all officials should be reduced in their salaries, because the produce of the land was now at half the price it was five years ago.

Mr. Moore—How did the accident occur to Dr. Mathews?

Mr. Thompson—The accident occurred in the discharge of his private practice, but not in discharging the dispensary duties.

Mr. Moore—If that be so he ought to pay his substitute.

The Chairman—The question is whether you will give Dr. Lyndon £3 3s. a week or not.

Mr. H. Faris said the Board never decided that the substitute was to be paid. He did not object to pay Dr. Lyndon £20, but let Dr. Mathews pay him. It had been decided there over and over again that if a doctor took sick or happened with an accident in the hunting field, if he wanted a substitute to discharge his duties he should pay him. That order was never overruled yet, and he therefore moved that Dr. Mathews pay his substitute.

Mr. H. Nesbitt—What rule did the dispensary committee of Stradone make? We should not become dictatorial to the committee.

The Chairman said the committee agreed to pay the substitute for a month, and supposing that Dr. Mathews declined to pay his substitute, and the substitute declined to act, were the people to be left without a doctor? The Board could not permit that, neither would the Local Government Board sanction it.

Mr. Thompson said if the medical officer of that institution met with an accident in the discharge of his duties, it would be only fair to pay his substitute, and it was the rule of the Board to do so; but if a medical officer contracts an illness in his private practice, it would be most unjust that the ratepayers should pay double, that is, for two doctors—the officer and the substitute.

The Chairman—I will now read for you Dr. Mathews' letter:—

"January 19, 1879.

"Gentlemen,—I beg to enclose a certificate from Dr. Mease, who has attended me since my accident. I am more anxious than the members of your Board to resume my duties as medical officer of my dispensary. As I gave the proper notice at the time to the secretary of my dispensary committee according to the L. G. B. (22) article of rules and regulations of dispensaries, I am of opinion I have done my duty in the matter, and it rests with you to have the sick poor of the district looked after during my incapacity from illness or other cause.—I am respectfully,

"James Mathews, M.D."

Mr. Knipe—Is it known where Dr. Mathews was coming from when he received this accident?

Mr. M'Cann—He was coming from Belturbet after attending a sick call.

Mr. Knipe—That was private practice.

Mr. M'Cann said he looked on the accident as a natural illness. The substitute of the latter was paid by the Board for three months. Dr. O'Reilly was also a long time sick, and his substitute was paid by the guardians. Under the circumstances they would not be doing wrong in paying Dr. Mathews's substitute until he resumed his duties.

Mr. James Duignan sain at the time the substitutes were paid by the Board the doctors were receiving £75 a year salary; afterwards the Local Government Board added £25 a year more to their income. At that time everything was high, and it was very difficult to get either male or female servants. However, the Board came to the conclusion that as they were paying £25 additional to the doctors that each one of them should pay his own substitute in the event of his not being able to discharge his duties. A great change has taken place since that time, because now they could get servants if they only gave them proper food and shelter.

The Chairman said he would put the motion that Dr. Mathews pay his substitute.

Mr. M'Cann moved an amendment to the effect that Dr. Lyndon be paid by the Board up to the present date at the same rate as that paid to Dr. Mathews.

The Chairman declared the amendment carried by a majority of one.

The result is that Dr. Mathews' substitute will be paid by the Board for his services for six weeks.

It may be as well—again—to remind Poor Law Medical Officers that for a substitute to act for the medical officer is irregular until he has had a definite appointment from the responsible officer of the Dispensary Committee, and that he has no claim whatever for remuneration except on definite arrangement on the subject with that officer. He should distinctly understand that by so doing he acquires no claim—moral or legal—upon the medical officer. He should remember also that if he omits to obtain, at the hands of the Committee, or its responsible officer, a definite appointment and a definite understanding as to payment, he in undertaking the duties does so at his own risk, inasmuch as it is the regulation that the guardians "shall, subject to the approval of the Local Government Board, determine the amount of remuneration (*if any*) to be paid" to the temporary substitutes, and it is therefore quite open to the guardians to refuse to pay anything for such services.

As regards the continuance of the salary of the Dispensary medical officer during his illness, the Council desire to point out that the dispensary medical officer who complies strictly with the terms of the regulations as above referred to, is entitled, *as a matter of right*, to receive his salary during the continuance of his illness, and it is not within the power of the guardians to refuse payment, or to make any deduction from the amount, either for remuneration of the *locum tenens*, or for any other purpose.

It is not within the authority of a Board of Guardians, by any resolution made at the time or previously, to alter the provisions of the regulations, or to create a rule having such effect; and in case of their refusal to pay the *locum tenens*, the dispensary medical officer is not bound in honour or in law to make good such payment, unless he has previously entered into an implied or expressed understanding with the *locum tenens* to that effect, which he is in no way called upon to do.

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 25, 1879.

| | | | |
|---|---|---|---|
| Total registered deaths in Dublin and suburbs* | | | 259 |
| Ten years average of same week | | | 194 |
| Excess of mortality above average | | | 65 |
| 10 weeks' ratio of deaths Rathmines | | 26·3 | per 1,000 |
| " " " | Donnybrook† | 28·8 | " |
| " " " | Blackrock | 15·9 | " |
| " " " | Kingstown | 23·6 | " |
| " " | Entire Dublin District | 42·8 | " |
| Comparative Ratios—London | | 26·1 | " |
| " " | Glasgow | 28·4 | " |
| " " | Edinburgh | 20·4 | " |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 12, 1879.


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NOTES FROM A

## Clinical Lecture

ON

## CHEMICAL INJURY TO THE SURFACE OF THE EYE WITH QUICKLIME—DESTRUCTION OF THE EYE.


By Mr. HAYNES WALTON, F.R.C.S.,

Surgeon to St. Mary's Hospital, and Surgeon in Charge of the Ophthalmic Department of the same.


Gentlemen,—The effect of lime on the eye depends on the caustic property of the lime, whether it be quick lime, or reduced by any of the combinations with which it is made into mortar. I have often drawn your attention to the action of mortar, which varies much in its composition as used by different builders. Weak mortar, although freely applied to the surface of the eye, may produce no more effect than slightly whitening the conjunctiva, and giving cloudiness to the cornea, from which there may be complete recovery. A stronger compound will have a greater effect with a more or less permanent result on the cornea. When very strong mortar, lime, or, worst of all, unslaked lime, enters the eye, the conjunctiva, in its whole thickness is entirely and rapidly acted on, and so is the epithelium on the cornea, and the true cornea, and the worst effects ensue.

There is an insidiousness about the course of these cases that deceives. An inexperienced observer cannot be aware that the slighter damages, which would merely indicate that the cornea has not escaped scatheless, may seriously impair its transparency, or even affect its vitality. Nor can he have any idea of the distressing results that are to ensue when the conjunctiva has been severely acted on. The whitening and the swelling which occur, with absence of pain, are not threatening symptoms, and even the separation of the decomposed part gives little or no indication of the bad effects that must follow. It is only when cicatrisation is rather far advanced that the inevitable contraction becomes apparent. Inevitable, I say; for wherever there is destruction of the conjunctiva from this cause, or indeed from any escharotic, there must follow a corresponding amount of contraction and of adhesion of the eyelids to each other, or of one or both, to the eyeball.

This boy, æt. 13, whom you have seen many times, was admitted under these circumstances: A workman spitefully threw a handful of quicklime at his face, some of which entered his left eye. Two hours afterwards he was brought to the hospital. Already his eyelids were swollen and spasmodically closed, and tears were flowing freely. The surface of the eye was exposed, by retracting the eyelids with instruments, and well washed, whereby the lime was removed. The next day I saw this unfortunate patient. Already the cornea had perished, for it was shrivelled and opaque. The conjunctiva was much chemosed. There was severe pain in the ocular region, with headache and feverishness. Here was evidently a severe case before me, for the eye was destroyed. I ordered frequent fomentations, combined with opiates, and rest in bed. Relief ensued: a muco-purulent discharge issued; the inflammatory symptoms lessened, and in a fortnight the remains of the eyeball could be well examined. The *débris* of the cornea had separated, and the iris was covered with red granulations.

Some of you asked me whether I should not extirpate the eyeball. I said no; but instead I would endeavour to save a large stump, or as much of the eyeball as I could, because of the advantages to the patient as contrasted with an empty orbit. Let me explain a little. If an eyeball be extirpated before the adult period, the orbit never attains its full development, nor, therefore, the face its symmetry. An artificial eye is a more perfect appliance in proportion to the size of the reduced eye on which it rests; and it never sits well where there is no stump. Even when an artificial eye is not worn there is less inconvenience and less deformity with a

stump than without one, for there is less collection of extraneous matters, the eyelids do not turn in, and the tears are better carried away into the nasal chamber. In the course which I have adopted, there is an essential detail to be mentioned. I have extracted the crystalline lens through an incision across the iris. A lens in a disorganised eye is apt to get cretaceous, or osseous, and all the more likely the older the patient, and so act as a foreign body, especially if it should become loose. Quick healing has followed. I have only to consider the immediate treatment of lime in the eye. Washing with water should be resorted to as quickly as possible. When a syringe is not at hand, the patient should be laid on his back, the eyelids held well open, and water poured into the eye from a tea-kettle, or anything which has a spout or nozzle. Should nothing of this kind be available, water should be taken into the mouth and spirted by a fine jet into the eye. After diligent washing, the entire conjunctiva should be searched to discover any adherent bits, and any such should be picked off. The sinuses of the eyelids should be well inspected. Water being a very poor solvent for lime, it has been imagined that here there is a great scope for practical chemistry; but in reality nothing will serve our purpose so quickly and so efficiently as water; and it is an agent which inflicts no damage to the eye. But if you wish to know what has been said about chemical agents, and how far they have been employed as scientific playthings, as well as to amuse or humbug patients, I beg to refer you to page 463 of my practical work on "Diseases of the Eye." The contractions which result from destruction of the conjunctiva I will consider in my next clinical remarks.

# Original Communications.

## CASES OF OVARIOTOMY; WITH REMARKS. (a)

By LOMBE ATTHILL, M.D.,
Master of the Rotunda Hospitals, Dublin.

HAVING made it a rule, ever since I commenced to operate, to publish the particulars of every case of ovariotomy which occurred in my practice, whether successful or unsuccessful, I now lay before this Society the details of the following four; they comprise one unsuccessful and three successful cases.

CASE I.—J. C., æt. 28, unmarried, was admitted into the Rotunda Auxiliary Hospital on 1st August, 1878. She was anæmic, pale, thin, and walked with difficulty in consequence of an enormous tumour which filled the whole of the abdomen.

She stated that a tumour, the size of an orange, was first detected when she was only ten years old, and that it had since then gradually increased till it had attained its present size; the growth, however, had been much more rapid during the last year.

She also stated that she had never menstruated, nor had she experienced much pain, of late however, in consequence apparently of the great size and weight of the tumour, she suffered considerable distress, and had become incapable of supporting herself, as she had hitherto done, by teaching.

On examining the abdomen, it was found that the tumour reached from the ensiform cartilage to the pubes, and dipped into the pelvis; it was very solid, but fluctuation apparently existed over a considerable portion of it. The uterus, which was of normal size, was quite free. After a careful examination, I arrived at the conclusion that the tumour was an ovarian multilocular cyst, a large portion of it being solid.

The great size of the tumour, its solidity, and the weakly state of the patient, made me most unwilling to operate; on the other hand, she had the prospect of being reduced to actual want from her inability any longer to fulfill the duties of a governess; her health had, moreover, of late failed so rapidly, that it was most improbable she could long survive in her present condition. I told herself and her friends that I was adverse to the operation, but that if she urged it I considered it my duty to give her the chance it afforded. My friend, Dr. Kidd, who saw the case with me, coincided in this view.

The patient herself wished for the operation; her friends opposed it, but she firmly refused to be guided by their wishes, and begged of me to operate, saying that life in her present state was unbearable. So I consented.

On the 1st August, the patient having been etherised, I proceeded to expose the tumour; this was effected without difficulty, and Well's trocar plunged into it, but not one drop of fluid escaping, it was withdrawn, when it was discovered that the trocar was plugged with a quantity of soft putty-like matter, with which the cyst was filled. As it was evident its contents could not be evacuated in the ordinary manner, I enlarged the opening into the tumour, when a quantity of semi-fluid matter, of the consistence and colour of cream, slowly flowed out; but this soon ceased, and I had to dig out the contents of the cyst, plunging my hand into the putty-like mass, and scooping it out. In doing this, I found that the tumour was divided by a firm septum into two divisions. This septum was only broken down with difficulty, being very firm, and in some parts consisted, of bony material so hard and sharp as to tear my hand. In addition to the putty-like substance, the cyst also contained a quantity of hair, and deep down my hand came in contact with hard irregular masses, firmly adherent to the walls of the cyst, and apparently smaller cysts, the walls of which were partially ossified.

The tumour being now considerably lessened in size, I determined to endeavour to turn it out of the abdomen without completely emptying it, which indeed appeared almost impossible to effect. The incision in the integument was accordingly enlarged upwards, and I commenced to break down the adhesions, which were universal and very vascular. This was effected partly with the hand, partly with the handle of the knife, it occupied a long time, and there was a good deal of hæmorrhage; but at last it was completed, though more than once I thought the patient would have died before it could be done, so great was the collapse. No pedicle could be discovered, or any trace of ovary.

The hæmorrhage having ceased, and the abdomen thoroughly cleansed, the wound, which reached from an inch below the ensiform cartilage to the pubes, was closed, and the patient removed to bed in a state of extreme collapse, being very cold and pulseless. Warm jars were placed at each side of the body and at the feet. Ether was injected hypodermically with benefit, and brandy and beef tea thrown up the rectum. The operation lasted an hour and forty minutes. An hour after, that is at 1 p.m., the pulse had returned to the wrist, but was very feeble, and the body had become warm.

At 2 p.m. she was bathed in perspiration. Pulse, 140; Temp. 101 deg. She spoke feebly and complained of pain in the abdomen. She was very restless, throwing her arms about and moving her legs much. Small quantities of beef-tea and brandy had been given at intervals, one-third of a grain of morphia was now injected under the skin, and she fell into a restless sleep, during which the pulse varied much every few minutes, both in strength and frequency. At 3.30, the pulse being very feeble, some brandy was administered, and as she complained of distress in the region of the bladder, the catheter was passed, but only a few drops of urine escaped. Within ten minutes after this she turned deadly pale, broke out into a cold clammy sweat, the pulse became imperceptible, and in a moment or two she was dead.

The immediate cause of death appears to have been collapse, due probably to the trifling shock caused by passing the catheter, for I remarked at the time that though it

(a) Read before the Surgical Society of Ireland. The discussion will be found on page 00.

slipped in with the greatest ease, a tremor ran through her frame as it entered the bladder.

I have given the details of this case *in extenso*, because, so far as I am aware, no similar one has been recorded. Not only was it difficult in the extreme, but anything so irksome as the endeavouring to empty this enormous cyst by digging out with the hand sits soft putty-like contents, has seldom been experienced in any surgical operation.

Annexed is a report of the appearance, structure, and contents of the tumour, made by one of the resident pupils.

*Examination of Ovarian Cyst removed from the Abdomen. By Dr. Atthill*

*Examination, August, 8th.*

*Exterior.*—The tumour, which weighed 38 lbs., consisted of a large round multilocular cyst; its covering had the appearance of fibrous tissue, here and there cartilaginous, and almost bony. The remnants of vascular fibrous adhesions were found attached principally to its posterior part. No appearance of a pedicle could be found.

*Interior.*—On section, the mother cyst contained within it two daughter cysts, separated from the former by a wall of fibro-cartilaginous and bony tissues, so dense as to require the use of the saw. The mother cyst contained a purulent substance, very like cream in appearance and consistence, without any odour; also a thick cheesy material at its base, intermingled with tufts of hair. In the daughter cysts were found a number of small grape-like cysts, containing a gelatinous and calcareous material. The inner surface of the wall of the tumour is partly smooth and pale, and partly cretaceous. Here are found small fine hairs springing from the surface.

*Chemical.*—The contents are almost entirely dissolved by ether and chloroform, separately, especially by the former. A very small quantity of albumen and epithelial cells were found.

*Microscope.*—The smooth inner lining of tumour consisted of layers of pavement epithelium; the wall was composed of white fibrous tissue intermingled with yellow elastic tissue; cartilage cells were found in other parts of the wall of the cyst. When the addition of chloroform and ether had dissolved the fatty matter under the microscope, a small number of round granular epithelial cells were left behind.

Case II.—H. S. W., æt. 22, unmarried, admitted into the Rotunda Auxiliary Hospital, 26th August, 1877, being the subject of a large ovarian tumour, the existence of which had been previously diagnosed. It evidently consisted mainly of one large cyst, fluctuation in which was very distinct, but in the left inguinal region a solid portion about the size of a small cocoa-nut could also be detected. This young lady, though never robust, had enjoyed good health till six months previously, when her strength began to fail, and menstruation became irregular. Soon after she perceived that her clothes had become too tight, but till she consulted me neithershe nor her friends had any idea that she was the subject of a serious disease. As the tumour was rapidly increasing in size and health failing, I advised an immediate operation. This was performed on the 27th August, 1878.

Ether, as in all my recent operations, was the anæsthetic employed, administered by means of Ormsby's inhaler; the tumour was easily exposed, and the contents of the larger cyst easily evacuated, without the escape of any of its contents into the abdomen. There were not any adhesions, and the tumour was turned out with facility; it proved to be attached to the left ovary. The pedicle, about 2 inches in length, was first secured with a clamp, then ligatured with two hemp ligatures, both of which were passed through its substance and tied so as to form a figure of 8. The pedicle was then divided behind the clamp and thrown into the pelvis, and the incision in the abdominal wall closed with five carbolised catgut ligatures. The abdomen was covered with a layer of salicylic cotton, support being given in the usual way by straps of adhesive plaster and a flannel roller. The cyst was bi-locular; the larger one contained twelve pints of fluid. The smaller was dermoid; it contained a thick caseous matter and a large quantity of fine light-coloured hair, but no fluid.

I shall not weary the Society with the details of this patient's case subsequent to the operation, but shall merely mention a few particulars. Twenty-four hours after the operation the temperature was 102°, but ran up during the day to 103·8°. There was a troublesome cough which caused much distress, but this was allayed by an opiate. She slept well, and the temperature fell to 100°. There was some sickness off and on, and as there was much tympany, I directed on the morning of the third day a turpentine enema to be administered, but as she objected to this, a purgative pill containing calomel and aloes was in my absence very injudiciously substituted. This purged her violently and griped much. The vomiting also returned; the temperature, however, did not rise, it remained at about 100°.

For several days subsequently her condition remained most unsatisfactory, the vomiting and diarrhœa could not be checked, and her state became very critical.

Turpentine stupes, blisters, poultices externally, morphia hypodermically, opium by the mouth, and various other means were tried without effect; finally, on the recommendation of my friend, Dr. James Little, she was restricted to a teaspoonful of extract of chicken, (*a*) given every half hour, nothing else except a little ice being allowed. The extract was prepared by digesting the flesh of a chicken, carefully freed from all bone, skin, or fat, in a covered vessel, about a wineglassful of cold water only being added. This when strained produced about two wineglassfuls of fluid. A teaspoonful of this every half hour was the sole nourishment allowed for nearly 24 hours. It was always retained, and at the expiration of that time the troublesome symptoms had disappeared, and from that date she made a rapid recovery.

Case III.—M. L., æt. 30, a servant, the subject of a multilocular ovarian cyst, was admitted into the Rotunda Auxiliary Hospital in May, 1878. The tumour caused her but little discomfort, except that arising from its size, which at this time was not large. Her general health, too, was good, except in this one respect, that she had not menstruated from more than a year.

She was unable to give any information as to the early stages of the growth of the tumour, it having attained its present size when first observed by her some eight months previously. The tumour then being of comparatively small size, its growth apparently slow, and the patient's health good, I advised that the operation be deferred. She accordingly returned home to the country, but in three months time sought to be readmitted, stating that she now suffered much pain, and had become much larger. This, on examination, being found to be the case I proceeded on the 17th September, 1878, to operate.

The tumour was exposed without difficulty, and tapped with Spencer Wells' trocar, but only a small quantity of fluid escaped, this evidently being due to the fact that the tumour was multilocular I endeavoured to tap the adjacent cysts through the one first punctured without withdrawing the trocar, but this method not succeeding, I had the tumour steadily drawn forward while I introduced the fingers of my left hand into the cyst, and guiding the knife in them, laid open in succession eight or ten cysts of various sizes, none of them containing more than a pint of fluid. The tumour being thus much reduced in size, was without difficulty turned out of the abdomen. There were no adhesions.

The pedicle was about two inches long. It was first clamped, then ligatured, as in the previous case, divided, seared with the actual cautery, and returned into the abdomen. This patient recovered without a bad symptom.

On examining the tumour subsequently, it was found to consist of a mass of cysts, 15 or 16 being of considerable size, and a very large number of small ones, obviously their contents could not have been evacuated by means of a

(*a*) Dr. Little informs me that this method of preparing and administering essence of chicken was suggested to him by Dr. Haddon, of Rathmines.

trocar. The method I adopted was the only one possible under the circumstances. Doubtless it was impossible to prevent the escape of a considerable quantity of fluid into the abdomen, but this was subsequently carefully removed by sponging, and, as the result proved, was in no way injurious.

Case IV.—Miss ——, æt. 30, consulted my friend, Dr. Little, early in September last. She complained of debility, and stated that she suffered from indigestion; and as in Case II., neither she or her friends were aware of the existence of any serious ailment. Dr. Little observing the size of the abdomen, examined her with care, and detecting the existence of a large ovarian tumour, recommended her to place herself under my care.

There being no doubt as to the nature of the case, and of its being one eminently fit for operation, I advised ovariotomy being performed; to this the patient at once consented, only stipulating that there should not be any delay. Accordingly, assisted by Mr. Porter and Mr. Croly, I performed ovariotomy on the 18th September; ether being administered by Dr. Wm. Smyly. The operation occupied but twenty-five minutes. No difficulty whatever was experienced; the patient made a rapid recovery, and was able to drive out in three weeks. The tumour consisted of one large and a small secondary cyst. In this case, also, the pedicle was ligatured, as in the former cases, and "pocketted." With respect to the first of these cases, I had grave doubts as to the advisability of performing the operation; doubts which the unfortunate results fully justified; and I only undertook it reluctantly at the earnest wish of the patient. As to the other three, no second opinion could exist as to the necessity of operating.

In all my cases some slight preparatory treatment was practised. One or two doses of some aperient, castor oil being the best, was administered previously; one dose is not sufficient. I had much trouble in a former case from the non-observance of this rule; fæcal accumulation setting up much irritation seven or eight days after the operation. Next, no solid food was given for 24 hours previously, but beef-tea, milk, egg, and light farinacious food were allowed. After the operation, ice alone was at first given; subsequently, beef-tea, and milk, and soda water. Mr. Keith writes to me that he finds patients "do better without food till flatus passes freely." He generally "begins with tea or thin gruel and milk, or milk and water." As to stimulants, I am of opinion that as a rule, the less given the better. Of course, if collapse occurs, or the patient be very feeble, they must be given with a free hand.

Vomiting is, as all are aware, probably the most troublesome symptom we have to deal with; in many cases ice fails to check it; morphia hypodermically injected, sometimes stops it temporarily—altogether, occasionally. I have resolved, on the next occasion to try the effect of hot water, swallowed at as high a temperature as it is possible to get the patient to take it. This has proved very successful in vomiting occurring in other cases. Next, as to the treatment of the pedicle: in the first case here recorded, there was no pedicle to ligature; in the other three I ligatured it, and returned it into abdomen. In each case the pedicle was transfixed with two needles, armed with hemp ligatures, inserted so that when the ligatures were tied they overlapped each other, and formed a figure of ∞. The pedicle was then severed, and its end seared with the thermo-cautery. Formerly, I used the clamp, which method doubtless affords the most perfect security against hæmorrhage; but it has many drawbacks; the chief ones being the fœtid discharge which so commonly occurs, and the length of time which elapses before the wound in the abdomen heals. But what chiefly induced me to abandon the use of the clamp was this—that in one of my operations, on the removal of the clamp after the lapse of the usual time, I found the end to be in a very unhealthy condition; quite decomposed, and giving origin to a very fœtid discharge. I pared away with a scissors all the unhealthy tissue I could reach, and washed the part carefully with carbolic lotion; but on dressing the wound the following day, I found that the stump had sunk quite out of sight. It appeared to me that the adhesions which I had supposed united it to the abdominal wall had given way, and I felt some alarm lest septicæmia should supervene. The patient did well; but since then I have ligatured and pocketted the pedicle, and I certainly prefer this method.

In none of these four cases was the carbolic spray used, but that this was so was due to accident. I think the operation should, if possible, be done under the spray; but though the spray was not used, I took every other antiseptic precaution in my power; not only washing my own hands in carbolic solution, and seeing that my assistants did the same, but also washing every article used—sponges, knives, and especially forceps—in it also; and I believe these precautions to be of the utmost importance.

I think the result of the cases I have here detailed are very encouraging. Ovariotomy in Dublin has not as yet attained that success which it has in London and Edinburgh, but I firmly believe we shall soon attain as good results. Mr. Keith tells me that they had fifteen deaths in Edinburgh when it was first practised there, and points out that ovariotomy seems to have an unfortunate beginning in almost every place.

I believe our stage of misfortune is nearly ended; still I doubt if Irish women of the lower ranks will ever be as favourable cases for this operation as are English and Scotch women. They bear the operation well enough, but their temperament is too excitable. They are, too, very difficult to manage subsequently, and I find it very hard to induce them to maintain that absolute quietude which is so essential to success in this operation. I certainly lost two patients from this cause: one was doing very well till the third day, when some discomfort being caused by tympany, she made the most violent and continuous efforts to "belch up wind" as she said, but the result was she swallowed large quantities of air, and thus increased her discomfort. She turned, too, from side to side, and even sat up in bed. She would not take ice, tore off the ice cap which was applied to her head when the temperature rose; then she screamed and threw herself about when we wished to give a hypodermic injection, and finally forced her fingers down her throat to induce vomiting. Could such a patient possibly recover?

Of the four patients whose cases I have now related, one was a private patient, two were governesses, the fourth, though a servant, was a very quiet, intelligent woman; and I believe the fact of their being of this superior class materially influenced the favourable results which I have had on the present occasion to record.

## NOTES ON OVARIOTOMY. (a)

By WILLIAM STOKES, F.R.C.S.,

Professor of Surgery in the Royal College of Surgeons, and Surgeon to the Richmond Hospital, Dublin.

In the following remarks I shall studiously avoid entering into any minute details connected with the last four ovariotomies I have performed, as my object on the present occasion is mainly to elicit the opinions of those who have had experience of the operation, as to a few salient points connected with the procedure, about which the opinions of surgeons are still somewhat unsettled.

Case I.—A married woman, who never had children, æt. 62, and who had never previously been tapped, was admitted into the Richmond Surgical Hospital under my care in June, 1874, suffering from a large multilocular ovarian cyst. Eighteen months previously she noticed the growth first. It had increased very rapidly of late. At the umbilicus the measurement was forty-two inches, and from sternum to pubis, twenty-two and-a-half inches. The catamenia for some time had been scanty and

(a) Read before the Surgical Society of Ireland.

irregular. Notwithstanding the existence of some ascitic fluid, the diagnosis of a multilocular ovarian cyst could be made without much difficulty, and this was verified at the time of the operation. The patient was cheerful, her appetite good, her pulse steady and regular, and although she suffered much from the size and weight of the tumour, she was otherwise in fairly good health. On June 27, I performed ovariotomy, and removed a large multilocular cyst. There was much difference in the size of these cysts, some being extremely small, the size of small grapes, while others were as large, and larger, than a cocoa-nut. The contents, too, varied much in appearance and consistence. There were some adhesions at the upper and back part of the tumour, which, however, were easily broken down. The pedicle, a fairly long one, was secured by Spencer Wells' clamp. The wound having been closed and dressed in the usual way, the patient was removed to bed. She rallied well after the operation, but next day there was a morbid increase in the rapidity and feebleness of the pulse, the temperature also low, and these unfavourable symptoms did not subside, but continued to increase. On the evening of the second day the patient sank apparently from exhaustion, for there were no post-mortem evidences found to account satisfactorily for the unfavourable result.

Case II.—An unmarried woman, æt. 25, never previously tapped, was admitted into the Richmond Hospital under my care in May, 1875. She was somewhat anæmic in appearance, and her catamenia had always been more or less irregular. The tumour she suffered from she first observed twelve months previous to her admission. The tumour was not so large as in the preceding case, measuring only forty and-a-half inches at the umbilicus. On May 12th, there being no contra-indication to the operation, I exposed the cyst in the usual manner and removed the tumour. There were no adhesions, and as far as the operation was concerned, everything went on as smoothly and satisfactorily as any operator could possibly desire. The pedicle, a long and thin one, was secured by a small clamp. No vessels had to be secured, no ascitic fluid was in the peritoneal cavity, nor any escape of ovarian fluid into it. The edges of the wound were carefully brought together by carbolised silk sutures, and the wound dressed in the ordinary manner. Everything went on in the most favourable way for the first twenty-three hours, and when I saw her then, the pulse and temperature were both normal, the expression of her face was cheerful, placid, and free from all anxiety, and, in truth, as she lay in the bed no one from her appearance would have ever supposed that she had so recently undergone a formidable operative procedure. She expressed herself as being quite free from all pain or uneasiness, and was most hopeful of her ultimate recovery.

She had had several hours sleep during the night, the only thing administered to induce it being a quarter-grain morphia suppository. An hour after I saw the patient in this apparently satisfactory condition I was hastily summoned to see her, and was not a little shocked and distressed to see the sudden and alarming change that had occurred. The rate of the pulse from being 84, equable and steady, had risen to 120, and was thready and weak. The face became of an ashy white colour, the lips livid, the voice weak, and the face and hands bathed in a cold perspiration. There was some sickness of the stomach, but the tongue was clean and moist. The patient now expressed herself as being convinced that her end was approaching, which event took place just an hour after the first alarming symptoms of collapse set in. I made a careful autopsy, but failed to discover any cause for the patient suddenly sinking in the manner I have mentioned. There was no distension of the abdomen, no evidence of hæmorrhage, no fibrinous clots in the heart, no peritonitis; in fact, the result of the post-mortem was essentially negative, and the cause of death in this case is, and will probably remain for ever, to me an enigma.

Case III.—An unmarried woman, æt. 30, was admitted into the Richmond Surgical Hospital under my care on June 7, 1877, recommended to me by Dr. M'Dowel, of Sligo. Previous to the spring of 1876 she had always enjoyed excellent health, when about the end of February she first noticed her strength beginning to fail. She soon after this noticed that an enlargement could be felt in the lower part of the abdomen. She stated that at first the enlargement was chiefly confined to the right side. For a period of twelve months there was very little apparent increase in the size of the tumour, and her general health during this time did not deteriorate much except that the languor and the gastric irritability perhaps slightly increased. The catamenia also became scanty, though still continuing perfectly regular in its recurrence. The tumour now commenced to grow more rapidly, her respiration became difficult, and she was greatly annoyed by palpitation on making any sudden exertion. Her stomach began to get irritable and sometimes rejected food. The patient then went to the Sligo Infirmary, where she was admitted under the care of Dr. M'Dowel, and after a sojourn of six weeks came up to town on his recommendation to place herself under my care. Dr. Kidd and his surgical colleagues unhesitatingly came to the conclusion that the tumour was ovarian. Its circumferential measurement at the umbilicus was 41½ inches. On June 27 I performed ovariotomy, the difficulties I experienced being greater than on any previous similar occasion. These were owing to the large number of firm and extensive adhesions which existed for the most part at the upper and posterior part of the tumour. These difficulties were, however, satisfactorily overcome and the tumour removed. There was a good deal of oozing hæmorrhage, but only three small vessels had to be ligatured. Great care was taken not to leave any blood clots or "red serum" in the peritoneal cavity, which was done by the free use of carbolised sponges. The pedicle, fortunately a long one, was clamped, and the edges of the wound brought together by numerous points of interrupted carbolised catgut suture. Very full and accurate notes describing the progress of the case, in its minutest details, to complete recovery have been taken by Mr. J. Knott, now Demonstrator of Anatomy in the school of this College, and the successful result I obtained is, I feel assured, to a large extent due to the unceasing care and attention he bestowed on the patient both previous and subsequent to the performance of the operation. It is unnecessary on the present occasion to say more than that the progress to recovery progressed uninterruptedly, and on July 17 she returned home perfectly well.

Case IV.—An unmarried, fresh-complexioned, blue-eyed, well-nourished girl, æt. 17, was admitted into the Richmond Hospital, under my care, on August 27, 1877. About four months previous to her admission she first observed an enlargement in her abdomen, and the tumour steadily increased in size until it reached the large proportions it had when she came to hospital. Menstruation had for the past two years been very irregular, and a profuse leucorrhœal discharge was observed when she was first examined. One very distressing condition present was extreme gastric irritability. She frequently suffered from retching and vomiting, which nothing appeared to have any effect in checking. The patient occasionally complained of great pain in the tumour, which she referred mostly to the right side. From August 20 to August 28 nothing specially noteworthy occurred. The tumour, however, steadily increased in size, and all her vital functions suffered accordingly. At this time the circumferential measurement at the umbilicus was 35 inches. After consultation with my colleagues I determined to defer any operative measures until the tumour had reached larger dimensions. It now (Nov. 9) measured forty inches round at umbilicus. The patient was much debilitated, from want, I believe, of proper nutriment, for owing to the gastric irritability very little food could be given. On November 10th, assisted by Dr. Kidd and my surgical colleagues, I performed ovariotomy, and experienced, as in the last case, considerable difficulty in severing the cyst owing to the existence of many firm adhesions. These were situated mainly at the upper portion of the tumour. The contents, too, of several

of the cysts were for the most part solid or semi-solid, and could not consequently be removed through the wound until the latter was considerably enlarged. Eventually, however, the tumour was successfully removed, and the pedicle, found to be a long one, secured by a clamp. Great care was taken to remove all clots and red serum from the peritoneal cavity by antisepticised sponges. The edges of the wound were then brought together by numerous points of interrupted carbolised catgut sutures. The progress to recovery of this patient continued uninterruptedly, and on December 20th she returned home perfectly well.

I have purposely avoided giving any minute details of these cases, either previous or subsequent to operative interference. I may possibly publish them with other cases on some future occasion; my main object now being, as I stated at the commencement of this communication, to elicit the opinions from those here this evening who have had experience of ovariotomy, on—first, the value of antisepticism rigidly carried out in all its details in this operation; secondly, on the best method of dealing with the pedicle; and lastly, as to the desirability or otherwise of attending carefully to what Nussbaum calls the "toilet of the peritoneum." On these important points surgical opinion is, I think, still greatly divided as regards one of them. It is, I think, much to be regretted that it should be so, for there can be little doubt (and I say this not only from any experience of the operation I have had, but from what has been recorded by Mr. Spencer Wells, Mr. Keith, and others who have happened to have larger opportunities of acquiring experience of ovariotomy than surgeons in this country), that the mortality of the operation has largely diminished since the principles and practice of antisepticism have become more thoroughly understood and recognised. I entirely dissent from the opinion expressed by Von Nussbaum, that what he calls a "reign of terror" has to be gone through before one can become a successful ovariotomist; in other words, that a surgeon must make up his mind to have a long series of unsuccessful cases before he has successful ones. Formerly there may have been some grounds for holding this opinion, but since the introduction of antiseptics ovariotomy, as Mr. Keith says, "is not the operation it was fifteen or sixteen years ago, or even two years ago." Now, I believe a careful surgeon to have as good a chance of success in his first as in his fiftieth operation.

The best method of dealing with the pedicle is another all important topic, but one on which, like the last, the opinion of surgeons is greatly divided. In my cases I have always hitherto used Mr. Spencer Wells' clamp, and have never found any of the alleged inconveniences of that method of dealing with the pedicle. Mr. Keith, however, observes in reference to this point that "with antiseptics some form of intra-peritoneal treatment of the pedicle will be found to answer best. The clamp has done good service, but it must give way to something better. The mortality attending its use is larger, and the convalescence slower, as a rule, than with the best of the intra-peritoneal methods (*a*.) Von Nussbaum, too, observes that the worst of the use of the clamp is that "we can never know how deep the gangrene of the pedicle may extend, for the pedicle becomes sloughy and offensive, not only above the clamp, but unfortunately often also for some distance behind it." When this occurs, it brings, in his experience, "certain death." Without denying the possibility of this occurring, it is perhaps sufficient to state that it is not apparently the experience of Mr. Spencer Wells, who clearly decides in favour of the clamp over the ligature. He states: "I have gone into the result of the treatment by the clamp and by the complete intra-peritoneal ligature, or what we call the ligature returned. I find there were 627 cases treated with the clamp, of which 130 died, that is a mortality of 20·73. With the ligature 157 cases were treated, with 60 deaths, or a mortality of 38·2. Speaking simply, the mortality is nearly doubled. The mortality of the same operation in the hands of the same operator is 18 per cent. more with the ligature than with the clamp (*a*). Nothing could be stronger than this opinion, and it should, I think, decide us in favour of the clamp in every case where it is applicable. But as all here know, occasionally pedicles are found that are either too short, too thick, or too wide, to admit of the clamp being used, and we must then adopt the ligature either *en masse*, or in several small portions, with strong catgut, as practised by Von Nussbaum, or by Keburlé's method by the wire *écraseur*, or by the cautery.

With reference to the third point I mentioned, viz., what Von Nussbaum calls the "toilet of the peritoneum," or the thorough cleansing from the intestines, omentum, abdominal walls, and the so-called "valleys of the pelvis," of all blood-clots and serum, &c., all ovariotomists appear to be unanimous in considering of the last importance. Yet this importance has only recently been recognised. Some surgeons have even gone so far as to wash out the peritoneal cavity with a 2½ per cent. solution of carbolic acid, and then wipe it out with carbolised sponges. This latter course I would consider unnecessary and unjustifiable.

Much has been said of the mortality after ovariotomy in Ireland, but Mr. O'Grady has shown in his able paper, published in the *Dublin Medical Journal* for Aug. 1874, that the rate of mortality has not been greater here, or as great, as in some of the largest and best known of the London hospitals. Still, the mortality in Dublin admitted by Mr. O'Grady was, at the time he wrote, startlingly great. In a table of twenty-eight operations there were only seven recoveries. Were a statistical table now made of the cases operated on in Dublin since 1874, the percentage of recoveries would, I feel convinced, be far greater. I cannot at present give the exact number of cases operated on in Dublin since Jan., 1864, but I may mention that through the kindness of my surgical friends I have witnessed and assisted at very many of the ovariotomies done in Dublin during that time, and the successful were largely in excess of the unsuccessful results. In the Richmond Hospital I may mention that, latterly especially, the results obtained by my colleagues and myself have been most encouraging. Of the last five operations performed respectively by Drs. Thomson, Stoker, Corley, and myself, there have been four recoveries. One of these cases I should not, perhaps, in strictness include, as it was not exactly an ovariotomy, but even a more formidable procedure. I allude to a case operated on by Dr. Thornley Stoker, where a uterine tumour of enormous dimensions was successfully removed. These eminently satisfactory results I believe to be largely due to an adherence to antiseptic practice, even though, on my part at all events, it may not, perhaps, have been carried out as rigidly as it might have been.

(*a*) *Brit. Med. Journ.*, Oct. 19, 1878.

(*a*) *Med. Times and Gaz.*, July, 1878.

# Clinical Records.

## NOTES ON A FEW CASES OF PHAGEDÆNA IN THE FEMALE LOCK HOSPITAL, LONDON.

(Remarks by Mr. G. Hamilton Bishop, M.R.C.S.)

Under the care of Mr. Buxton Shillitoe.

Case I.—A. G., æt. 19, admitted with several sores on left nymphæ which had taken on phagedænic action. The ulcerations were dressed with a lotion containing cupri sulph., gr. x.; tinct. opii ʒij.; lotio nigra, ʒix.; and she took a mixture containing 15 grs. of bromide of potassium, as she had been drinking heavily and was shaky. The sores soon cleaned under this treatment; in twelve days they were dressed with iodoform, and in twenty-six days were quite healed.

Case II.—N. M., æt. 24, admitted with sloughing phagedæna of both labia and nymphæ, with great destruction of parts. She was treated locally with tinct. ben-

zoin co., and internally, sulphate of iron and magnesia. This was a tedious case, owing to the extensive destructive ulceration, but finally healed under iodoform or black-wash.

Case III.—N. R., æt. 24, admitted with large phagedænic ulceration extending over the inside of both nymphæ and across the inferior commissure. Treated throughout with iodoform ointment, 15 grs. to ℥j. of vaseline.

Case IV.—H. F., æt. 18, admitted with suppurating sores at inferior commissure and around vaginal orifice, and a phagedænic ulceration over lower part of sacrum. This was dressed with tartrate of iron, ℥j. ad ℥j., and soon healed.

Case V.—M. A. L., æt. 24, admitted with severe deep sloughing phagedæna on inside of left thigh. Treated locally with Little's soluble phenyl, and internally cod-liver oil and citrate of iron and quinine—being very thin and anæmic. The ulceration cleaned and progressed favourably, though slowly, being very deep. An eruption of roseola made its appearance ten days after her admission, but soon faded.

Case VI.—E. B., æt. 24, admitted with severe sloughing phagedæna of both labia and nymphæ, with great destruction of parts; she was in a very anæmic and low condition. Treated locally with a lotion of tartrate of iron, ℥j. ad ℥j., and sloughing arrested, though both nymphæ were lost. Fourteen days after admission a tubercular syphilide made its appearance. The ulceration very quickly healed considering its extent.

Case VII.—E. B., æt. 21, admitted with phagedænic ulceration at inferior commissure, and a few mucous tubercles around anus. Treated locally for a week with Little's soluble phenyl, which arrested the phagedænic action, and subsequently with tartrate of iron.

Case VIII.—F. B., æt. 17, admitted with extensive phagedænic ulceration around vaginal orifice, and on inside of left labium. Treated locally with a lotion of tartrate of iron, ℥j. ad ℥j., and the ulceration healed.

*Remarks.*—These patients were (with the exception of Case VI.) prostitutes of a destitute class, living in low parts of London, and addicted to habits of intemperance (Case I., presenting symptoms of incipient delirium tremens), and were all miserably clad, ill-fed, and very dirty, showing that (as I believe) phagedæna arises from their remaining in this state of dirt, neglect, and intemperance, rather than the result of syphilis. Three of these cases were followed by slight constitutional syphilis, one having roseola, another, slight mucous tubercles, and a third, a tubercular eruption.

Mr. Babbington says: "The secondary symptoms which follow the phagedænic sore are peculiarly severe and intractable."

Those cases which have not been succeeded by secondary symptoms have been under observation (with the exception of Case I.) for several months, and have not yet shown any sign of being constitutionally affected.

*Treatment.*—The treatment adopted varied, as will be seen by reference to the cases—tartrate of iron being used most frequently. We adopted formerly the prolonged use of the warm bath, also the heroic treatment of thoroughly mopping the sores with pure nitric acid, pure carbolic acid, or using Dr. Paquelin's thermo-cautère, but we very seldom use them now, finding the cases yield to cleanliness, nourishing diet, and careful dressing with any of the preparations used in the above-mentioned cases.

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We regret to hear that Dr. Millerchip, one of the medical officers of the Coventry Union, was committed for trial at an inquest last week, on a charge of manslaughter for alleged neglect of duty in not attending an infant child, named George Bastock, who died without medical assistance, although Dr. Millerchip had been repeatedly requested to attend.

# Transactions of Societies.

## SURGICAL SOCIETY OF IRELAND.

SESSION 1878-79.

FRIDAY, JANUARY 17TH.

The Fourth Meeting of the Session was held at the Royal College of Surgeons,

Mr. P. C. Smyly, President of the College, in the Chair.

Mr. Tufnell (hon. sec.), read the minutes of the previous meeting, which were signed.

Mr. Wheeler submitted a

SPECIMEN OF CANCER OF THE BREAST,

taken from a lady, æt. 31, who had been married three years, and had borne one child. As far as he could ascertain, the disease commenced eleven months ago. The disease appears to have commenced at the internal side, and to have attacked one lobe of the gland and not to have proceeded to the other lobe until a recent date. It appeared that the disease did not exhaust itself in the gland, but attacked one lobe, leaving the other free. A great many of the authorities set down from 30 to 50 as the period of age when the disease was most common, while Burkett stated the climacteric period to be from 45 to 50.

SPECIMEN OF STRUMOUS DISEASE OF THE WRIST-JOINT.

Mr. Ormsby submitted a hand and portion of the forearm which he removed from a girl in the Meath Hospital for strumous disease of the wrist-joint. The disease had existed for the last fourteen months. Every possible remedy was tried in the shape of medicated applications; and on one occasion, an incision was made over the part so as to remove the diseased bone. However, her symptoms became gradually worse. He had lately adopted a solution of chloride of zinc—40 grs. to the ounce—for swabbing out wounds; and he found that very little, if any, pus was formed after it.

Mr. Kelly presented a

SPECIMEN OF FRACTURE OF THE LARYNX AND HYOID BONE,

which he had removed from a patient who died last Tuesday in Jervis Street Hospital. The circumstances of the case were peculiar. The subject had been suffering from epilepsy 13 or 15 years. Some eight years ago he had had seizures three or four times a month; and subsequently they increased until within the last few weeks, when they occurred sometimes to the number of thirteen a night. He was admitted at half-past 7 on Tuesday morning. When Mr. Kelly saw him he was violent and delirious, and required to be held in bed by three or four attendants. He complained of some sharp bone cutting into his throat. Mr. Kelly passed a probang into his stomach without difficulty. The patient then changed his exclamations, and said a worm was coming up his throat. Every time he perceived a sensation or aura he seized himself forcibly by the throat, and it required a considerable amount of strength to remove his hands. He was put under treatment, and after being in the hospital three or four hours he suddenly expired, after getting a drink of water. Having made a post-mortem examination, Mr. Kelly found the heart perfectly sound and also the brain; but the lungs were in a peculiarly-marked condition of congestion. The blood gushed through the incision as if from a mass of wounded veins. The brain was remarkably anæmic, and the entire body, as far as he observed, seemed to be in a healthy condition. He then examined his throat, and found (as would be perceived on the specimen), the hyoid bone fractured at the junction of the right cornua with the body. The thyroid cartilage, also, was fractured to the right of the mesial line. Several extravasations occurred in the deeper tissues along the right side of the neck. His method of strangulation was by pressing his thumb forcibly backwards and slightly towards the left. It required all their exertion to take his hand away from his throat. An inquest was held, and the evidence went to show that the injuries were self-inflicted.

Dr. Lombe Atthill read a paper on

OVARIOTOMY—SPECIMENS OF TUMOUR,

which will be found on page 118.

Mr. Stokes also read a communication on the same subject, which will be found on page 120.

Dr. ATTHILL—I might remark that that woman who had not menstruated for a year began to menstruate in six or eight hours afterwards, and has menstruated regularly since.

Dr. KIDD—I have used both the clamp and the ligature; and I confess I do not attach very great importance as to which of those methods is used. Dr. Marion Sims recently read a paper, and the opinion he arrived at is, and my own experience coincides with it—that it is not very material which of those methods you adopt. I believe some of the greatest successes in the operation have been achieved by the old method of using the ligature, and allowing the ends of the ligature to hang out. That was the method used by Dr. Charles Clay in his operations, and his success was certainly very large. There is an advantage attendant on the ligature hanging out—namely, that it serves the purpose of drainage in allowing fluids to escape. With this advantage it must, of course, be at the same time remembered that the ligature constitutes a foreign body in the peritoneum, and being necessarily in contact with air and unhealthy discharges is favourably circumstanced for putrefaction to take place, but it very soon becomes enclosed by a deposit of fibrinous adhesions, so that the peritoneum is cut off from it. In this way only I can understand it was not followed by fatal results in almost all the cases in which it is used. In my later operations I have adopted the plan of cutting the ligature and dropping the pedicle into the abdomen. If you have a short pedicle to draw it out of the abdomen and fix it with the clamp, you necessarily draw the uterus forward, and cause great tension. So it is a much better practice to ligature the pedicle and drop it into the abdomen. If, however, you have a long pedicle that you can draw freely forwards, without disturbing the position of the uterus, my inclination would be to use the clamp. That is the principle that has, at all events, guided me. In my latter operations, it so happened that my pedicles were short, and therefore, I ligatured them, and dropped them in. Ligatures left in the abdomen that way, after all do very little injury. I think I have at present four patients in perfect health, and they have each of them from six to seven pieces of hemp in the abdomen, and never exhibited the least inconvenience. I believe I saw most of the cases that Mr. Stokes and Dr. Atthill have related. In the first case, that of the tumour, was about the largest ovarian tumour I ever saw. It puts me in mind of a case of Dr. Clay's. The patient was brought to him in an omnibus: she sat on one side of the omnibus, and her ovarian tumour was supported on the opposite side, it was so large. Dr. Atthill's was not quite so large, but very nearly approached it. Dr. Clay's case shows that the enormous size of the tumour does not prohibit the operation—for his patient recovered without a bad symptom. The question of adhesion has attracted a good deal of attention. I have had a run of cases where there were very great adhesions, they were almost universal. Certainly, I think in the last four cases I operated upon there was not a particle of tumour that was not adhering, and yet in every one the patient recovered without a single bad symptom. I believe in the last case I operated upon I had every moveable organ in the abdomen out lying on the table; and that woman recovered. Her pulse never exceeded 100; her temperature never raised; she never vomited; and never had a bad symptom. As to the toilet of the peritoneum, I look upon that as one of the most important points in the practice of ovariotomy. I think it is a far more important point than the method of treating the pedicle. If you leave clots of blood or red serum it will most probably become putrid, and you will have a low form of peritonitis set up—a circumstance that most materiall y contributes to fatal results. In several instances, where there was a great deal of serum, I have adopted Gabriel's plan of introducing a glass drainage tube alongside the pedicle with very good results; and one of the advantages of the clamp is that you can use the drainage-tube along with it. Dr. Peaslee records a very remarkable case illustrating the importance of attending to the matter, where, for forty days, he had to wash out the peritoneum to remove the products of putrefaction. A portion of the incision remaining open, he introduced a tube and washed it out with a weak solution of salt (commen chloride of soda). His patient recovered perfectly. An objection has been made to the use of the clamp that afterwards, when the patient menstruates, the menstrual fluid will escape at the cicatrice. I am quite sure that that is an objection; it has occurred with two or three of my patients. For months after the operation every time they menstruated the bloody fluid escaped at the seat of the wound, though apparently quite healed. On the other hand, those who prefer the clamp make this an objection to the use of the ligature and dropping it in—that if the menstrual fluid is to escape, it is much safer that it should do so from the skin than the cavity of the peritoneum. That is the theoretical objection made to the ligature. But so far as my own experience goes, I never heard of any consequence arise from the fluid escaping from the ligature and stump. Probably, it becomes completely encysted, and in that way so sealed up that very little could escape through it. In one of my cases I had a good deal of uneasiness, where a considerable time after the operation there was an escape of serous fluid from the seat of the wound. In fact, it was a case where the adhesions were so extensive that I cut off a portion of the cyst attached to the intestine and left it in the abdomen. For nearly a year afterwards that woman had a small fistula open at the seat of the wound, through which serous fluid escaped. It was a case in which the adhesions were so close I had to ligature seven of them, and I left the ligatures in the abdomen. At first, when I found the serous fluid escaping, I was very apprehensive that I had divided the ureter, or included it in one of the ligatures. However, the fistula has quite closed, and the fluid proved to be nothing but serum. It is now four or five years since, and the patient is in perfect health.

Mr. THORNLEY STOKER bore testimony to the value of the drainage tube. In a case of large fibrous tumour, which he operated on—referred to by Mr. Stokes—he introduced a glass drainage tube at the side of the pedicle, the latter being the cervix of the uterus. He felt sure the recovery of the patient was due in great degree to the presence of the drainage tube. The adhesions were very extensive; and he was obliged to draw the omentum off, like an apron, from the surface of the tumour, in great sheets, and apply three ligatures. In consequence there was a good deal of suffering, and an escape through the drainage tube afterwards of a very large quantity of extremely offensive purulent fluid; so offensive in character that he could scarcely conceive its being absorbed, and the patient making a recovery were the drainage tube not present. The same case also bore out what Dr. Kidd had said in reference to the little harm those foreign bodies created from being left in the peritoneum cavity. His own patient, who had three ligatures at all events in some part of her abdomen, was in vigorous health, and suffered no inconvenience. The ligatures encircling the cervix uteri came away afterwards; those affixed to the omentum remained behind.

Mr. WHEELER did not agree with Mr. Stokes that the cause of death in the second case was at all enigmatical. In a case in which he himself operated at one p.m. the patient was exceedingly well up to next morning, when she showed signs of collapse, a small pulse, and she died about two o'clock in the day. So small did the pulse become, he thought there was internal hæmorrhage. He believed she died from cumulative, or what the old writers called secondary, shock, which was, he believed, the cause of a great many deaths in ovariotomy. As to the washing of the peritoneal cavity, it depended greatly on what occurred during the operation. If they could remove the cyst without breaking it, or letting any fluid get into the cavity of the peritoneum, or the operator put his hand in, it would not be advisable to wash it out; but if any fluid got in, it would be better to wash it out with carbolic acid than run the risk of allowing it to remain. In one of the medical journals he read of a case in which, some days after the operation febrile symptoms became aggravated, and there was an accumulation of fluid, which the operator let out by making an opening into the vagina; and it was followed by excellent results. He thought that tying the pedicle, and passing in the drainage tube would be preferable to having the ligatures come out through the wound. It would be far more preferable to cut the ligatures short than to leave them hanging out, and carry out the principle in its entirety than partially.

Mr. ORMSBY asked the authors of the communications to state what anæsthetics they considered best.

Mr. THOMSON considered the comparison made by Mr. Wells of the two processes of treating the pedicle, by the clamp and by the ligature, as scarcely fair. Mr. Wells had compared the results in 600 or 700 cases of treatment by the clamp with the results of 160 by ligature; and had probably been carried away by too great a conservative affection for his own method, and inclined to cast discredit on what was really the older plan that was now coming into more general use; namely, ligature of the pedicle, and which was the plan adopted by Mr. Thornton, one of the most rising operators

in ovarian cases in London. As to the use of antiseptics, if there was any operation in which antiseptic precautions ought to be of any use, it was in that of ovariotomy, where such a delicate membrane as the peritoneum was exposed, together with the whole cavity and organs, to whatever contagion might be in the air. In a case he operated on himself, he used thymol spray as a more powerful germicide, and less irritating in its action on the peritoneum than carbolised spray; and on the fifth day after the operation the parts were entirely healed. As to the toilet of the peritoneum, much depended upon it. It was suggested to him by Dr. Kidd to carry out Wells' plan of using round needles, instead of the usual triangular surgical needle, which was very apt to be followed in some cases by considerable oosing into the peritoneum; oozing from which he believed, in not a few instances, death had ensued.

Prof. BENNETT concurred in the error of comparison pointed out by Mr. Thomson. Admitting the necessity of antiseptics, the clamp or ligature might be used as either suited.

Dr. KIDD thought some confusion existed. The ligature had been mentioned as an old method and a new, and the clamp as Mr. Wells' invention. He believed the first method of treating the stump was the ligature, leaving the ends hanging out. The next step was Hutchinson's invention of the clamp, consisting of two parellel bars. Then Wells invented his clamp, which was more like a carpenter's compass. The bars did not act parellel, but on a pivot at one end, and were secured by a screw at the other. Next, Smith invented the method of using the wire ligature, and dropping it into the peritoneum. Then, Dr. John Clay, of Birmingham, suggested the plan of dividing the stump with actual cautery, and dropping it into the peritoneum. Lastly, came the method of using the ordinary hemp ligature, cutting it short, and dropping it into the peritoneum. These were the successive steps, except one suggested by Sir James Simpson, which, however, was not so far as he was aware, put into practical use; the method of treating it with a moveable wire ligature, something in the way he suggested for the treatment of arterial hæmorrhage generally.

Dr. ATTHILL, in reply to Mr. Ormsby said, the anæsthetic he used in the last ten or twelve operations was ether, believing it to be much safer than any other for a long operation. In one under chloroform for vesico-vaginal fistula the woman nearly lost her life; but twice afterwards, under ether, she bore it beautifully. He administered the ether with "Mr. Ormsby's inhaler," which answered very well. In the treatment of the pedicle he used the clamp as often as the ligature, but he found the latter much more satisfactory, and though not wedded to it he gave it the preference. Dr. Kidd used them according as they suited—if a long pedicle, the clamp; if a short, the ligature. The figures given by Mr. Wells as to the comparative results of ligature and clamp were certainly fallacious, as having been drawn from operations under the same hands, and the ligature therefore used in the unfavourable cases.

Mr. STOKES said ether was the anæsthetic they always employed in the Richmond Hospital, whether in long or short operations, and it would be satisfactory to Mr. Ormsby to know that his inhaler was the one which he (Mr. Stokes) always used. In one case Mr. Ormsby himself administered it with his inhaler, which answered extremely well. He regretted to say that, so far as he was concerned the explanation of the cause of death given by Mr. Wheeler, in the case he had mentioned, was not satisfactory, and still remained to him an enigma. Mr. Wheeler had explained it by supposing it to be the result of "secondary shock," a term which he mentioned was used by the older writers. To his mind, "secondary shock" was nothing more or less than giving expression to a condition of a nature which they did not at all comprehend. Therefore, having regard to the negative character of the autopsy, he thought he must still remain in ignorance of the death of the patient. He had to express his satisfaction that what he had stated in reference to dealing with the pedicle had been so fully endorsed by such an experienced and distinguished ovariotomist as Dr. Kidd. He had stated that pedicles were frequently met in which the clamp could not be used, and in such case the ligature or some other method should be employed. His own partiality for the clamp had arisen from its being first introduced, from not having any foreign body left in the peritoneal cavity, and from the results of the vast experience of the most celebrated ovariotomist living—Spencer Wells, who had declared his preference for it. He should be sorry it was thought he was of opini 'hat the clamp and no other instrument should be used in dealing with the pedicle.

The Society then adjourned.

# Department of Lunacy.

## THE MURDERER PEACE.

FROM a psychological point of view the character of this man presents rather a curious study. He seems to be one of those exceptional beings in whom there is an almost innate criminal propensity, and whose infamous practices are in themselves as great a source of pleasure and satisfaction as the booty derived from them. Not long ago a distinguished German psychologist asserted that his studies led him to regard the impulse of criminal nature in the light of natural laws. He said that an "anthropological change," or, in other words, a defective organisation of the brain lies at the foundation of the criminal propensity of habitual thieves, murderers, &c.—that the cerebral changes were of so gross and palpable a nature as to admit of easy demonstration in the *post-mortem* room—and that they might even be recognised during life by a careful examination of the criminal's head. Whether the conformation of Peace's cranium or brain is different from that of most people, we will not venture to say, but judging from his photographs, a man like Professor Benedikt of Vienna might certainly find some further data for his doctrines in an examiuation of the prisoner. Be this as it may, we have no doubt that the cerebral organisation of a hardened and determined fellow like Peace must be very different from that of ordinary individuals, although we do not for a moment believe that the difference is of so gross and palpable a nature as to be detectable after death, much less before it. None the less true, howevever, is this materialistic view of the criminal propensity—a view which, unfortunately, precludes all hope of our ever permanently ridding society of such characters. As long as human nature is as it is, we shall have amongst us thieves, murderers forgers, *et id genus omne*. No amount of education, no penal codes, no force of example, no religious or moral suasion, will deter such men from their evil courses, or induce them to lead an honest life. Indeed, the very propensity which seems to be "born and bred" in their flesh is fanned and encouraged by the morbid interest and sympathy of society which considers itself outraged by their acts. When well-dressed ladies contend for the opportunity of looking at these villains through their opera-glasses, and special correspondents are told off to watch and record every change in the features of the criminal, and every word or whisper that escapes his lips, can we wonder that such men may even feel as much pleasure and pride in being infamous as their more discreet neighbours do in being honest or famous?

## ARE INEBRIATES AUTOMATONS?

SUCH is the question which Dr. Beard, of New York, puts to the American Association for the Cure of Inebriates at Boston, and which he has no hesitation in answering in the affirmative. "So long as a man is merely a drunkard he has it in his power to reform if he have a good endow-

ment of will and can keep out of temptation. But in the disease of inebriety the sufferer has little or no more volitional control over his drinking symptoms than has a sufferer from neuralgia, or from sick headache, or from hay-fever." We admit there are a few exceptional cases in which uncontrollable drunkenness may be viewed in the light of a disease, or as a species of insanity, but these cases must be very few. At all events, the principle of looking upon "dipsomaniacs" as bereft of all voluntary control over themselves is a very doubtful one; inasmuch as the more this class of people are brought under the subjection of others, the less likely they are to exercise what little will they have of their own. We are all, to a certain degree, more or less automatons, but it would be very unsafe practice to carry out this doctrine to its logical conclusions. The thief, the burglar, the murderer may be regarded as automatons, and as having impulses over which they have no control. But the principle on which we deal with such criminals should, with certain reservations guide our treatment of the habitual drunkard. Admit that he knows what he is about, that he has more command over himself than his friends suppose and by all possible means, deter him from continuing the course he is taking.

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## PSYCHOLOGY OF HAMLET.

"Quem deus vult perdere, prius dementat."

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The mental condition of Hamlet has frequently been discussed, and various interpretations have been given in connection with the subject. Shakespeare intended Hamlet to be a man of passionate disposition, of noble and gentle temperament, most affectionate, devoted to the memory of his father, and indignant with the absence of shame in his mother.

"Frailty, thy name is woman;
A little month or ere these shoes were old
With which she followed my poor father's body,
Like Niobe in tears; why she, even she—
O God; a beast, that wants discourse of reason,
Would have mourned longer—married with my uncle."

The play thus commences with a delicate youth, with feelings of grief mingled with disgust, who had doubtless reflected for some time upon a theme which was both repugnant and harrowing to his sensitive nature, and which rendered his mind liable to be unhinged by the slightest provocation. The primary cause for the sudden outbreak of Hamlet's madness may be traced to the appearance of his father's Ghost, causing a state of excitement, but calming down by degrees as the vision disappears. The first evidence of his mental aberration occurs in the scene when the apparition has left him and he is asked by Horatio what secret has been divulged—

"There's not a villain in all Denmark,
But he's an arrant knave."

To which Horatio replies,

"These are but wild and whirling words my lord."

This is the first allusion to the wildness and unnaturalness of Hamlet's disposition. Another early indication of his condition occurs in the interview between Ophelia and her father—

"My lord, as I was sewing in my closet,
Lord Hamlet with his doublet all unbraced;
No hat upon his head; his stockings fouled,
Ungartered and down-gyved to his ankle;
Pale as his shirt; his knees knocking each other;
And with a look so piteous in purpose
As if he had been loosed out of hell,
To speak of horrors,—he comes before me."

In this scene Polonius alludes to the return of the gifts made by Hamlet to Ophelia as the cause of his madness—

"That has made him mad."

In the following scene we find Rosencrantz and Guildenstern, both intimate friends of Hamlet, sent by the King to act as attendants and watch over his personal liberty. From a previous acquaintance with him it was not to be expected that a suspicion would be cast on the motive of their visit to Denmark and intrusion on his presence. The Queen instructs them thus—

"Good gentlemen, he has much talked of you;
And sure I am two men there are not living
To whom he more adheres,
And I beseech you instantly to visit
My too much changèd son."

There can be no doubt but at this period of the play Shakespeare regarded Hamlet as a madman, driven to desperation by all that he had gone through. A mind embracing both gentleness and firmness, naturally of a strong melancholic temperament, of a highly reflective character, stung to remorse and terror by the villany of his uncle—the murder of his father, and the incestuous behaviour of his mother, all acting as excitants in one already predisposed to melancholy, and prostrating by their baneful influence his mind and producing the condition as described and depicted by the dramatist. Polonius, who was of a crafty and knowing disposition, and ever eager to express his opinion to the King, considered that he had found out the cause for this strange change in Hamlet's mind,

"I have found the very cause of Hamlet's lunacy."

Of course he here alludes to the supposed affection for Ophelia, about which however there is a diversity of opinion as to whether Hamlet really loved Ophelia or not. He is evidently conscious of his condition, for he perceives that he is being watched by Rosencrantz and Guildenstern and under their supervision, Hamlet asks them a direct question—

"Were you not sent for? Is it your own inclining? Is it a free visitation? Come, deal justly with me; come, come; nay, speak."

This remark is made to them in reference to their sudden visit to Denmark. Again,

"What have you, my good good friends, deserved at the hands of Fortune, that she sends you to a prison hither."

It has often been argued from Hamlet's conversation here that he was feigning madness. This, to my mind, is however contradicted in the beautiful speech describing his melancholic brooding, which frequently has been brought forward as a typical illustration of a melancholic temperament. Burton, in his "Anatomy of Melancholy," who was a contemporary of Shakespeare's, has also depicted this condition; he writes—

"They are soon tired with all things; they will now tarry, now begone; now in bed, they will rise; now up, then they go bed; now pleased, then displeased; now they like, then dislike all." "*Sequitur nunc vivendi nunc moriendi, cupido,*"

As Aurielianus says.

Hamlet thus describes his melancholic disposition—

"I have of late—but wherefore know not—lost all my mirth, foregone all custom of exercise; and indeed it goes so heavily with my disposition that this goodly frame, the earth, seems to me a sterile promontory; this most excellent canopy, the air, look you, this brave o'erhanging firmament, this majestical roof fretted with golden fire,—why it appears no other thing to me than a foul and pestilent congregation of vapours."

Suicidal tendencies are always present in connection with melancholia. Shakespeare, mindful of this, introduces in the following scene a speech as illustrative—

"To be or not to be, that is the question."

From the context this evidently refers to the contemplation of self-destruction. The interview between Hamlet and Ophelia, in which she is informed that he never loved her, is characteristic of a mind unhinged—

"O, what a noble mind is here o'erthrown."

His melancholic state gradually subsides into one of subacute mania, reaching its culminating point in the scene with the players, where he finds the account given by the Ghost of the murder of his father corroborated—

"Now could I drink hot blood, and do such bitter business as the day would quake to look on."

After the interview with his mother and the murder of Polonius, Hamlet is sent to England under the charge of Rosencrantz and Guildenstern, to whose protection he has been entrusted by his uncle—

"And he to England shall along with you."

On his return home Hamlet meets the *cortège* bearing

the "Fair Ophelia." After this there is no history of any lunacy, and he continues in a sound state of mind until the termination of the play. As a substantial proof of this I must refer to the speech made by him to Laertes previous to their duel. It is, however, to be regretted that this is omitted in the present version of the play. Upon this the whole question hinges as to whether he was feigning madness.

"Give me your pardon, sir, I have done you wrong;
But pardon't as you are a gentleman.
This presence knows, and you must needs have heard,
How I am punished with a sore distraction.
What I have done,
That might your nature, honour, and exception,
Roughly awake, I here proclaim was madness."

He declares further on in the same dialogue that he destroyed Polonius and drove Ophelia to distraction under the influence of insanity. He says that "his madness is poor Hamlet's enemy."

The inference to be gathered from this is either that Hamlet was sane and excused himself on a self-imposed plea of madness, or that he was conscious of his previous irresponsibility, and was eager to explain the reason for his misdeeds.

There is sufficient evidence from a careful examination of the traits in his character to ignore the first plea. Hamlet was not a coward. He would not have made use of deception to escape calumny and disgrace. On the contrary he was brave, truthful, honourable, and resolute, and I cannot admit that he was a man likely to purposely deceive Laertes. It was contrary to his nature and to the history of his case.

The general conclusion I have arrived at is that there is no evidence to prove that Hamlet feigned madness, and that tracing the delineations of his disposition carefully, there are conclusive facts of the existence of mental aberration, followed, as I have shown, by complete restoration to health previous to the termination of the play.

I am desirous of saying a few words on the performance of Hamlet at the Lyceum Theatre. With regard to the portrayal of Ophelia by Miss Ellen Terry, a character so redolent of feminine gentleness, beauty, and grace: It has been argued by some critics that there is not sufficient acting in the part. It appears to me a most perfect representation of what Shakespeare intended, the personification of a love-sick girl, whose mind is wrecked, giving vent, during her insane warblings to ideas which could never have suggested themselves to any one but the possessor of a "mind diseased," a mind prostrated and perverted, and to one who had lost control over her better reason, reduced to a state of disordered instinct and imagination. All this is displayed by Miss Ellen Terry. The great error to guard against in a true representation of Ophelia is over action and exaggeration. This is carefully avoided. It is a most difficult thing to feign madness, from the tendency to overdo the part and exaggerate the symptoms. Exception has again been taken to the tears shed in the mad scene as being contrary to what is found in insanity. The now popular notion that persons who are of unsound mind do not shed tears is a fallacy. It is erroneous and contrary to all experience.

The Ophelia of Miss Ellen Terry is true to nature, and may be pronounced a most brilliant representation. The masterly performance of Hamlet as rendered by Mr. Irving is so well known as not to require any further comments from me. The character is depicted with the skill of a consummate artist. I have heard that to produce Hamlet as it is now acted at the Lyceum Theatre, has been the study of a lifetime, and Mr. Irving must be congratulated upon the great success of his undertaking.

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PECULIAR IDEAS OF PERSONS ALLEGED TO BE INSANE.—In a pamphlet which came under my observation lately, the thoughts and doings of an eccentric individual were described. He fancied he attracted the notice of strangers in the streets, and he asked himself the following questions: "Are the passers-by afraid of me?" "*Do I stink like a beast?*" I shall be glad to know whether there is any truth in the notion that the skin of mad people exudes unpleasant odours, and if so, how can the condition be accounted for?—PSYCHOLOGICAL ENQUIRER.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 12, 1879.

## THE PLAGUE.—I.

THE PLAGUE—a pestilence more dreadful and more fatal than all the pestilences which have from time to time attacked the human race—has, after a long absence, made its appearance in Europe. Nations which were but recently armed against each other, or actually engaged in mortal conflict, are now considering how they can best defend themselves against a common enemy, one more formidable than any they have been preparing to encounter; and Russia, which has so long disturbed the peace of Europe, now threatens that continent with a scourge that may rival her armies in the havoc with which its progress may be marked. Germany, and Austria, and Turkey, are endeavouring to erect an impassable barrier to the transit of this dreaded pestilence into their respective territories. Imperial ordinances from Berlin, from Vienna, and from Constantinople, have been issued, prohibiting the importation of a large number of articles from Russia. The Chamber of Deputies at Bucharest, have noted a credit of 500,000 francs for defraying the expense of establishing a military cordon and quarantine upon the Russian frontier, in common with the measures adopted by the Vienna International Commission. Medical men have been dispatched to Russia from all quarters, in order to ascertain the character and extent of the epidemic. Special Governor-Generals have been told off to take charge of infected districts; and, with the view of stamping out the plague in certain places where it has broken out, whole villages have been burnt down, and their inhabitants removed to other quarters.

Nor can we wonder at this wide-spread panic, or at the extraordinary precautions that have been taken, when

we consider what the Plague is, and the mischief it has done. Perhaps, too, on the principle of *omne ignotum pro magnifico*, the little personal knowledge or experience which most people, not excepting the medical profession, have of this pestilence, has somewhat heightened the terror with which it is regarded, as we are naturally less fearful of those evils which are constantly in our midst, than of those which merely threaten us at a distance, and the gravity of which is magnified either by our own imagination, or by the reports that have reached us respecting them.

It is, however, doubtful whether either imagination or report has much exaggerated the formidable character of the true plague. Rigors, or a feeling of general debility and languor; nausea or vomiting; extreme anxiety, terror, restlessness, and fear of approaching death; a heavy, stupid, or anxious expression of the countenance; a weak, frequent, or irregular pulse, and a tendency to syncope; great fetor of the breath, great thirst, and a furred, or dry, brown, and even black tongue; in some continual watchfulness, in others an overwhelming somnolency; diarrhœa with offensive stools, fetid perspirations, hurried respiration; hæmorrhage from the nose, from the lungs, or some other part of the body; scanty, high-coloured, or bloody urine; purple, or black spots, or even livid patches, and ecchymoses in various parts of the skin; tumours, buboes, or carbuncles in the groins, armpits, neck, &c., which may form abscesses that discharge, heal slowly, and leave permanent scars; and withal great prostration of strength, delirium, coma, and sometimes convulsions—these are some of the more prominent symptoms that characterise an attack of true plague. And yet there is nothing in these symptoms to make this pestilence more dreadful than several which occasionally occur, or which are actually endemic, in this country. Even those who are attacked with the worst and most fatal form of the disease, do not present such a horrid aspect as they do who are carried off by malignant cholera; nor do those who are attacked with the petechial or bubonic form of the plague, appear half so loathsome, horrible, and disfigured, as those who have but recently, fallen victims to the worst forms of confluent or hæmorrhagic small-pox. It is the virulent and highly contagious nature of the plague, the extraordinary mortality that it has occasioned in different countries, and above all, the rapidity with which it smites down the old and the young, the feeble and the strong, that have invested it with a horror which belongs to no other disease. The number of people that have fallen victims to this pestilence, testify equally to its contagiousness and its great fatality. Hecker calculates that in the 14th century, Europe lost by the black death, as the plague was then called, no less than 25,000,000 of its inhabitants. This may have been an exaggerated estimate, but judging from the more reliable records of recent times, he was probably not far wrong. During that same period the mortality in Florence was 60,000, and in Venice, 100,000; while Marseilles lost in one month, 16,000 of her inhabitants. During the great plague of London in 1664, 68,596 of the population were carried off, as many as 8,000 dying in one September week. The rapidity with which some were struck down with the disease was one of its most appalling features. Some were attacked with the pestilence as though they had been struck by lightning. Some of the infected ran about staggering like drunken men, and fell down dead in the steeet. Some lay vomiting, as if they had taken poison. Some fell dead in the market in the act of buying provisions. One man falls suddenly down in the street, and is carried home. Carbuncles and buboes break out in different parts of his body on the same day, and he dies three hours afterwards. Another is smitten suddenly, and feels as if two musket balls had passed through his groins. He becomes giddy and delirious, has green vomiting, and falls senseless to the ground. A gentleman's servant, within half an hour after appearing in good health and spirits, rushes into a room, with his eyes "starting from his head," and exclaiming, "open the gate for me, for I am smitten;" the next day he expires; and within thirty hours after the seizure, his body is in such a deplorable state that his feet are quite putrefied. Not less alarming is the contagious properties of the disease, and the celerity with which it has attacked one victim after another. In one large foundling hospital, containing between 300 and 400 foundlings, besides officers and attendants, a female patient was incautiously admitted suffering from the premonitory symptom of the disease. The next day, the two servants who had conducted her to her bed, fell ill and died in a few hours. The following day the matron fell ill, and died almost as suddenly. The pestilence then spread "with amazing rapidity, and destroyed all the children, with every person belonging to the house, excepting about thirty, and these took the infection, but recovered." Indeed, when one person in a family was attacked and died, the rest soon followed. In every outbreak of the disease, whole families were entirely destroyed in this manner. So quickly did the people die in many instances, that the removal and interment of the dead was a great source of embarrassment to the authorities. In one place, beggars and vagabonds were employed in casting away the dead bodies; but these were soon seized with the distemper, and those who followed them in their offices soon followed them in their fate. Convicts were then taken from the galleys, and promised their liberty if they survived. The first supply amounted to 133, every-one of whom perished within a week. A hundred more were then granted, and in six days they were reduced to twelve.

No wonder that in an age remarkable for its ignorance and superstition, people were panic-stricken beyond all bounds; that not only the clothes, and everything belonging to the infected, were regarded with the greatest aversion, but every spot which the sick had touched; that even the eyes of the patient were considered as sources of infection; that the Flagellants marched through the streets of Europe, lashing themselves until the blood flowed from their naked backs; that parents abandoned their infected children, and children their infected parents; that all the ties of kindred were dissolved, that, in the words of Hecker, Charity was dead, and Hope laid prostrate. Judging from the records of actual cases of the disease, from the accounts of eye-witnesses, and from the reports that have recently reached us from the East, it is doubtful whether the imagination of De Foe has too highly-coloured his descrip-

tion of the Great Plague of London, considering the circumstances under which that plague occurred, and the insanitary condition of the metropolis at that time. In some houses, says De Foe, carcases lay waiting for burial; and in others, persons were seen doubled up in their last agonies. In one room were heard dying groans; and in the next the ravings of delirium. . . . Infants passed at once from the womb to the grave. The yet healthy child hung upon the putrid breast of a dead mother; and the nuptial bed was changed into a sepulchre. . . . The hearses were but dead carts which continually traversed the streets, while the appalling cry 'bring out your dead' thrilled through every soul. Then it was that parents husbands, wives, and children, saw all that was dear to them thrown into a cart to be buried in one promiscuous heap." . . . The living were often seen hugging the bodies of their kindred that had not quite perished. Many laid violent hands upon themselves or upon each of them. Miscreant nurses and servants were attacked and carried off by the disease in the very act of their robbing or hastening the death of those who were committed to their care. Houses and streets were rendered tenfold more pestilential by the presence of the unburied dead.

Such is but a faint and imperfect description of the pestilence which now threatens Western Europe; the plague, of which Sir Thomas Watson says in one of his lectures, "I have never seen it, and hope I shall never see it." We hope so too, but if we take, as we purpose doing, a glance at the past history of this pestilence, we shall have reason to fear that it may yet re-visit these shores, robbed, though, it may be, of half the terror with which it was formerly regarded.

## THE HOSPITAL SUNDAY FUND IN DUBLIN.

The Report of the Committee of the Fund was issued last week, and we are gratified to find that the prosperity of the organisation is unimpaired. The progressive increase of the fund since its formation in 1874 is shown by the following figures:—

| | £ | s. | d. |
|---|---|---|---|
| 1874 . . | 3,306 | 3 | 2 |
| 1875 . . | 3,619 | 12 | 4 |
| 1876 . . | 3,873 | 9 | 3 |
| 1877 . . | 4,106 | 14 | 6 |
| 1878 . . | 4,300 | 18 | 11 |
| Total . | 19,206 | 18 | 2 |

Thus the Hospital Sunday movement in Dublin has been the means of obtaining a sum of upwards of £19,000 for the use of the sick poor, very little of which, the Council believe, would have reached the hospitals through any other channel.

The average amount received from the congregations which have been in connection with the movement from its commencement is as follows:—

| | £ | s. | d. |
|---|---|---|---|
| 1874 . . . | 19 | 6 | 1 |
| 1875 . . . | 19 | 15 | 7½ |
| 1876 . . . | 20 | 13 | 8 |
| 1877 . . . | 21 | 1 | 5½ |
| 1878 . . . | 22 | 17 | 11 |

The above proofs of increased support from both old and new friends is most gratifying to the Council, and must be equally so to those who supported the movement at its commencement.

The popularity of the Fund is, moreover, likely to increase, in consequence of a wise resolution arrived at by the Council to readjust the method of distribution, so that a fair share of the money may go to the hospitals which do the chief work of the city, and which are administered to the best advantage, which was not the case under the system hitherto existing. The Committee express the opinion that more value should be allowed for the work done by the hospitals, and they recommend that a committee be appointed to consider whether any and what change in the rules is desirable, by which the distribution should be made to depend to a greater extent than at present on the work done by the participating hospitals, as regards its extent, nature, and quality. The committee have considered a carefully prepared statement of the expenditure per bed, under each principal head, in each of the hospitals receiving aid from the fund. A study of this statement convinces the Committee that due care is not always exercised in the apportioning of the expenses between the different departments of the hospitals. In some cases the amount spent on the patients' provisions seem singularly small, while in others the cost of management if manifestly excessive.

In order that the incoming Council may have power to deal with this question, it has been necessary to modify Rule 9 by the omission of the words "for such contributions," so that the manner of estimating "work done" may be an open question to be decided by the Council for 1879.

The proposed reforms in the method of distribution are those which the *Medical Press* has advocated for several years past. They are those which are adopted in other cities, and which commend themselves to everyone's common sense, and we doubt not, if enacted, will inspire the public with confidence that the charity they contribute will be well applied. No doubt the managers of the rich, fashionable-influential hospitals will make an united effort to prevent the proposed reform being accomplished, but we should hope that the justice of the change will secure for it sufficient support to carry it through.

In the last report the Council had to regret a falling off in the subscriptions received by the participting hospitals. They are glad to be able to state that the subscriptions for 1877 exceed by upward of £1,000 those received in 1876, and by more than £500 those received in 1875.

While we thus commend in the strongest terms, both the work done and the suggestions made by the Committee of the Fund, we are obliged to take equally emphatic objection to the substance of their Report in relation to other matters. Pointing out, with great propriety, that no hospital should be entitled to a grant which had not lodged a statement of account of receipts and disbursements for three years—the Committee proceeds to say that in their opinion the existence of a second Orthopædic Hospital in Dublin is unnecessary, and believe that one of the two such institutions, which has now been established for three years, would, if gradually extended, meet all the requirements of the particular class of cases for which such institutions are intended. The Council be-

lieve the multiplication of hospitals, particularly "special" hospitals, is a great evil, calculated to waste resources and present efficiency, and therefore recommend that the the other Orthopædic Hospital should seek amalgamation with the more prosperous sister institution. It will be a matter for the consideration of the Council for 1879 whether it is justifiable for them to encourage the foundation of duplicate institutions by granting new establishments share of the funds at their disposal. The Council, while referring to this question, wish to point out that there are two ophthalmic hospitals doing exactly the same class of work receiving grants from the Fund. Although these hospitals have been a long time in existence, yet the Council think that for the reasons above stated they might be amalgamated, with benefit to the institutions, and certainly with advantage to the public.

It is quite open to us to question the accuracy of the statements herein made in depreciation of the special hospitals which the Committee advises shall be amalgamated out of existence. It is not, however, for us to draw such comparisons, and we are strongly of opinion that it is not for the Committee to do so either, for, we are convinced, it would greatly prejudice the success of the movement, if the Committee were to acquire a habit of belauding one institution at the expense of another, especially when the justice of the comparison is, by no means, obvious to the general public.

Moreover, we join issue with the Committee upon their proposition that one large special hospital is better than two smaller ones. It seems to us, on the contrary, the sick poor would suffer a serious loss if deprived of the advantages arising from the competition of institutions, and from a choice of surgical advisers, and we fail to see that any very important saving in hospital expenditure would arise from these amalgamations, for we know that the nurses, food, and medicine, which are necessary for a dozen patients in a small hospital will be just as necessary to them when transferred to a large one, and as there is, in such institutions, no paid staff of secretaries, registrars, and matrons, the only item of outlay which would be saved by amalgamation would be the actual house rent of the institutions.

We fully recognise the right of the Hospital Sunday Council to inquire into, and form opinions upon, all matters which have to do with the appropriation of the charity grant made by them from the Fund. Their special function is to distribute that money to the best advantage for the sick poor, and they are fully entitled to make every inquiry bearing on this duty, but the general administration of Dublin hospitals is not within their scope, and they would not, in our opinion, be justified in refusing aid to any hospital upon their idea that such hospital could be better worked in conjunction with some other institution, or in some other way, so long as that hospital does its duty *bonâ fide* towards the sick poor and faithfully expends the grant for their benefit.

It would be as reasonable that the Council should refuse money to all special hospitals on the ground that their work could be better done in the special department of a general hospital, as to withhold the public charity from one such institution because it objects to be extinguished by amalgamation.

Finally, we have to repeat our opinion, already more than once expressed, that the Council has but one function to fulfil, *i.e.*, to act as almoner for the general public, to spend the money entrusted to it for charitable uses for "the greatest good of the greatest number of sick poor," and this duty there is only one way of discharging, *i.e.*, by giving the public charity to those hospitals which treat the greatest number of deserving patients at the least cost consistently with efficiency. All speculations in hospital management outside this are, we think, *ultra vires*.

# Notes on Current Topics.

## The Plague in Russia.

In some respects the later official reports of the progress of the plague in Russia are more favourable. An official telegram from Astrachan confirms the news that on the 30th ult. there was no case of illness from the plague in Wetlianka or the neighbourhood. It has also ceased in one or two villages on the left bank of the Volga, and where several cases, all of them fatal, had occurred. It is, however, reported that the disease has made its appearance at Saratoff, notwithstanding the authorities of that district had drawn a cordon of isolation against Astrachan. Moreover, from Trieste we learn that a disease which has been diagnosed as spotted typhus, and in one case as metastasis bubonica, has broken out in the village of Sanikowa, near Xanthi, in Thessaly. The sanitary authorities have declared this outbreak to be very probably identical with the Eastern plague. In the meantime, all kinds of precautions are being taken to prevent the spread of the disease. Instructions have been issued by the Russian Government for the burning of the village of Wetlianka and other infected villages. The Austrian and Hungarian Governments have agreed to adopt protective measures on a large scale on the Bessarabian and Transylvanian frontiers. It is announced that vessels arriving at Constantinople from Russian and Roumelian Black Sea ports, will be subject to twenty-four hours quarantine for inspection; while the Council of Public Health at Madrid have decided to adopt similar precautions with respect to vessels arriving in Spanish ports. Nor is France altogether indifferent with regard to the possible extension of the pestilence, and an official note has just been published to the effect that the French Government intends taking part in the investigations being made in the infected districts, and in the efforts now proceeding for combating the disease.

Here we may notice the report of the Imperial German Sanitary Department respecting the origin and spread of the plague in Astrachan. There is no doubt that this disease in question is the true Asiatic plague, and that the epidemic is probably identical with that which devastated Germany in the fourteenth century under the name of the "Black Death." Probably, says the report, the outbreak in the above district could be traced to what has always been the principal cradle of the epidemic, viz., in the north-western angle of the Persian Empire.

There, in the highlands of Aderbeidschan, which extend from Mount Ararat to a point south of Lake Schari, the plague, after having apparently disappeared from the region for a space of twenty-eight years, has, since 1863, shown itself in repeated outbreaks. These outbreaks occurred in the years 1863, 1864, 1870, 1871, 1873, 1874, 1876, and 1877, and were intimately connected with the similar outbreaks in the Lower Euphrates Valley, near Bagdad, in the years 1867, 1868, 1873, 1874, and in 1877. The traffic between the Shiites, who live in North-Western Persia and the localities of Kerbela, and Nedchef in the Euphrates Valley, which contain their "holy things," and in particular the custom of those Mahometan sects to carry the bodies of their deceased relatives from time to time by means of caravans from Persia to those holy places for the purpose of being buried, appear to stand in causal connection with the repeated succession of outbreaks of epidemic in those two regions. Travellers in those parts describe the meeting of such caravans of dead bodies as producing effects of the most revolting description that can be imagined; and this religious usage is regarded as one of the chief means of carrying the plague from one of those regions to another, unless, indeed, it be not itself the source and origin of the disease.

In 1877 the epidemic advancing eastwards, reached the province of Ghilan, on the Caspian Sea, the chief town of which, Rescht, suffered a severe visitation of the pestilence. From that place there is considerable traffic carried on with the Government of Astrachan, as well as with the inhabitants of the Eastern Caucasus. Hence it is not surprising that cases of the disease were observed as early as May, 1877, and repeatedly since then in various spots in the south of Astrachan, some of which closely resembled those which occurred in Wetlianka.

From the latest reports received since writing the above it appears that there has been no fresh case of plague in the government of Astrachan since the 8th inst. But in Selitreune, which is within the quarantine district, there have occurred several fresh cases of plague, which proved fatal. The Government of Athens has ordered twenty-one days of quarantine against all vessels arriving from the Sea of Azoff, the Black Sea, &c. On the 9th inst. quarantine was established at Malta on all arrivals from Turkish and Greek ports.

## The Registrar-General's Quarterly Return.

In this report it is stated that in England the marriages were below the average in the third quarter of 1878, and that they have gradually declined in number since 1872. In the quarter just specified they were fewer than in any quarter on record in the preceding ten years. This certainly does not say much for the increasing prosperity of the working classes. Probably, the great depression in trade, the numerous strikes, and the falling off in certain manufacturing industries, will account for this gradual decrease in the marriage rate.

During the last three months of 1878 the deaths were equal to an annual rate of 22·6 per 1,000 of the population, which is not very high, considering the severity of the weather. In fact, the cold was not so fatal last quarter as it was in the corresponding periods of 1871 and 1874, when the death rates were 23·4 and 23·8 respectively. The increase of mortality was greater in the country than in town, and among the female than among the male portion of the population. The cold, moreover, did not affect children and adults so much as elderly people. In the provinces the death-rate varied from 17·0 in Huntingdon and Dorset to 29·0 in Lancashire. The Registrar-General calls especial attention to the great infant mortality and the excessive prevalence of zymotic disease in Lancashire, as well as to the increased fatality of enteric fever in Portsmouth, Shrewsbury, and other places. He still has to record a large per centage (5·0) of uncertified causes of death; and says it is to be regretted that no means exist for ascertaining how far this is due to the deaths of persons without any medical attendance, to unqualified medical practice, and the employment of unqualified assistants.

## Syphilis and Marriage.

THERE are few medical practitioners who have not been more than once asked by a patient who has contracted syphilis whether he ought to marry. The question is such a difficult one to answer, and casts such grave responsibility upon the physician, that we are surprised that it has not received more consideration than it has from writers on this disease. In some works and treatises on syphilis, the circumstances under which a patient may or may not safely marry receive little or no notice, so that had the practitioner to rely upon the information to be gathered from lectures and from books, he would have little to guide him in answering such an important question. Fortunately, common sense and a general knowledge of the pathology and sequelæ of syphilis will generally prevent him committing any grave mistake. Nevertheless, we cannot too forcibly impress upon the profession the fact that the study of this disease in relation to marriage has been grievously neglected, and that our information on the subject is by no means so full and exact as it might be. It was, therefore, a happy thought of Dr. Alfred Fournier, of the Hôpital St. Louis, Paris, when he made this question the subject of a clinical lecture, a short abstract of which will be found in the *Philadelphia Medical Times* for Jan. 4, 1879.

What the result may be if an affirmative answer is given to this question we need scarcely remind the reader. But the result of the inquirer being told that he must not marry should also be borne in mind. For then he is constrained to lead a life of celibacy, with all the irregularities and temptations to which such a life is exposed, and to be deprived of all that is dear in the idea of a family. Syphilis is not always an insurmountable obstacle to marriage. "I have," says Dr. Fournier, "known fifty-one instances in which the disease has been communicated to neither wife nor children." To the question as to when and under what conditions is marriage morally permissible to one who has contracted syphilis, Dr. Fournier replies: 1. Absence of actual manifestation. 2. Advanced age of the disease. 3. A period of immunity since the last outbreak. 4. A non-menacing character of the disease. 5. Adequate specific treatment. With regard to the second condition, he remarks that the minimum time since infection should be three or four years. Before the lapse of

three years he would not permit it, as he has seen the saddest results follow such a course. Later the probabilities are better, and with the exercise of proper care the dangers are not great. The fourth condition is an important consideration. When syphilis yields rapidly to treatment it is a favourable sign; and conversely if the form is grave and less tractable, it is more dangerous, and much greater caution should be used. Finally, an indispensable condition is adequate specific treatment. Syphilis, properly treated, rarely progresses to the tertiary stage. Treatment diminishes its contagiousness and hereditary transmissibility. Many cases could be cited where proper treatment for husband has put a stop to his wife's aborting, and where abortions consequent upon syphilis of both husband and wife have ceased, and healthy children have been born. On the whole, we think the opinions which Dr. Fournier has expressed on this important question will meet with the general approval of the profession; but our information on the subject would be much more complete than it is were surgeons who have had large experience in this complaint, to publish their views respecting this important question.

We shall be glad if medical men will send us reports of cases which have been under treatment either in which the wife or children have been infected with the disease, or have altogether escaped.

## A Warning to Medical Students.

A FEW days ago an inquest was held in Battersea upon the body of a medical student, and assistant to Dr. Tandy, who committed suicide by taking prussic acid. He had the character of being a steady man, but previous to the commission of the rash act he had stopped out late at night in bad company. In a letter to Dr. Tandy, he said, "It is all through the London drink and women. . . . I enclose the address of a public-house in Leicester Square where I passed the night, and where I pawned my watch and gold studs. . . . My two rings were bagged by some women. . . . I have determined to end my days by taking a dose of prussic acid." It is an unfortunate coincidence that such a case should have occurred at a time when the attention of the public has been drawn to the conduct of medical students. In this instance, however, the deceased is far more to be pitied than blamed. The intensity of his remorse and his despair, although they may be regarded as some proof of his insanity, show at the same time that he was by no means hardened to a life of profligacy. Such a case is a warning to all students who may feel inclined to give way to the temptations of a London life, as no one knows to what extent of dissipation he may go without incurring consequences that may not only damage his present reputation and his health, but be fatal to his future prospects.

## Small-pox Inoculation.—Vaccination Law Administrators.

THE Keighley guardians, who distinguished themselves as champions of vaccino-mania in England, are not without their imitators in Ireland. The Mountmelick guardians have, indeed, outstripped those intelligent and learned bucolics, for they have expressed their anxiety not only to neglect enforcement of the law and to discourage vaccination, but actually to aid in a breach of the law and in the dissemination of small-pox by inculcating the inoculation of that disease. At the last meeting of this model sanitary authority the following letter was read:—

THE VACCINATION LAWS.

"Local Government Board, Dublin,
24th January, 1879.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of minutes of the board of guardians of Mountmelick Union on the 18th inst., containing a resolution in the following terms:—

"'That this board think it would be a much greater benefit to humanity if the legislature would require all children to be inoculated for small-pox as of old.'

"In reference thereto the Local Government Board have to call the attention of the board to section 4 of the Act 31 and 32 Vic., cap. 87, which declares that any person who shall produce or attempt to produce in any person by inoculation with any variolus matter, or to any matter, article, or thing impregnated with variolus matter, or wilfully by any other means whatsoever, produce the disease of small-pox in any person, shall be guilty of an offence, and shall be liable to be proceeded against summarily before two or more justices of the peace in petty sessions assembled, and upon conviction to be imprisoned for any term not exceeding six months. In this manner Parliament has pronounced inoculation to be a most injurious practice, and prohibited it accordingly.

"This provision is rigorously enforced against offenders in Ireland, and it is to be regretted that the guardians of Mountmelick Union should, by such a resolution as that above referred to, possibly lead ignorant persons to violate the law.—By order, &c.

"B. BANKS, Secretary."

In reply to this letter a resolution was passed—"That we consider the Local Government Board's remarks outside the resolution, and incautiously written, as the guardians had no intention of doing what the Local Government Roard points out, but only asked the interference of the Legislature to consider whether it would not be *more judicious to pass a law in harmony with Nature and the laws of Providence.*"

Mr. Cobbe, in speaking to the resolution, said the Local Government Board wandered from the subject like old women taking a nightmare. They generally frightened every board of guardians in Ireland, but they could not this (the Mountmelick) board, because the board possessed too much common sense.

From such an example of ignorance and stupid obstinacy we may learn something of the material of the sanitary authorities in whose hands the execution of the Public Health Act in Ireland has been placed. To be consistent, the Mountmelick guardians ought to dismiss all their doctors, and engage in their place all the "wise women" and "seventh sons" they can find, with a stock of charms and hairs from the black cat's tail in lieu of medicines. Truly it is local government gone mad to place the execution of sanitary law in the hands of such persons.

## Pathological and Physiological Preparations for the Microscope.

WE have lately examined some histological microscopical preparations of both the normal and morbid organs and fissures (in man and the lower animals) made by Messrs. A. C. Cole & Son, of Oxford Gardens, Notting

Hill, and have been equally surprised and pleased with the extreme thinness and delicacy of the sections, as well as their extraordinary size, whilst the injecting and staining are alike admirable. The preparations are evidently made with a thorough knowledge of the subject, and are in all respects reliable. The list which we have examined shows that Messrs. Cole & Son have diligently and carefully studied their work, and have collected a very valuable stock of material, being thus enabled to supply both the student and the professor with a most comprehensive assortment of rare and valuable preparations. Messrs. Cole & Son have also submitted to our inspection a series of preparations which they have just produced specially for, and at the request of, Mr. Browning, the eminent microscopist, for use with his new "Lantern Microscope," by means of which the objects are projected upon a screen with the oxyhydrogen or electric light for the purpose of illustrating lectures and instructing classes, the details of structure, &c., being exhibited with extraordinary delicacy and an entire absence of either exaggeration or distortion. These specimens fully confirm the opinions recently expressed at the Pathological Society, being more delicate and larger than the many foreign specimens with which the English market has lately been deluged.

## The Flour and Plaster Case.

We are glad to see that the case is still going on against the now notorious vendors of the so-called "wheat meal." As Mr. Tillyard, who prosecuted, said, the question at issue is, did or did not the defendants represent the mixture as meal, and was the money advanced in the belief that it was so. That these representations were made, the evidence was overwhelming, and it is to be regretted that the medical officer of health did not from the first receive that support to which the able and conscientious discharge of his duties entitled him. From some of the judgments that have been passed on the matter, it would seem that the more flagrant the imposition and adulteration, the less likely it is to come within reach of the law. However, it is satisfactory to know that it is the intention of the Lord Mayor to commit the defendants for trial. There can be no doubt the case is one of great public importance, and there is no telling what might have been the result had the stuff been sold to the public.

The rates of mortality in the principal foreign cities, according to the most recent weekly returns were in Calcutta 50, Bombay 39; Paris 29; Geneva 19; Brussels 31; Amsterdam 23, Rotterdam, 27, The Hague 31; Copenhagen 25; Stockholm 21; Christiania 17; St. Petersburgh 48; Hamburg 30, Dresden 30, Breslau 31, Munich 28; Vienna 30, Buda-Pesth 39; Turin 29, Venice 32; Alexandria 43; New York 24, Brooklyn 22, Philadelphia 21, and Baltimore 23, per 1,000 of the various populations. Small-pox caused 13 deaths in Vienna, and 18 in Buda-Pesth. Enteric and simple continued fever caused 142 deaths in Calcutta.

Scarlet fever is still very prevalent in Salford, Birmingham, and Newcastle-upon-Tyne. The deaths last week from whooping-cough were proportionally most numerous in Hull, Manchester, Sheffield, and Leeds; and enteric fever in Newcastle, Leicester, and Salford. Small-pox caused 28 more deaths in London, and 21 in Dublin, whereas no death was referred to this disease in any of the other large provincial towns. There were 541 deaths in London from diseases of the respiratory organs, which is 115 above the weekly average of the last ten years.

The mortality last week in the principal cities and large towns of the United Kingdom was—Plymouth 17, Portsmouth 19, Leicester 19, Bradford 20, Bristol 20, Brighton 21, Wolverhampton 22, Norwich 23, Sunderland 24, Leeds 25, Sheffield 25, Edinburgh 25, London 26, Oldham 27, Birmingham 27, Salford 28, Glasgow 29, Newcastle-on-Tyne 29, Nottingham 29, Hull 30, Manchester 35, Liverpool 36, and the highest rate Dublin, 49 per 1,000 of the population.

At the meeting of the Metropolitan Asylums Board on Saturday last the report of the Committee for Stockwell Hospitals was resumed, when the erection in the grounds of the Fever Hospital of an additional pavilion for the accommodation of typhus fever cases at an estimated cost of £6,000 was decided upon.

# Scotland.

Edinburgh University Court.—The Edinburgh University Court met on the 31st ult., the Marquis of Hartington, Rector, in the chair. There were present, Principal Sir Alexander Grant, Bart., Lord Curriehill, the Lord Provost, Mr. Clark, Lord Young, the Rev. Dr. Lindsay Alexander, and Professor Campbell Fraser. It was reported that there were no registration appeals in connection with the register of the General Council for 1879. Isaac Bailey Balfour, M.B., D.Sc., was appointed additional examiner in botany for the current year. The office may be held for five years by annual re-appointment. B. M. Braidwood, M.D., Birkenhead, was appointed additional examiner in medical jurisprudence for the current year. This office may also be held for five years by annual reappointment. The additional examiners in natural history, anatomy, physiology, surgery, pathology, materia medica, midwifery, practice of medicine, clinical surgery, and clinical medicine, were re-appointed for the current year. A letter from Professor Balfour was submitted requesting that Dr. Hugh Cleghorn should be allowed to act as his substitute as examiner in botany during the current year. The matter was remitted to the senators to be proceeded with as usual, under the regulations on the subject of the absence of examiners.

Glasgow Death Rate.—At the usual fortnightly meeting of the Glasgow Town Council, held on the 3rd inst., Dr. Russell, the medical officer of health, submitted his report, from which it would appear that during the fortnight ending 25th January, there were 602 deaths registered, as compared with 629 in the preceding fortnight, representing a death-rate of 28 (27·6) per 1,000 living in place of 29 (28·7). The number of deaths of persons below 1 year was 97 in place of 122; and of persons aged 60 years and upwards, 119 in place of 121, as compared with the preceding fortnight. The

number of deaths from pulmonary diseases was 224, as compared with 280, representing a death-rate of 11 in place of 12½ per 1,000 living, and constituting 40 per cent. in place of 44 per cent. of the total deaths. The number of deaths from fever was 7 in place of 8, viz., 5 from enteric fever, 1 from typhus, and 1 undefined. The deaths from infectious diseases of children were 44 in place of 52, viz., 21 from whooping-cough, 13 from measles, and 10 from scarlet fever. The number of cases of fever registered was 29 in place of 38, viz., 21 enteric fever, 5 typhus, and 3 undefined. In addition to these, 159 cases of measles, 62 scarlet fever, 56 whooping-cough, and 20 of diphth ria, were the occasion of sanitary supervision and assistance as to disinfection and other preventive measures. There had been an outbreak of scarlet fever at Mossbank Industrial School. Between 16th December and 18th January there were removed from it to Belvidere 16 cases. The medical officer learned that scarlet fever was present in a dairy farm within the jurisdiction of the Abbey Parish of Paisley, and from which milk was sent into Glasgow. On inspection the arrangements were such as to afford abundant risk of contamination. This supply was at once stopped. Scarlet fever had been present in the farmer's family since the 24th ult.

Perth Infirmary.—A meeting of the contributors to the Perth Infirmary was held on the 4th inst., when the report, which was adopted, showed that there had been 527 cases treated within the house, 754 in the dispensary department, and 396 in the district—total 1,677, being an increase of 263 as compared with last year. The ordinary income for the past year amounted to £1,087 16s. 11d., and the expenditure to £2,512 4s. 8d., showing a deficiency of £704 7s. 9d. The deficiency in 1877 was £394 0s. 10d.

Royal Society of Edinburgh.—At a meeting of the Royal Society of Edinburgh held on the 3rd inst., Professor Heddle, St. Andrews, was presented with the Keith Medal for the biennial period of 1875-77 for papers he had communicated. The prize consists of a gold medal and fifty sovereigns, and Professor Kelland in presenting it said that Professor Heddle had the reputation of upholding the mineralogical fame of his native country. Professor Heddle afterwards read a paper on a new mineral species he proposed naming "Haughtonite" found in Aberdeenshire.

Death of Dr. MacRobin, Aberdeen.—Dr. MacRobin, Emeritus Professor of Medicine, died at his residence, Aberdeen, on the 4th inst., at the advanced age of 74. He was born in Edinburgh in 1804, received his education at the High School and University there, and went to Aberdeen in 1830, having been appointed Resident Physician to the Royal Lunatic Asylum. In 1839 Dr. MacRobin was appointed to the Chair of Medicine at Aberdeen University, and for fifteen year held the post of Dean of Faculty. He retired from the active duties of his professorship in 1875, and has since lived in comparative retirement.

The Health of Edinburgh.—At a public meeting of the Health Committee held on the 4th inst., at Edinburgh, Dr. Littlejohn submitted reports as to the health of the city during the month of December for the last quarter of the year, and for the whole period of 1878. The death-rate for December was stated at 22·43, for the quarter 19·76, and for the year as low as 21·53. From a statement distributipg the deaths throughout the city it was shown that the number of deaths which occurred during the year in the new town was 1,512, and in the old town 2,770, and in the southern suburbs 391. The rate of mortality for each of these districts was as follows—new town 1,853, old town 2,466, and the southern suburbs 1,690. The chief diseases of the infectious class during the whole year were measles and whooping-cough, both of which existed in an epidemic form 211 deaths having been caused by the former and 202 by the latter.

Registrar-General's Return.—The weekly return of the Registrar-General says: "The death-rate in the eight principal towns during the week ending with Saturday the 1st Feb., 1879 was 28·8 per 1,000 of estimated population. This rate is 3·3 per 1,000 above that of the corresponding week of 1878, and 0·5 per 1,000 above that recorded for the fourth week of 1879. The death-rate from the seven most familiar zymotic diseases was 3·5 per 1,000. Whooping-cough was the most fatal zymotic disease, and prevailed chiefly in Greenock, Dundee, and Glasgow. The deaths from inflammatory diseases of the lungs were more numerous by 34 than in the previous week, and exceeded by 92 the number of deaths from similar causes registered during the fifth week of 1878. The mean temperature of the week was 31°4, being 2°9 higher than that of the week immediately preceding, and 3°9 lower than that of the fifth week of 1878.

Glasgow Medico-Chirurgical Society.—At a meeting of this Society held in the Faculty Hall, St. Vincent Street, on Friday, the 7th inst., Professor Macleod read a paper on "Ice Accidents." The accidents referred to were, of course, fractures, of which Dr. Macleod took up only two, viz., Collis's and Potts's. The method in which the fracture is produced in each case was entered upon, and the treatment. With respect to Collis's fracture, Dr. Macleod suggested that it should be so set that movements of the fingers may be begun immediately after the accident, and Potts's in a jointed non-plastic splint, with movement of the ankle-joint at the end of first week. Some discussion followed.

Glasgow Philosophical Society.—At a meeting of this Society held on the 4th inst. Mr. W. J. Fleming read a paper on "The Physiological Effects of the Turkish Bath." This is understood to have been a life study on the part of Mr. Fleming. The Philosophical Society of Glasgow is composed mainly of the most respectable tradesmen of the city, and has become a favourite arena for medical prelection—much more so than the Medico-Chirurgical Society. If its members are not often enlightened—for very abstruse papers are read—they are not infrequently amused by "the doctors" and their generic and proverbial differences. The range of subjects is indeed wide—the potato disease and the Turkish Bath.

Glasgow Medical Journal.—The February number of this journal is not of so startling a nature as the one immediately preceding. Dr. Patterson contributes a very good paper on "A Few Surgical Cases;" Mr. McVail, his introductory address at Anderson's College "on Anderson's College; its Founder, &c." which is like a good many other introductory addresses, verbose and laudatory, without stint; interesting it may be to those concerned, but not quite suited to a medical journal. Most of the other matter is unimportant.

# Correspondence.

## DR. McCALL ANDERSON ON ADDISON'S DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the *Medical Press and Circular* of the 5th inst., Department for Scotland, your correspondent has unintentionally misrepresented my views in two particulars.

For the first of these I am probably myself to blame, as I now see that the heading of the paper might bear the interpretation which you seem to put upon it; but as you have intimated your intention of publishing it in your columns, your readers will have an opportunity of seeing that I do not suppose that there is any

connection between Addison's disease as a whole, and the other two maladies mentioned, but simply that there seems to be some affinity between *the discolouration of the skin* in Addison's disease, on the one hand, and the symptoms of alopecia areata, and vitiligo, on the other, in so far as they all appear to be expressions of perverted innervation of the sympathetic nerve.

For the second of these, which is contained in the following paragraph, and which very likely is a misprint, I am in no way responsible. "Dr. Anderson thought that Dr. Renton's suggestion in regard to operative interference, would be likely to be of service if the opinion is correct that the semi lunar ganglia and solar plexus are involved in Addison's disease." If you insert between "would" and "be" the word "*not*," you will have a correct version of what I actually did say at the discussion which followed the reading of the paper, and which, probably, is in harmony with your own opinions.

I am, Sir,

Yours faithfully,

McCall Anderson.

Glasgow, Feb. 6th, 1879.

*** We regret that owing to great pressure on our space, we have been unable to present our readers with Dr. Anderson's paper 'ere this. Space will be reserved for it in our next.—Ed. M. P. & C.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having observed in your issue of February 5th, the remarks of your Northern correspondent on my suggestion with reference to removal of the supra-renal capsules in Addison's disease, I beg to call his attention to the following facts at the November meeting of the Medico-Chirurgical Society of this city. I suggested "that if it was the case that the primary cause of Addison's disease was a peculiar degeneration of the supra-renal capsules, and if ordinary treatment were ineffectual, the capsules might be removed antiseptically. Although Dr. Brown-Séquard had removed both capsules from a rabbit with a rapidly fatal result, and one capsule in another rabbit which survived three days, still anatomically, the connections of the capsules were not such as to render their removal necessarily fatal."

With reference to this anatomical statement, "I am borne out by Professor Cleland."

Dr. McCall Anderson, in referring to my proposal, said "that it was little likely," not as your correspondent has it, "likely," to be of service if the semi-lunar ganglia and solar plexus were involved in the disease.

We are scientific enough in Glasgow to leave excision of the above ganglia to your Northern correspondent, and I would suggest, for his benefit, that in future he should make himself accurately acquainted with the facts of any discussion before he exercises his powers as a critic over them.

Yours, &c.,

J. Crawford Renton, M.B. Ed.

Glasgow, Feb. 7th, 1879.

## POOR-LAW MEDICAL SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have seen, by the public papers, that on the motion of Mr. Patrick Martin, M.P., a return has been printed of the number of Poor-law officers in Ireland who have resigned since the passing of the Superannuation Act with the pensions assigned (where any were allowed) by the guardians. Anyone reading the Report, will be at once struck with the almost entire uselessness of the Act as it at present stands; indeed, I do not think the medical officers, generally, can expect to benefit by it, seeing that they are altogether at the mercy of the guardians who, as a rule (I should be sorry to include all—there are many exceptions), are far from generous, and have extremely little consideration. If a man has local influence, he may succeed in obtaining a fair and reasonable pension; but if he is not fortunate enough to have that, he must either work on as long as he is able, or resign, and if he does the latter, and has no private means, as is too often the case, he is forced to spend the last of his days in penury. It is stated that at present there are two dispensary doctors, each aged 76, clinging to office who, no doubt, would be glad to resign, if allowed a pension after their many years' labour. How can these old gentlemen perform their duties? It could not be expected that they would have physical strength to do so. How could they travel five or six miles, getting out of their beds in a cold wet night to attend a poor woman in labour, and perhaps be obliged to sit up with her in some miserable cabin for hours? I knew a case in the wealthy North of Ireland, where a doctor, after above 26 years' service succeeded, after much difficulty and strong opposition, in getting the *liberal sum* of £20 per annum. Before resigning he suffered from paralysis, and survived only a few months' after to enjoy the small pittance allowed him. His illness had been slow in its progress, and for a long period previous to his resigning he was perfectly unable to perform his duties efficiently. In this case, how then must the patients have suffered in the district, owing to the guardians having refused to grant superannuation? Probably from the same cause, the poor doctor's earthly end may have been hastened also.

In the printed returns already referred to, the cause of refusal of superannuation is stated to be owing in some cases to penuriousness, and in other cases it is insinuated that it may be attributed to want of local influence.

In neither of these can it be said for a moment that the provision of the Superannuation Act is fairly or justly administered. What I respectfully suggest, is this, that if any good is expected from the Sanitary Act, the Poor-law officers should be at liberty to resign after a certain number of years' service, or from bad health, and then be entitled to a certain pension, without the interference or control of Boards of Guardians. This appears to me to be the only *honest or fair plan;* indeed, it is just what is adopted *in all other services.* For years past, this result has been expected and hoped for, but as far as I can judge, it does not appear to be nearer than it was, nor am I aware that any exertion has been, or is being made, to bring it to a successful termination. The present seems a good time to make an effort, as the matter appears to engage public attention. I would, therefore, suggest that a meeting be called for all those interested, either at Belfast or Dublin, where the opinion of the profession may be obtained, as well as their best views of acting under the circumstances. A suitable petition might be drawn out, and certain resolutions passed.

If these ideas are approved of by the readers of the *Medical Press and Circular*, I hope some gentleman more able than I, will take the matter up, and give it his support.

I am, Sir,

Your obedient servant,

A Poor-law Medical Officer.

January 31st, 1879.

## MILK TRANSFUSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your issue of last Wednesday, contains a letter signed by Dr. Hercules McDonnell, of Dundalk. The tone of his letter would seem to convey—which I am sure he did not intend—that the information from which the paragraph to which he objects was written, was supplied by some of the medical men present at this operation. Such is not the fact.

I quite agree with him that such announcements would better suit a medical journal than the daily press; and acting on the opinion, I have refused all information in regard to the three operations of transfusion of milk I have had under my care, until I have them ready for publication in your journal.

Yours, &c.,

Austin Meldon

# Obituary.

## DR. B. F. McDOWELL, OF DUBLIN.

It is our painful duty to announce the death of Dr. Benjamin F. McDowell, Surgeon to Mercer's, and the Lock, Hospitals, Dublin, which took place at his residence in York Street, on Saturday last. Dr. McDowell had been for some months suffering from serious hepatic and gastro-intestinal derangements, and had been obliged to leave home in the hope of recovering his health. That hope was, unhappily, disappointed and his death, we

believe, arose eventually from that cause. Dr. McDowell was only 38 years of age, and his early death has caused profound feelings and expressions of sympathy from all who knew him. Deceased was a Licentiate of the College of Surgeons of fifteen years' standing, a Fellow in 1872; M.B., University of Dublin, 1867, &c. He was a fellow or member of most of the medical societies, Professor of Materia Medica and Therapeutics in the Ledwich School of Medicine, and a valuable contributor to this journal.

## MR. JOHN EVANS, M.B. LOND., OF SUNDERLAND.

We regret to have to record the sudden death of this gentleman. Deceased had been unwell for some days, but was not incapacitated from his duties, and attended Durham Assizes a few days since to give evidence in the case of Kewan *v.* the North Eastern Railway Company. On Sunday week he left his bedroom at half-past seven o'clock, and went downstairs to the consulting room to attend to his practice. About an hour afterwards a servant entering the room found him lying on the floor and quite motionless. Dr. Abrath was sent for, who found on his arrival a few minutes later, that life was extinct. Death had been the result of heart disease. Mr. Evans, who was 59 years of age, was educated at University College, London, graduated as Bachelor of Medicine, London University, in 1844, and was a member of the Royal College of Surgeons, and a Licentiate of the Society of Apothecaries. Since 1844 he has practised in Sunderland, principally in the East end of the town, and was well-known and much respected by his professional brethren and the public. For about 35 years he has held the appointment of district medical officer for Sunderland Parish, where he made his influence felt as a sanitary reformer, and at a meeting of the board last week a vote of condolence was passed to his widow, amid the unanimous expressions of regret for the loss the district had sustained.

**Indian Medical Service.**—List of candidates for commissions as Surgeons in Her Majesty's Indian Medical Service who were successful at both the London and Netley Examinations, February, 1879.

*† 1. T. H. Sweeney
** 2. D. F. Barry
3. G. F. A. Harris
4. J. Anderson
5. C. J. Bamber
6. M. O'Dwyer
7. E. H. Dumbleton
8. C. G. W. Lowdell
9. H. B. Briggs
10. W. P. Carson
11. A. S. Faulkner
12. C. Mallins
13. E. M. Damla
14. R. M. Allen
15. H. St. C. Carruthers

† Gained the Herbert Prize.
** Gained the Martin Memorial Medal.
* Gained the Parkes Memorial Bronze Medal.

**The Vacant Seat on the Council of the Irish College of Surgeons.**—We understand that Dr. Brunker, late Surgeon to the County Louth Infirmary and County Gaol, and also the representative of the Association of the County Infirmary Surgeons of Ireland, will present himself as a candidate for the seat on the Council of the Royal College of Surgeons in Ireland, vacated by the death of the late Dr. McDowell. Dr. Brunker is now resident in Dublin.

## NOTICES TO CORRESPONDENTS.

Dr. G. de Gorrequer Griffith.—"Puerperal Fever and Puerperal Scarlatina" received.

Dr. Norman Kerr.—"On the Mortality from Intemperate Drinking and how best to arrive at the Truth" received

Royal College of Surgeons of England.—On Friday, Feb. 14, at 3 p.m., Hunterian Oration, by Prof. Humphry.

Received without name, a batch of 17 foolscap folios of MS., being the "Report for 1878 of a Medical Officer of Health," evidently intended for presentation to the rural sanitary authority of Stroud. The sender has probably enclosed the wrong matter in our envelope, in which case the authorities on the other side will be at a loss to understand the purport of their enclosure. We shall be happy to exchange MS. on receipt of name and address.

Dr. M. C. A.—Alterations have been made as suggested; you will see proof before insertion.

Dr. J. C. C.—Don't quite see the force of your logic; however *Comme vous voulez*.

Mr. Hay is thanked for the local paper; we are glad the subject is attracting so much attention.

Dr. Paterson.—We shall be most happy.

Clinical Society of London.—Friday, Feb. 14, at 8.30 p.m., Dr. Ord "Rheumatoid Arthritis regarded from a Clinical point of view."—Dr Skerritt (Bristol), "Complete Obstruction of Intestine by Fibrinou Exudation."—Mr. Marsh, "A Case of Intestinal Obstruction in which the Abdominal Cavity was explored, a Stricture found, and the Gu successfully opened."—Mr. Bryant, "A Case of Acute Intestinal Ob struction; Laparotomy; Removal of large Impacted Gallstone fro the Ileum; Death from Peritonitis."—Mr. Lawson, "A Case of Su cessful Tracheotomy in the last stage of Diphtheria."—Dr. Dougla Powell will exhibit a Case of Leprosy with Enlarged Glands."

Dr. McNaughton Jones.—Will comme nce your translation of Löwen berg's papers as soon as Prof. Charcot's lectures are concluded.

### VACANCIES.

Ardwick and Ancoat's Dispensary, Manchester.—House Surgeon Salary, £100, with £20 from Provident Fund. Applications to th Hon. Sec. before Feb. 23.
Birmingham General Dispensary.—Resident Surgeon. Salary, £150 Applications to the Secretary on or before Feb. 19.
Donaghmore Union, Borris-in-Ossory Dispensary.—Medical Officer. Salary, £100, with fees, &c., and £20 as Sanitary Officer. Election Feb. 25.
Joint Hospital of Partick, Hillhead, &c.—House Surgeon. Salary £100, with board. Applications to the Secretary, 180 St. Vincen Street, Glasgow.
Leeds Union.—Assistant Medical Officer for the Workhouse. Salary £100, with board. Applications to the Clerk of the Guardians by Feb. 15.
Longford Union, Killashee Dispensary.—Medical Officer. Salary, £120 with fees, &c. Election, March 18.
Roscommon County Infirmary.—Apothecary and Registrar. Salary £60, with apartments and allowances. Election, Feb. 21.
Royal Albert Asylum for Idiots, Lancaster.—Assistant Medical Officer Salary commencing at £110, with board. Applications to Dr. Shut tleworth, at the Asylum before Feb. 18.
Waterford Union, No. 2 Dispensary.—Medical Officer. Salary, £120 with fees, &c., and £25 as Sanitary Officer. Election, Feb. 21.
West London Hospital, Hammersmith.—Assistant Physician on the Staff. Honorary. Applications to the Secretary before Feb. 18.

### APPOINTMENTS.

Buck, J. S., M.R.C.S.E., Junior Assistant Medical Officer to the Three Counties Lunatic Asylum, Arlesey, Beds.
Cooper, J., F.R.C.S.Ed., Medical Officer of Health for the Erpingham Rural Sanitary District.
Garrard, W. A., M.R.C.S.E., a Surgeon to the Rotherham Hospital and Dispensary.
Grindrod, J. A., M.R.C.S.E., Medical Officer of Health for the Norden Urban Sanitary District, Lancashire.
Jackson, Dr. J., Medical Officer and Medical Officer of Health for the Drum Dispensary District of the Cootehill Union, co. Cavan.
Jaquet, J. L., M.R.C.S., House Surgeon to the Rotherham Hospital.
Richmond, C. E., M.R.C.S.E., Resident Surgeon-Apothecary to the Warrington Infirmary and Dispensary.
Tatham, G. G., M.D., L.R.C.S.Ed., Medical Officer, &c., to the Wigan District of the Wigan Union and Workhouse.
Woodward, F. E., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Chester General Infirmary.

## Births.

Hamilton.—At 30 Northampton Park, Canonbury, the wife of Thos. Hamilton, M.B., F.R.C.S., of a son.
Stewart.—Feb. 2, at Glasslough, co. Monaghan, the wife of Robert W. Stewart, L.R.C.P.E., of a daughter.
Symes.—Feb. 4, at Ward's End, Halifax, Yorks, the wife of E. W Symes, M.D., of a daughter.

## Deaths.

Barker.—Feb. 2, at 83 Waterloo Road, Dublin, John Barker, M.D., F.R.C.S.I., aged 63.
Jessopp.—Jan. 12, at Braintree, John Jessopp, L.R.C.P.Ed., aged 44.
Lett.—Feb. 3, at 8 Rathmines Road, co. Dublin, Elizabeth Sarah, relict of the late Richard Lett, M.D., of Silverstone, Northamptonshire, and formerly of Bannow, co. Wexford.
Macrobin.—Feb. 4, at Aberdeen, John Macrobin, M.D., Emeritus Professor of Medicine in the Aberdeen University.
Morewood.—Feb. 4, at Draperstown, co. Derry, John Morewood, L.R.C.S.I.
O'Kelly.—Feb. 4, at Maynooth, co. Kildare, Edward Talbot O'Kelly, M.D., aged 68.
Porter.—Jan. 28, at Torquay, A. MacKay Porter, M.D., L.R.C.S.Ed., formerly of Belfast, aged 33.
Roberts.—Feb. 3, at 47 Queen Street, Edinburgh, Helen Ogilvy, wife of W. A. Roberts, M.D.
Wade.—Feb. 4, at Ryebank, Kilcock, co. Kildare, Nugent Wade, Surgeon A.M.D., aged 32.
White.—Jan. 28, at Blenheim Road, St. John's Wood, Charles John White, M.R.C.S.E., Surgeon-Major A.M.D. (on half-pay), aged 46.

# IRISH POOR-LAW INTELLIGENCE.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

(*Continued.*)

23. *Power to Compel Paving, &c., of private Streets.*

29. (*Verb.*) *Penalty on Unauthorised Building over Sewers and under Streets in Urban District.*—Any person who in any urban district, without the written consent of the urban authority—

(1) Causes any building to be newly erected over any sewer of the urban authority; or

(2) Causes any vault, arch, or cellar to be newly built or constructed under the carriageway of any street,

shall forfeit to the urban authority the sum of five pounds, and a further sum of forty shillings for every day during which the offence is continued after a written notice in this behalf from the urban authority; and the urban authority may cause any building, vault, arch, or cellar erected or constructed in contravention of this section to be altered, pulled down, or otherwise dealt with as they may think fit, and may recover in a summary manner any expenses incurred by them in so doing from the offender.

### Disposal of Sewage.

30. (*Abs*). *Powers for Disposing of Sewage.*—For the purpose of receiving, storing, disinfecting, distributing, or otherwise disposing of sewage, any sani-tary authority may,

(1) Construct works;

(2) Contract for the use of land, buildings, engines, materials, &c.

(3) Contract to supply any person with sewage.

31. *Power to agree for Communication of Sewers with Sewers of adjoining District.*

32. *Power to deal with Land appropriated to Sewage Purposes.*

33. *Contribution to Works under Agreement for Supply or Distribution of Sewage.*

34. (*Verb.*) *Application of 27 and 28 Vic., cap. 114.*—The making of works of distribution and service for the supply of sewage to lands for agricultural purposes shall be deemed an "improvement of land" authorised by the Improvement of Land Act, 1864, and the provisions of that Act shall apply accordingly.

### As to Sewage Works without District.

35. *Notice before commencing Sewage Works without District.*

36. *In case of Objection, not without Sanction of L.G.B.*

37. *Inspector to hold Inquiry and Report to L.G.B.*

### Regulation of Buildings.

38. (*Verb.*) *Power to Purchase Premises for Improvement of Streets.*—Any urban authority may purchase any premises for the purpose of widening, opening, enlarging, or otherwise improving any street, or (with the sanction for the L.G.B.) for the purpose of making any new street.

39. (*Verb.*) *Power to Regulate Line of Buildings.*—When any house or building situated in any street in an urban district, or the front thereof, has been taken down, in order to be rebuilt or altered, the urban authority may prescribe the line in which any house or building, or the front thereof, to be built or rebuilt in the same situation shall be erected, and such house or building, or the front thereof, shall be erected in accordance therewith.

The urban authority shall pay or tender compensation to the owner or other person immediately interested in such house or building for any loss or damage he may sustain in consequence of his house or building being set back or forward, the amount of such compensation, in case of dispute, to be settled by arbitration in manner provided by this Act.

40. (*Verb.*) *Buildings not to be brought forward.*—It shall not be lawful in any urban district, without the written consent of the urban authority, to bring forward any house or building forming part of any street or any part thereof, beyond the front wall of the house or building on either side thereof, nor to build any addition thereto beyond the front of the house or building on either side of the same.

41. *Power to make Byelaws respecting New Buildings, &c.*

42. *As to Commencement of Works and Removal of Works made contrary to Bye-laws.*

43. *What to be deemed a New Building.*

### Privies, Waterclosets, etc.

44. *Penalty on building Houses without Privy accommodation.*

45. (*Verb.*) *Power of Sanitary Authority to enforce provision of Privy accommodation for Houses.*—If a house within the district of a sanitary authority appears to such authority to be without sufficient watercloset, earthcloset, or privy accommodation, and a properly constructed ashpit, the sanitary authority shall, by written notice, require the owner or occupier of the house, within a reasonable time therein specified, to provide sufficient watercloset, earth-closet, or privy accommodation, and an ashpit constructed as aforesaid, or either of them, as the case may require.

If such notice is not complied with, the sanitary authority may, at the expiration of the time specified in the notice, do the work thereby required to be done, and may recover in a summary manner from the owner the expenses incurred by them in so doing, or may by order declare the same to be private improvement expenses: Provided that where a watercloset, earthcloset, or privy has been and is used in common by the inmates of two or more houses, or if in the opinion of the sanitary authority a watercloset, earthcloset, or privy may be so used, they need not require the same to be provided for each house.

46. (*Verb.*) *As to Earthclosets.*—Any enactment in force within the district of any sanitary authority requiring the construction of a watercloset shall be deemed to be satisfied by the construction, with the approval of the sanitary authority, of an earthcloset.

Any sanitary authority may, as respects any house in which any earthcloset is in use with their approval, dispense with the supply of water required by any contract or enactment to be furnished to any watercloset in such house, on such terms as may be agreed on between such authority and the person providing or required to provide such supply of water.

Any sanitary authority may themselves undertake, or contract with any person to undertake, a supply of dry earth or other deodorising substance to any house within their district for the purpose of any earthcloset.

In this Act the term "earthcloset" includes any place for the reception and deodorisation of fæcal matter constructed to the satisfaction of the sanitary authority.

47. *Other means of removing House Refuse.*

48. (*Verb.*) *Privy accommodation for Factories.*—Where it appears to any sanitary authority that any house is used or intended to be used as a factory or building in which persons of both sexes are employed or intended to be employed at one time in any manufacture, trade, or business, the sanitary authority may, if they think fit, by written notice, require the owner or occupier of such house, within the time therein specified, to construct a sufficient number of ashpits, and of waterclosets, earthclosets, or privies, for the separate use of each sex.

Any person who neglects or refuses to comply with any such notice shall be liable for each default to a penalty not exceeding twenty pounds, and to a further penalty not exceeding forty shillings for every day during which the default is continued.

49. (*Verb.*) *Public Necessaries.*—Any urban authority may, if they think fit, provide and maintain, in proper and convenient situations, urinals, waterclosets, earthclosets, privies, and ashpits, and other similar conveniences for public accommodation.

50. (*Verb.*) *Drains, Privies, &c., to be properly kept.*—Every sanitary authority shall provide that all drains, waterclosets, sinks, lavatories, gully traps, earthclosets, privies, ashpits, and cesspools within their district be constructed, trapped, covered, ventilated, and kept so as to not to be a nuisance or injurious to health.

51. (*Verb.*) *Examination of Drains, &c., on complaint of nuisance.*—On a written application of any person to a sanitary authority, stating that any drain, watercloset, earthcloset, privy, ashpit, or cesspool on or belonging to any premises within their district is a nuisance or injurious to health (but not otherwise), it shall be lawful for any sanitary officer duly authorised in writing in that behalf by such sanitary authority, after twenty-four hours written notice to the occupier of such premises, or in case of emergency without notice, to enter such premises, with or without assistants, and cause the ground to be opened, and examine such drain, watercloset, earthcloset, privy, ashpit, or cesspool. If the drain, watercloset, earthcloset, privy, ashpit, or cesspool on examination is found to be in proper condition, he shall cause the ground to be closed, and any damage done to be made good as soon as can be, and the expenses of the works shall be defrayed by the person making the above-mentioned written application. If the drain, watercloset, earthcloset, privy, ashpit, or cesspool on examination appear to be in bad condition, or to require alteration or amendment, the sanitary authority shall forthwith cause notice in writing to be given to the owner or occupier of the premises requiring him forthwith or within a reasonable time therein specified to do the necessary works; and if such notice is not complied with, the person to whom it is given shall be liable to a penalty not exceeding ten shillings for every day during which he continues to make default, and the sanitary authority may, if they think fit, execute such works, and may recover in a summary manner from the owner the expenses incurred by them in so doing, or may by order declare the same to be private improvement expenses, as well as the expenses incurred in the previous examination.

### Scavenging and Cleansing.

*Regulations as to Streets and Houses.*

52. (*Verb.*) *Sanitary Authority to provide for cleansing of Streets and removal of Refuse.*—Every sanitary authority may, and when required by order of the L. G. B. shall, themselves undertake or contract for—

The removal of house refuse from premises;

The cleansing of earthclosets, privies, ashpits, and cesspools;

either for the whole or any part of their district: Moreover, every urban authority and any rural authority invested by the L. G. B. with the requisite powers may, and when required by order of the said Board, shall themselves undertake or contract for the proper cleansing of streets, and may also themselves undertake or contract for the proper watering of streets for the whole or any part of their district.

All matters collected by the sanitary authority or contractor in pursuance of this section may be sold or otherwise disposed of, and any profits thus made by an urban authority shall be carried to the account of the fund or rate applicable by them for the general purposes of this Act; and any profits thus made by a rural authority in respect of any contributory place shall be carried to the account of the fund or rate out of which expenses incurred under this section by that authority in such contributory place are defrayed.

If any person removes or obstructs the sanitary authority or contractor in removing any matters by this section authorised to be removed by the sanitary authority, he shall for each offence be liable to a penalty not exceeding five pounds: Provided that the occupier of a house within the district shall not be liable to such penalty in respect of any such matters which are produced on his own premises and are intended to be removed for sale or for his own use, and are in the meantime kept so as not to be a nuisance.

53. (*Verb.*) *Penalty on neglect of Sanitary Authority to remove Refuse, &c.*—If a sanitary authority who have themselves undertaken or contracted for the removal of house refuse from premises, or the cleansing of earthclosets, privies, ashpits, and cesspools, fail, without reasonable excuse, after notice in writing, from the occupier of any house within their district requiring them to remove any house refuse, or to cleanse any earthcloset, privy, ashpit, or cesspool belonging to such house or used by the occupiers thereof, to cause the same to be removed or cleansed, as the case may be, within seven days, the sanitary authority shall be liable to pay to the occupier of such house a penalty not exceeding five shillings for every day during which such default continues after the expiration of the said period.

54. (*Verb.*) *Power of Sanitary Authority to make Byelaws imposing duty of Cleansing, &c., on Occupier.*—Where the sanitary authority do not themselves undertake or contract for—

The cleansing of footways and pavements adjoining any premises,

The removal of house refuse from any premises,

The cleansing of earthclosets, privies, ashpits, and cesspools belonging to any premises,

they may make byelaws imposing the duty of such cleansing or removal, at such intervals as they think fit, on the occupier of any such premises.

55. *Power to provide Receptacles for deposit of Rubbish.*

56. (*Verb.*) *Houses to be Purified, on certificate of Officer of Health or of two Medical Practitoners.*—Where, on the certificate of the medical officer of health or of any two medical practitioners, it appears to any sanitary authority that any house or part thereof is in such a filthy or unwholesome condition that the health of any person is affected or endangered thereby, or that the whitewashing, cleansing, or purifying of any house or part thereof would tend to prevent or check infectious disease, the sanitary authority shall give notice in writing to the owner or occupier of such house or part thereof to whitewash, cleanse, or purify the same, as the case may require.

If the person to whom notice is so given fails to comply therewith within the time therein specified, he shall be liable to a penalty not exceeding ten shillings for every day during which he continues to make default; and the sanitary authority shall cause such house or part thereof to be whitewashed, cleansed, or purified, and may recover in a summary manner the expenses incurred by them in so doing from the person in default.

57. (*Verb.*) *Penalty in respect of certain Nuisances on premises.*—Any person who in any sanitary district—

(1) Keeps any swine or pig stye in any dwelling-house, or so as to be a nuisance to any person; or

(2) Suffers any waste or stagnant water to remain in any cellar or place within any dwelling-house for twenty-four hours after written notice to him from the sanitary authority to remove the same; or

(3) Allows the contents of any watercloset, privy, or cesspool to overflow or soak therefrom,

shall, for every such offence be liable to a penalty not exceeding forty shillings, and to a further penalty not exceeding five shillings for every day during which the offence is continued, and the sanitary authority shall abate or cause to be abated every such nuisance, and may recover in a summary manner the expenses incurred by them in so doing from the occupier, or in the case of houses let to weekly or monthly tenants, or in separate apartments, from the owner of the premises in which the nuisance exists.

OFFENSIVE DITCHES AND COLLECTIONS OF MATTER.

58. *Provision for obtaining order for Cleansing offensive Ditches lying near or forming the boundaries of district.*

59. (*Verb.*) *Removal of filth on certificate of Inspector of Nuisances or Sanitary Officer.*—Where in any urban district it appears to the inspector of nuisances or sanitary officer that any accumulation of manure, dung, soil, or filth, or other offensive or noxious matter, ought to be removed, he shall give notice to the person to whom the same belongs, or to the occupier of the premises whereon it exists, to remove the same; and if such notice is not complied with within twenty-four hours from the service thereof, the manure, dung, soil, or filth, or matter referred to, shall be vested in and be sold or disposed of by the urban authority, and the proceeds thereof shall be applied in payment of the expenses incurred by them in the execution of this section; and the surplus (if any) shall be paid on demand to the owner of the matter removed.

The expenses of removal by the urban authority of any such accumulation, if and so far as they are not covered by the sale thereof, may be recovered by the urban authority in a summary manner from the person to whom the accumulation belongs or from the occupier of the premises, or (where there is no occupier) from the owner.

60. (*Verb.*) *Periodical Removal of Manure from Mews and other Premises.*—Notice may be given by any urban authority (by public announcement in the district or otherwise) for the periodical removal of manure or other refuse matter from mews, stables, or other premises; and where any such notice has been given, any person to whom the manure or other refuse matter belongs who fails so to remove the same, or permits a further accumulation, and does not continue such periodical removal at such intervals as the urban authority direct, shall be liable without further notice to a penalty not exceeding twenty shillings for each day during which such manure or other refuse matter is permitted to accumulate.

WATER SUPPLY.

*Powers of Sanitary Authority in Relation to Supply of Water.*

61. *General Powers for supplying District with Water.*

62. *Restriction on Construction of Waterworks by Sanitary Authority.*

63. *As to Construction of Reservoirs.*

64. *Power of Carrying Mains.*

65. (*Verb.*) *As to Supply of water.*—A sanitary authority shall provide and keep in any waterworks constructed or purchased by them a supply of pure and wholesome water; and where a sanitary authority lay any pipes for the supply of any of the inhabitants of their district, the water may be constantly laid on at such pressure as will carry the same to the top story of the highest dwelling-house within the district or part of the district supplied.

## WATERFORD GUARDIANS.

THE Clerk read the applications of Drs. Connolly and Arthur for the vacant position of physician to the workhouse.

Mr. Conn wanted to see the testimonials of the candidates.

Dr. Scott did not see the necessity for such a proceding at all. Testimonials were things which were easily got, and as to qualifications he believed the candidates were equal. He should disagree with Mr. Conn's proposal.

Mr. Fortescue—And both gentlemen have held situations under the board, and are therefore qualified.

Mr. Conn—In deference to the feeling of the guardians I will withdraw my proposition.

The Chairman—Then we will take a poll at once.

Mr. Conn—Oh! no. I have a few remarks to make on the subject first.

The Chairman—I think that in this case everything is so well understood that it is not necessary to have any speeches.

Mr. P. M. Barron—I propose Dr. Connolly for the position of medical officer of the workhouse.

Sir J. Paul, in seconding the proposition, hoped there was no one there who would accuse him of being bigoted, or of supporting a man merely because he was a Protestant, but if there were a Protestant and Catholic before them of equal merits, he did not see why he should not support one of his own persuasion.

Mr. Conn had nothing on earth to say against Dr. Connolly, who was a very meritorious young gentleman, and very anxious about the discharge of his professional duties, and when the governors of the Lunatic Asylum appointed him the visiting physician of that institution they paid a very high compliment to him and his family. That was followed by his being appointed to a dispensary in the city, the double compliment pronouncing that he was a highly favoured child of fortune. Now, however, it was proposed to give him a third appointment. (Cries of "No"). He had a £170 a year for one position, and £100 a year for another, and now it was proposed to give him another £100 a year, and there was not a word about his giving up the dispensary.

At this juncture Dr. Connolly, who had been called by some of the guardians, entered the board-room, and a regular uproar ensued.

Mr. Clampett—Doctor, is it your intention to resign? (Great confusion.)

Mr. Conn—Order! order! It is out of all order. This is interrupting the debate. I won't have it. (Confusion.)

Major O'Gorman—(who sat as if in "that accursed House of Commons," with his head covered, and brought his Parliamentary experience and privilege to bear on the question)—It is out of all order. I rise to a question of privilege. There is a stranger in the house. (Laughter.) It is out of order for an outsider to address the board.

Dr. Connolly then retired from the room.

Mr. Conn—Another interruption! You may get a sealed order rfom the Local Government Board to that effect, but what right have you to make an appointment depend on a bargain of that kind? There are 468 sick poor in this house, and only one other sick old man, and this young man—if you elect him—to attend to these 468, and can this young man attend to these 468 poor, with three situations on his hands? (Confusion.) Shout on! I appeal to Mr. Fortescue if I am wrong in making that statement.

Mr. Fortescue—If you appeal to me I must say you are. Dr. Connolly plainly says he will resign the dispensary if he gets this appointment.

Sir R. Paul—As he is not allowed to speak for himself, I, as his seconder, will go bail that he will resign the dispensary if elected to this situation.

Mr. Conn—Very well! I am only discharging my duty here, and will ask you are we to select the best medical man? (Interruption and great confusion.) I am speaking on the strict lines of legitimate discussion. (Disorder.] I have a right to ask the question, and I will maintain my right. Are we selecting the best man in electing a gentleman whose time is otherwise fully occupied, and who cannot give proper attention to his work? (Interruption, and cries of "Go on, Mr. Conn.") I am speaking at the top of my voice, and yet I can't be heard.

Dr. Scott seconded the nomination of Dr. Arthur. He would not have said a word that day, as he knew that every man in the room had gone there armed with a certain determination—(laughter)—but that what fell from Sir Robert Paul, whom he respected very much, had made it necessary for him to offer one or two observations on the subject under discussion. Sir Robert had alluded to Dr. Connolly's claims on the board and the citizens of Waterford through consideration of the members of his family who had gone before him; and he (Dr. Scott) would not dispute those claims; but he would ask the board to consider if that was a matter to influence them in their selection that day?—if, in fact, a man's ancestors could help him to heal an acute disease, or, as Mr. Conn would say, "to pluck a rooted sorrow from the mind!" In answer to the proposition that had been laid before them, he would ask them to remember the old adage, "Live and let live." (Hear, hear.)

Major O'Gorman believed that before Dr. Connolly became a candidate for the present vacancy he should have resigned the other appointment. If a member of Parliament wanted a situation he should resign his seat, (Cries of "Poll").

Captain Power—It is asked who is Dr. Connolly? (Great confusion; cries of "Not at all," and "We all know him.") Who was his grandfather? ("Some of us know him better than you.")

A poll was then taken, and Dr. Connolly was elected, the voting being:—For Dr. Connolly, 29; for Dr. Arthur, 22.

Dr. Connolly was then called before the board and informed of his election, for which he briefly returned thanks, and undertook to resign his dispensary appointment on Friday, which was the earliest date at which he could do so.

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 1, 1879.

| | | |
|---|---|---|
| Total registered deaths in Dublin and suburbs* | | ... 296 |
| Ten years average of same week ... ... | | ... 188 |
| Excess of mortality above average ... ... | | ... 118 |
| 10 weeks' ratio of deaths Rathmines | 28·0 | per 1,000 |
| " " " Donnybrook† | 29·7 | " |
| " " " Blackrock | 15·1 | " |
| " " " Kingstown | 24·2 | " |
| " " Entire Dublin District | 48·9 | " |
| COMPARATIVE RATIOS—London ... | 26·2 | " |
| " " Glasgow ... | 29·3 | " |
| " " Edinburgh ... | 24·6 | " |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Deaths from diseases of the respiratory organs, which in the preceding five weeks had been respectively 96, 104, 100, 96, and 78, rose again last week to 97, of which 75 resulted from bronchitis, 10 from pneumonia, and 12 from lung disease unspecified. The deaths from these causes are more than double the average number (44) in the corresponding week of the last ten years, the average mean temperature of which was 9·5° Fahrenheit over the mean for last week.

Sixty-eight deaths from zymotic diseases were registered, being 6 more than in the preceding week, and 33 over the average number for the fifth week of the ten years 1869-78. They include 21 from small-pox, 15 from fever (3 typhus, 9 typhoid, and 1 simple continued fever), 9 from measles, 8 from scarlet fever—7 of which were children admitted into Cork-Street Hospital from the South Dublin Union Workhouse—4 from diphtheria, 3 each from whooping-cough and diarrhœa, 2 from croup, &c.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JANUARY, 1879.

JANUARY 6th.—Patton, William Johnstone, Farnham House, Finglas, co. Dublin; Lic. R. Coll. Surg. Irel. 1878.

8th.—Mason, John; 25 Cullenswood, Ranelagh, co. Dublin; Lic. R. Coll. Surg. Irel. 1878.

9th.—Deane. Freeman William; 15 Oxmantown Mall, Parsonstown, Kings County; M.B. 1878, and B.Ch. 1878 Univ. Dub.

16th.—Campbell, Arthur James; 4 Upper Sackville Street, Dublin; M.B. 1878 and B.Ch. 1878 Univ. Dub.

16th.—Carleton, Patrick Maurice; 4 Ardmoulin Place, Belfast; M.D. 1877 and M.Ch. 1878 Q. Univ. Irel.

17th.—Battersby, Henry Lewis; 51 Upper Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1878.

21st.—Reddy, Bernard; Castlelost, Westmeath; Lic. R. Coll. Surg. Irel. 1878.

21st.—Flood, Edmund James; Danesfort, Blacklion, co. Cavan; Lic. R. Coll. Surg. Irel. 1878, Lic. R. Coll. Phys. Edin. 1879.

22nd.—MacMunn, John Robert; Seafield House, Dromore West, co. Sligo; Lic. R. Coll. Surg. Irel. 1878.

23rd.—Westby, Ashley John; 21 Trafalgar Terrace, Monkstown, co. Dublin; M.B. 1878, Bach. Surg. 1878 and Mast. Surg. 1878 Univ. Dub.

29th.—O'Shaughnessy, Patrick James Barry; Charleville, co. Cork; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K.Q. Coll. Phys. Irel.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Feb.* 1, 1879; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

| TOWNS, &c | Area in Statute Acres. | Population in 1871. | WEEK ENDING SATURDAY, FEBRUARY 1, 1879. | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Annual rate of mortality per 1,000 inhabitants. | Total Births registered. | Total Deaths registered. | Deaths under 1 year of age. | Deaths at 60 years of age and upwards | NUMBER OF DEATHS FROM Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
| DUBLIN . . | 10,050 | 314,666 | 49 | 164 | 296 | 39 | 74 | 21 | 9 | 8 | 4 | 3 | 15 | 3 | 6 | 9 | 129 |
| BELFAST . . | 20,687 | 182,082 | 45 | 138 | 158 | 23 | 28 | ... | ... | 3 | 1 | 8 | 5 | 6 | 1 | 1 | 28 |
| CORK . . | 13,816 | 91,965 | 19 | 53 | 34 | 5 | 14 | ... | ... | ... | ... | 1 | 2 | 1 | 1 | 4 | 7 |
| LIMERICK . | 8,509 | 44,209 | 49 | 32 | 42 | 7 | 15 | ... | ... | ... | ... | 6 | ... | 1 | ... | ... | 22 |
| LONDONDERRY . | 21,865 | 30,884 | 25 | 22 | 15 | 1 | 5 | ... | ... | ... | 1 | ... | ... | ... | ... | ... | 3 |
| WATERFORD . | 17,209 | 30,626 | 17 | 18 | 10 | 3 | 3 | ... | ... | ... | ... | ... | ... | .. | ... | ... | ... |
| GALWAY . | 21,358 | 19,692 | 32 | 14 | 12 | 8 | 2 | 2 | ... | .. | ... | .. | ... | ... | ... | ... | 3 |
| SLIGO . . | 30,335 | 17,285 | 30 | 8 | 10 | ... | 6 | ... | .. | .. | ... | ... | ... | 1 | ... | ... | 4 |

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 19, 1879.


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## LETTSOMIAN LECTURES. (a)

### LECTURE II.

### BRONCHIAL CONGESTION, AND THE PATHOLOGICAL RELATIONS OF ASTHMA.


By JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Physician to Victoria Park Hospital for Diseases of the Chest, and to the West London Hospital.



(*Continued from page* 80.)


In my last lecture I placed before you the most prominent theories that have been advanced in explanation of the phenomena attendant on a fit of spasmodic bronchial asthma. I sought to make clear, from experimental and clinical evidence, the reasons that support my belief in the neurotic or spasmodic nature of the breath stoppage; and then I discussed the question of the seat of this spasm, showing that most of those, who, for the last century, have given their attention to asthma, believe the spasm mainly to affect the smooth muscular coat of the bronchial tubes. The part taken by the diaphragm in the mechanism of asthma was also considered, and I endeavoured to prove that the condition of this important muscular structure during a fit of asthma, with respect to elevation or depression, is not a constant one, but sometimes it may be elevated, sometimes depressed, according to the nature and rhythm of the respiratory effort. The cases where the diaphragm is raised, and the epigastrium retracted, appeared to be most common in young persons, and in hysterical subjects, where inspiratory dyspnœa was marked, where no great degree of emphysema was developed, and where the asthma was often excited by some powerful expiratory effort, as, for example, a great fit of coughing or laughing. The cases where the abdomen protruded, and the diaphragm was depressed, were usually those of persons who had more or less emphysema of lung, whose chests were over-filled with air, and whose respiratory difficulty was rather in expiration than in inspiration. In the recognition of these features, I looked to find some explanation of the contradictory statements of many authorities as to the condition of the thorax and lungs during a fit of asthma. How far I have succeeded in establishing the truth of what I have advanced, I will not stay to inquire; but I think we must all agree that the subject is one on which, in our present state of knowledge, some difference of opinion must be allowed, and we must not expect the term, asthma, to comprehend a complete uniform train of symptoms. No wonder, when we reflect on the complex nature of the respiratory process, and the various forces and conditions involved in its performance.

We now pass from the nervous and muscular elements of the asthmatic fit to enter more fully on the vascular element: on congestion of the air tubes as a producer of severe dyspnœa. I have already put before you the theory, very lately propounded by Weber, in the form of a supposition of tumefaction of the mucous membrane of the bronchi in consequence of dilatation of the blood vessels through vaso-motor nervous influence. This idea of rapid congestion causing serious dyspnœa does not lack support. There are those who appear to regard it as the exclusive cause of asthma—at least, so I judge from some of the statements I find put forth by writers. Professor Sée, of Paris, for example, in a very interesting paper in the *Practitioner*, on the "Use of Belladonna in Asthma," concludes with these words: "We need not concern ourselves with the bronchial muscles, as it is well understood at the present day (1869) that they play no part in the production of asthma." The last time I ever saw Dr. Hyde Salter smile was when I read to him these remarkable words of the French professor; but Salter said he was aware a similar opinion had been expressed by others who had spoken in a way yet more emphatic,

(a) Delivered before the Medical Society of London. Erasmus Wilson, F.R.S., President in the Chair.

and by no means complimentary to the upholders of the doctrine of bronchial spasm.

Weber, who appears the original propounder of this bronchial congestion theory, is far from denying bronchial spasm as a factor in the asthmatic fit; and Biermer, whose rational and clear views it is a pleasure and satisfaction to study, attributes a certain *rôle* to the fluxionary element in bronchial asthma, while he also supports the doctrine of tonic bronchial spasm.

In old days we know that a distinction was drawn between dry and humoral asthma; and now-a-days we seek to make this differentiation more evident, and to place it on a sound basis. Purely nervous asthma of reflex origin, as, for example, hysterical asthma (and you may remember how I quoted from Floyer's old book the words, "that the hysteric who wheeze much have no phlegm"), I believe to be independent of congestion and due purely to spasm; while on the other hand, there must be admitted to exist a class of cases where congestion, hyperæmia, and mucous flux are undoubtedly found playing a very important part in causing dyspnœa, and guiding us, moreover, materially as to our method of treatment.

I may just instance the congestive bronchitis and dyspnœa of cardiac disease. The gasping and orthopnœa of the state that we call cardiac asthma, may be due entirely to bronchial congestion, and I have seen, as others present also must have seen, cases of this description of congestive asthma who have been thoughtlessly told to smoke tobacco and stramonium, and who come and tell us that the smoking makes them worse, and to feel as if they would die in a faint. We may get at times attacks of muscular spasm in these cases, caused by the vascular congestion disturbing the rhythmical action of the bronchial muscle, and only then is it that anti-spasmodics may be temporarily needed. Salter was very strong on the sympathy of the bronchial muscle with the irritated mucous membrane, and went even so far as to express his "belief that severe chronic bronchitis never exists without asthmatic complication;" a belief in which I am far from agreeing with my late valued friend.

I pass, for a time, from the consideration of bronchial spasm caused by the inflamed, congested, and irritated condition of the super-jacent mucous membrane, to speak of some varieties of asthma and bronchial catarrh, due to certain exciting substances applied to the mucous membrane itself. Specific irritants acting on an unduly sensitive mucous membrane may first of all bring about rapid congestion with profuse catarrh and flux, and then, after a period of varying duration, bronchial spasm and asthma come in as distinctly secondary effects. I will briefly describe, in illustration of these statements, the symptoms and progress of an attack of summer catarrh, or hay asthma, as in this affection we have an admirable example of the points to which I wish to draw attention.

A small boy, who had enjoyed up to the age of eight years very good health, was playing in a hay field in the month of June, when suddenly he was seized with profuse flow of tears, and swelling of the eyelids, to an extent of well-nigh blinding him, at the same time came on a violent fit of sneezing. He was taken by his companions into the house, and soon recovered. These attacks continued to recur in the summer whenever the patient was exposed to their exciting cause; but what is of especial interest in the case is the fact that it was not till he was twenty years old that true asthma and breath difficulty were added to the already established catarrh. "Asthma at night," says the patient, "becomes my great trouble towards the beginning of June; after a few whiffs of a cigar I can get my breath easier and manage a deep inspiration which seems to burst open the contracted bronchial tubes, but they soon contract again, and re-set themselves at a diminished calibre. That which gives real and continued aid in my distress is smoking strong tobacco in a pipe until I am approaching a condition of collapse. A failing pulse and a damp sweating skin are always accompanied by marked alleviation of the sufferings, the relaxation of the contractile tendency affecting the bronchial as well as the other muscles." (Salter, 328.)

Here we have, then, an excellent example of hyperæmia and flux, due to direct irritation of the mucous membrane, existing for some years, and eventually complicated with a very severe form of spasmodic bronchial asthma.

Other forms of congestive catarrh and spasm of similar type are seen in examples of asthma caused by the aroma of fresh coffee, by inhaling the dust of lamp black, of ipecacuanha powder, and of linseed and mustard meal. Two cases of very severe spasmodic asthma, due to excitation of the naso-pulmonary mucous membrane by these two last-named agents, have come under my notice. One patient, recently under observation, begged me on no account to prescribe ipecacuanha in any form; "for once," said he, "I had fifteen drops of the wine of ipecacuanha given to me, and it brought on such a paroxysm of asthma, that I was well-nigh choked, my lower chest seemed powerfully retracted, the difficulty of drawing in my breath was extreme, and perspiration rolled off from me." Here the ipecacuanha wine might have acted in a reflex way, through the gastric branches of the vagus nerve.

When we examine into the history of cases of genuine hay asthma and summer catarrh, we find nearly always that the coryza and catarrh precede the asthma. Possibly, as in the case lately narrated, several years may elapse before the summer catarrh becomes complicated with breath difficulty and spasm.

Another point, brought out by inquiry into the history of cases of hay asthma, is the ingravescent nature of the affection. It grows worse with every fresh attack, and the susceptibility to the exciting cause, instead of diminishing with exposure and lapse of time, increases and becomes more deeply rooted in the system. The blood vessels more readily congest, and the congestion goes deeper down into the air tubes. The sudden advent of the catarrh is familiar to all, and one need not go far to find those who can describe all the distress attendant on the attack. A lively and telling account of catarrhus aestivus, hay, rose, or peach, cold or asthma, is given by Dr. Dobell, in his work on "Winter Cough," and is a lively bit of reading, in full detail. "The cross of my life," says the writer, "is DUST, and I print the word in capitals. Once exposed to dust, every particle is to my eyes as a grain of cayenne pepper, and itching eyes, snuffing, sneezing, and vexed temper, are at once my lot." The writer then goes on to describe the dyspnœa which follows on the catarrhal state, and presents the usual characters of bronchial asthma.

The catarrh begins in the eyes and nasal passages, and we may get speedy asthmatic complication of reflex type, owing to irritation of the Schneiderian membrane. Then the asthma reminds us of the attacks we see occasionally caused by the irritation of a nasal polypus, and which either cease entirely, or are sensibly mitigated, when the offending polyp is removed. If the direct irritation of the Schneiderian membrane does not, however, determine the asthmatic complication early, we observe the catarrhal state, as attacks recur year by year, to pass downwards into the air tubes, and then, and very often not till then, do we behold the asthma in full force. Under these conditions we must admit bronchial congestion as a most important factor of the asthma.

The causation of summer catarrh has been admirably demonstrated of late years by Dr. Blackley, and I wish that time would allow me to detail some of his experiments. Dr. Blackley finds attacks of hay fever to be most prevalent and severe about the 28th of June, and at this period of the summer he found he could collect on glass slides, moistened with glycerine and exposed to the air, the largest number of pollen granules from flowering grasses.

The first person to demonstrate by actual experiment the power possessed by pollen to excite catarrh and sneezing was Dr. W. P. Kirkman. He tells that a day or two before Christmas he noticed in his hot-house for flowers, one single plant of the *Anthoxanthum odoratum* in blossom loaded well with pollen. He thought it would be a capital opportunity for trying this particular grass; so he plucked it, rubbed the pollen with his hand, and sniffed it up his nose. Almost immediately it brought on sneezing and all the symptoms of hay fever, which continued for an hour and then left him.

Some writers have attributed summer catarrh and asthma to the inhalation of the vapour of benzoic acid given off at a low temperature. Most careful experiments by Blackley gave no support to this theory of the origin of the disease; and a series of most interesting experiments in reference to the presence of ozone in the air gave no support whatever to ozone as an exciter of hay asthma. Dust, so bitterly complained of by those subject to hay asthma, was found by Blackley often to excite the disorder in his own case; but he nearly always observed that in the dust there existed pollen granules from flowering grasses. Thus the dust encountered in a railway carriage that had come from a hay-making district would be apt to excite hay asthma in a susceptible passenger who might enter such a carriage. Pollen granules may be carried about in the feathers of fowls, and in the fur of such creatures as cats, hares, and rabbits. In experimenting with actual pollen Blackley found some kinds more active than others in bringing on the symptoms of catarrh; but the pollen of all the grasses gave more or less unmistakable evidence of its power to excite catarrh when applied to the nose, or inhaled into the bronchi (76.) The pollen of rye, *Secale cereale*, was especially active, and caused violent sneezings, with profuse flow from the nostrils. I do not find whether Blackley has proved or disproved the statements of some hay asthmatics, that it is only European grasses that cause them to suffer; in India they are free. The rapid congestion of the mucous membrane of the nares, in summer catarrh soon increased so much that no air could be drawn through the passage; and it was observed that after both passages had been equally closed for a time, if the patient recline on one side, the nasal passage which is uppermost, will after a while become quite open and free, evidently from gravitation downwards of exuded fluid. (172.)

In many cases of ordinary asthma we find the patients complaining of tightness, pressure, and obstruction across the bridge of the nose, and we may accept this as a sign of the congestive character of the asthma. True hay asthma is eminently a congestive form of dyspnœa, and if the mucous œdema affect much the tissue of the larynx and trachea, the disorder may assume a very serious aspect. That, however, a neurotic element is present, as well as congestion, seems borne out by the circumstance that the asthmatic breathing has been brought on by looking at a picture of a hay-field; and that a young lady who, in the proximity of a stable, has to sit up all night in extreme dyspnœa, next day, can dance and sing with ease and comfort.

How far nervous influence may control and affect catarrh and congestion, I will not now seek to inquire, but there are curious and interesting facts that come under our notice from time to time that are worth recording. One man, whose case has been already quoted, and to whom dust was so very baneful, declared that if when perspiring he got a chill, catarrh and asthma were the immediate results. The sympathy of the internal mucous membrane with the external skin in its disordered state is continually brought under our notice. Often we see spasmodic asthma associated with definite skin disease, and the remedy that cures the one often cures the other too. A child may have a running eczema of the skin, and at the same time obstinate bronchial catarrh, and probably any very sudden check of the external flux would tend to increase the catarrh; while a well-chosen method of constitutional treatment on the other hand would cause the subsidence *pari passu* of both the external and internal disorder. These matters respecting interchange and distribution of the catarrhal state, are most interesting and suggestive, and I was led to dwell upon them by a few remarks made to me by our President after my first lecture. The plan I had laid out with reference to the special points to be selected and treated prevents my following this inquiry so far as I could wish, but I will give the notes of two cases bearing on the subject.

Mrs. R. G., living in Warwickshire, had been for several summers liable to very profuse catarrh during the hay-making season, but knew nothing of asthma till one day she had a great fit of laughter, and then found she could not get her breath. From that time she became decidedly asthmatic, the attacks commencing with a great itching under the chin, a good deal of coryza and flux and great tightness across upper part of chest. But little expiratory wheezing was heard after the fit, and great relief was gained by taking moderate doses of hydrate of chloral. In this case I especially noticed a red erythematous rash which appeared on the chest whenever the asthma and catarrh came on, indicative, I thought, of vaso-motor disturbance and vascular congestion.

In 1871 I had a medical man, æt. 32, under my care for very troublesome asthma, of catarrhal form, and almost always this gentleman observed an eruption of real urticaria to appear on his skin whenever he had his catarrhal asthma. In this case the catarrh preceded by some years the bronchial spasm. The remedy found most useful by this patient was the induction of free sweating.

In another case, also seen in 1871, a young man, æt. 21, had been subject to spasmodic asthma, with catarrh, for nine years; and previous to that date he had suffered much from moist eczema on the skin. These instances show the reason there is for admitting vascular disturbance in the way of congestion and hyperæmia as an element in the causation of catarrhal asthma, be it hay asthma or not.

The bronchial spasm appears as a secondary neurosis succeeding often to pre-existent catarrh. To attribute the whole of the dyspnœa to congestion alone is what I am not prepared to do; for that mucous congestion intense enough to cause complete obstruction of the nostrils, as in hay catarrh, should extend in like degree by continuity of tissue all down to the smallest bronchi, can hardly be accepted, for surely then larynx, trachea, and bronchi would be so occluded as to cause actual asphyxia.

*(To be continued.)*

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A COURSE OF

# Clinical Lectures

ON THE

## PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

*(Continued from page 39.)*

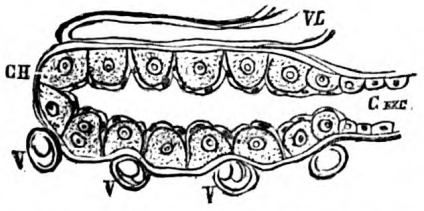
### V. Visceral Epithelial Cirrhoses in General (*continued*).

What I have just said *à propos* of the kidney, I may repeat, almost word for word, in respect to the liver, in taking as an example the group of chronic interstitial inflammations which we studied in detail last year under

the name of *biliary cirrhoses.* This group, as you will doubtless remember, includes up to the present time the following species: 1. Cirrhosis produced experimentally in animals by ligature of the bile duct; *à propos* of this, it has just occurred to me that to carry out the exact resemblance, ligature of the ureter will produce in the renal tissue lesions analogous to those which are developed in the liver as a consequence of experimental occlusion of the biliary excreting duct. This is a point which I hope soon to be able to verify. 2. Cirrhosis resulting in man from obliteration of the bile duct by a biliary calculus, or any other obstruction to the flow of the bile in this canal. 3. Hypertrophic cirrhosis with jaundice. Before entering upon the facts which will enable us to establish the parallel which I have in view, it appears to me indispensable to recall some of the details of the structure of the liver. You know that the biliary canaliculi form in the spaces and fissures which separate the hepatic lobules from one another, a network of canals whose wall is lined with an investment of cubic epithelium, analogous, that is, to the epithelial type which is found through the whole extent of the larger bile ducts. The canals which form these networks communicate, as injection has shown, and are in continuity with the system of intra-lobular biliary canals, otherwise called biliary capillaries. These, like the inter-lobular canals, anastomose, so as to form a network; but they are principally distinguished by the fact that their lumen is comparatively very small, and that they possess no proper walls. They are constituted, in fact, by simple depressions, which may be seen on one side of a certain number of hepatic cells, forming, in the lobule, a true column or trabecula.

Comparative anatomy allows us also to attach this structure, apparently so complicated and anomalous, to the type of construction of other glandular apparatus. Thus, in the adder, the walls of the glandular canal are represented by the walls of the blood-vessels, which are in immediate contact with one of the surfaces of the columns of hepatic cells. The biliary capillaries are nothing but spaces between the ranges of hepatic cells belonging to a single column or trabecula. They communicate directly with the biliary excretory canals, which have a proper wall invested by a cubic or cylindrical epithelium. The only fundamental difference which exists, from our present point of view, between the liver and the other glandular structures is, that the intra-lobular canals or biliary capillaries, instead of remaining isolated from one another, and terminating in a cul-de-sac, or in an ampullary swelling, anastomose so as to form a network, a disposition also presented by the biliary excretory canals. Supposing that this reticulated disposition no longer existed, and that the hepatic cells of a column itself were enveloped by a proper wall, we should have the appearance presented in an ingenious diagram from a recent publication of M. Farabeuf.

FIG 20.




V. V. Vessel. VL. Long vessel. C EXC. Excretory canal. CH. Hepatic cell.—(After Farabeuf).

The columns of hepatic cells, with their capillary space preserved in the centre, are comparable to the culs-de-sac invested with cells of glandular epithelium in continuity with the cylindrical epithelial investment which lines the part of the canal representing the excretory duct. You see in the diagram that the last cubic cell of the excretory duct is in immediate contact with the first hepatic cell of the corresponding layer.

These details were necessary that you might understand the kind of alteration which the liver undergoes in biliary cirrhosis. In such a case in the lobule the columns of hepatic cells tend to disappear. The lesion first attacks the periphery of the lobule, and extends progressively towards the central part occupied by the intra-lobular vein.

It proceeds in the following manner:—The ranges of hepatic cells of a single column are replaced successively cubic epithelial cells, resembling those which exist in the normal state in the inter-lobular canals. At the same time the cellular column, or rather the series of cubic cells which hereafter represents it, diminishes in diameter, and forms around itself a connective embryonic layer of greater or less thickness, which separates

FIG. 21.

Hypertrophic cirrhosis in the horse. (From a specimen by M. Morquart d'Alfort.) The section represents the edge of a lobule of the liver at the point where the newly-formed biliary canaliculi, A A, are continuous with the rows of hepatic cells, B B. These rows, isolated from one another by thickened connective trabiculæ, anastomose and form a network which answers to the disposition of the biliary canaliculi. We see besides, at D, that the two systems communicate directly with one another. At the point of junction, D, the transition is not made abruptly, and one may see all the intermediate forms between the hepatic cell, B, and the small cubic epithelium which lines the wall of the biliary canal, A.

it from the vessels with which it was previously in immediate contact. When the process has arrived at its height, as is seen sometimes in hypertrophic cirrhosis, we find in the area of the lobule, where there is developed a luxuriant connective growth, nothing more than a network of canaliculi resembling the network of inter-lobular canaliculi, and which is substituted for the network which forms in the normal state the anastomosis of the columns of hepatic cells, which is the termination of the alteration. You see that the definite result recalls the disposition on which we insisted *à propos* of the kidney and the lung. This is the place, in order to complete the parallel, for introducing in respect to the liver some details with respect to the embryonic development of this organ.

In the chicken, as was long since shown by Remak, we see about the second day of incubation, developed on each side of the duodenum, a diverticulum filled with hypoblastic cells, and surrounded by a thick layer of mesoblastic tissue. Towards the end of the third day the diverticula in question became hollowed out and lined by an epithelial investment of the cylindrical type. Soon they push into the mesoblastic mass branching prolongations, which again branch and anastomose with one another. The ultimate ramifications constitute in the mesoblastic mass a network of solid canals, filled with hypoblastic cells. According to Foster and Balfour, the hollow prolongations of the diverticula should be considered as the rudiments of the biliary canals, whilst the network formed by the cylinders full of hypoblastic cells represents the hepatic parenchyma of the adult liver. Suppose, in fact, that each of these cylinders full

of cells represents a canal whose cavity is almost effaced, you will find the principal outlines of the plan of the structure of the adult liver, such as the works of Herring especially have made us well acquainted with. If, after this summary review, you return to the details of the alterations of biliary cirrhosis, you cannot fail to be struck with the analogy which, from a textural point of view, the liver thus altered presents to the same organ in the first period of embryonic development.

Without desiring to continue longer the comparison which I have endeavoured to establish between biliary cirrhoses, broncho-pneumonic cirrhosis, and that form of interstitial nephritis which, in the language of microscopic pathological anatomy, is called the contracted kidney, I shall, nevertheless, recall once more the details of resemblance which enable us to place under one common head affections very different, both by the name of the organ which they attack, and by the totality of symptoms which reveals them during life. To sum up, two principal elements are here to be considered:—1. Modifications of the glandular epithelial investment of hypoblastic origin. 2. Modifications of the connective wall of mesoblastic origin which serves as a support to this investment. If we examine now the pathogenic point of view, we must seek whether these two elements have the same value if the two kinds of lesions are developed parallel, or whether, on the contrary, one of them precedes the others, and so to speak, dominates the situation. In other words, is the epithelium affected in the first place, and do the lesions which it undergoes communicate themselves secondarily to the subjacent tissues? or does the alteration of the connective tissue precede on the contrary that of the epithelium? or, lastly, are the two anatomo-pathological elements contemporaneous, and must we accord them the same pathogenic value? The questions which have been just put are certainly very interesting in respect to our special study. I do not see that in the present state of things they can be definitely answered; it is, nevertheless, allowable to seek the most probable solution of them. After an examination of all the circumstances, I incline to think that the epithelial lesion is the first in order, the origin of all the disorders, and I will propose to you, consequently, to call *epithelial* the visceral cirrhoses, whatever organ they affect, presenting the anatomical characters which I have just pointed out. I ask permission to pass rapidly in review the various arguments on which my view is founded. We are brought to undertake a short excursion into the domain of the general pathological physiology of epitheliums:—

1. Everything leads us to believe at the present time that the epithelial tissues enjoy, up to a certain point, an autonomous existence independent of that of the subjacent tissues which serve to support them. Thus, in pathological conditions, for instances, the epitheliums may be modified in form, regenerated and multiplied, without the concurrence, or at least, without the direct participation of the connective layer on which they lie, under the influence only of interstitial fluid—an influence necessary to the maintenance of vitality of all tissues.

*a.* The activity of old pre-formed epitheliums and its direct influence on the regeneration and multiplication of epithelial cells of the same kind destroyed by any cause, has been thoroughly shown by recent experiments. It has long been known that on the surface of a wound in course of cicatrisation the development of the new epithelial investment is made first from contact with old epithelium, and thus proceeds from the periphery of the wound towards its centre. The influence exercised on the regeneration and multiplication of the cellular elements by the old cells is here manifest. It has been placed beyond doubt by an ingenious experiment which has been adopted into practice—namely, the transplantation of epidermis suggested by M. Reverdin. The transplanted layer should include in its thickness the true living layer of epidermis, that is to say, part of the network of Malpighi. Without entering into detail on this remarkable experiment, I would recall the fact that the transplanted layer soon contracts adhesions to the granulation tissue which forms the base of the wound, and then we see formed at the edges of this graft a new epidermis, which constitutes an islet whose borders extend daily.

M. Schweninger has lately varied the experiment, and has shown that the transplantation of a hair carrying with it a portion of its epidermic sheath, may similarly become a point of origin for the formation of an epidermic islet.

*(To be continued.)*

# Original Communications.

## ON A CASE OF ADDISON'S DISEASE IMPROVING UNDER TREATMENT, AND ON THE RELATIONSHIP BETWEEN THE DISCOLORATION OF THE SKIN IN THAT DISEASE ON THE ONE HAND, AND VITILIGO AND ALOPECIA AREATA ON THE OTHER. (*a*)

By McCALL ANDERSON, M.D.,

Professor of Clinical Medicine in the University of Glasgow, and Physician to the Glasgow Western Infirmary.

GENTLEMEN,—It is not my intention to enter fully into the subject of Addison's disease, but merely to show you a patient who has been very greatly improved by treatment, and to refer generally to the possible connection between the discolouration of the skin in that disease on the one hand, and vitiligo and alopecia areata on the other. The lad referred to is nineteen years of age, a wood turner, and was admitted into the Western Infirmary on July 16, 1878, suffering from loss of appetite, extreme languor, and debility. He seems to come of a tolerably healthy family, although his brother is suffering from some form of lung affection. He was always strong and well until about five months prior to admission, when his appetite began to fail. He lost all inclination for food, and was inclined to sleep, or to sit languidly at the fireside. Exertion of any kind was distressing to him, and he gradually lost flesh. Shortly after this his friends began to remark that his skin was becoming darker in colour, although he was always somewhat swarthy. There has been no change, however, in his hair, either as regards texture or colour; and although anorexia has been a prominent symptom, he has never suffered from nausea or vomiting.

On admission, he was found to be considerably emaciated—weight, seven stones and a quarter of a pound. The whole skin was of a dirty brown tint, and decidedly darker than natural; this was especially marked in those situations which are naturally most pigmented, such as the scrotum, penis, nipples, &c. The anterior was, on the whole, somewhat lighter than the posterior aspect of the body; the vaccination marks on the left arm were in parts very dark, and there was a large dark patch on the front of the chest, where a mustard plaster had been applied some time previously. There was no discoloration of the mucous surfaces, which were pale.

An examination failed to detect any disease of internal organs; there was neither pain, tenderness, nor fulness in the region of the kidneys, and the urine was natural. Pulse 96, rather weak; respirations 24; temperature ranging from 98°2 to 102°—which, however, it only reached on one occasion, and for the most part it remained within the limits of health. I need not enter into the diagnosis of this case. It was admitted by all, who had an opportunity of seeing it, to be a well marked illustration of Addison's disease; and you will have the opportunity, shortly, of judging for yourselves.

Before referring to the treatment which was adopted, let me say a few words as to the possible connection

(*a*) Read before the Glasgow Medico-Chirurgical Society.

between the discolouration of the skin in Addison's disease, on the one hand, and vitiligo and alopecia areata, on the other; merely premising that it is a well ascertained fact that it is not every disease of the supra-renal capsules which is associated with the symptoms of Addison's disease; that, on the contrary, there is only one morbid condition which is capable of producing them—viz., scrofulous affection of these organs. Further, there is good reason to agree with Dr. Greenhow's opinion, that the symptoms are not dependent upon the destruction of these bodies, seeing that they may be entirely destroyed without the production of the symptoms, but upon the extension of the morbid process to neighbouring parts, especially the solar plexus, and the semi-lunar ganglia.

Vitiligo, or leucoderma, as it is termed, is a comparatively rare disease (although I have seen a good many examples of it), as appears from the fact that among 11,000 consecutive cases of skin disease which came under my notice, there were only four of vitiligo. It is, as you will observe [plate exhibited], characterised by brown patches, enclosing others which are preternaturally white. It is, in fact, a pigmentary affection, due not so much to excessive deposit, as to irregular distribution of the pigment of the skin. It is much less common in white persons than in negroes, in whom it gives rise, of course, to much greater deformity, and induces a piebald appearance. It is also to be noted that on the head the hair growing from the white patches is entirely devoid of pigment.

Now, you may naturally ask, What has this to do with the discolouration of the skin in Addison's disease? That will be apparent from a consideration of the case of a patient who first consulted me on 4th April, 1872. He was a married man, 50 years of age, complaining at that time of frequent seminal emissions, and a slight eczematous rash on the upper arm, with erythematous blotches on the chest. Even at that time he was very pallid. Under a course of iron, &c., he soon recovered. I lost sight of him until 8th August, 1876, when he again came to me complaining of debility, which had been increased by an attack of diarrhœa. I found him very weak, and with a feeble circulation. It was then I observed that there was a dirty pallor of the skin, contrasting strongly with the pearly conjunctivæ, and he told me that he had been very closely confined to business, in badly-ventilated rooms. On the 3rd May, 1877, I saw him again, when all the previous symptoms were present in an exaggerated form, and, in addition, there was a great tendency to vomiting. On the 25th July he again complained of vomiting, and his bowels were inclined to looseness. At this time I noticed that the dusky tint of his skin was much more pronounced, and that on some parts, particularly upon the backs of the hands and arms, the discoloration presented all the characters of vitiligo, that is to say, there were white patches, surrounded by others, which were deeply pigmented. I saw him, for the last time, on the 4th September, when he was much in the same state, shortly after which I went abroad for a few weeks, and he then consulted my friend Dr. Maclaren, who wrote me as follows regarding him :—

"I only saw him during the last week of his life, when the usual symptoms of the disease were well marked—great langour (he was entirely confined to bed), anæmia, discoloration of the skin, with white patches here and there, loss of appetite, weak pulse, and vomiting. The treatment consisted in giving him wine and nourishment, and dialysed iron. He sank from sheer exhaustion."

He died about the end of October, and we were fortunate in being permitted to have a partial post-mortem examination, which was conducted by Dr. Foulis. The following is that gentleman's report (permission was given only to examine heart, capsules, and kidneys) :—

*Heart* rather flabby; tissue of a pale brown tint; no vascular lesion.

*Kidneys*—Both had the characters of the large white kidney of Bright.

*Capsules*—Both converted into white, firm, reniform bodies, embedded in adipose tissue. On section the capsules presented a pale, yellowish-white surface, mottled here and there with pale gray and yellow tints. No trace of the normal texture of the capsule remained. On microscopic examination the structure is seen to vary in different parts. In one place a dimly granular fibrous tissue is visible. In another there is nothing but closely packed and rather shrunken small cells, rather less in size than the ordinary white blood corpuscle; while elsewhere, these cells are obscured by a fine granular débris, as if they were disintegrating.

Here, then, we have a case of Addison's disease in which the discoloration of certain parts presented all the characters of vitiligo; and, although it is unique in my own experience, Dr. Greenhow has reported one or two cases of a similar nature.

I have long held that vitiligo is dependent upon perverted innervation of the sympathetic nerve, and that it is a neurotic affection seems to be the general opinion. Thus, Hebra states that it is due to "disturbance of innervation;" Tilbury Fox, that "it is dependent on depressed innervation;" and Erasmus Wilson considers it "a neurosis, the result of weakened innervation." Thus we are led to surmise that there may be some connection between the discolouration of the skin in this affection and in Addison's disease, in so far, at least, as they are probably both dependent upon disturbance of the functions of the sympathetic nerve.

You are all familiar with the disease to which the name alopecia areata has been applied. It consists of circular patches of baldness, varying in extent from a solitary small patch to the removal of every hair on the body. I shall not occupy your time by discussing the question, whether there is a parasitic form of this disease. But I am perfectly satisfied, at all events, that there is a non-parasitic form; one of the proofs of which is to be found in the following cases, though not cited for this purpose. On the 15th October, 1874, a gentleman, aged about 25, rather pale, but otherwise healthy, consulted me on account of an attack of alopecia areata, which presented all the usual features of that disease—round bald patches, some studded with little stumps of hairs, some with downy hairs. The disease had almost entirely removed the eyebrows, and, to a considerable extent, the eyelashes. It had existed on and off for twelve years; and about five years before I saw him he first noticed white spots and patches on the hands and other parts. On examination I found that the greater part of the trunk of the body, and, to a large extent, the neck and backs of the hands were the seat of well marked vitiligo.

I saw this patient again on July 12, 1875, when I found little change, either in the alopecia areata, or in the vitiligo, and there was no deterioration of the general health. It may, no doubt, be urged that this case is not conclusive; and that the two affections occurring together in the same person may have been a mere coincidence. But a different complexion is put upon the matter if it is viewed along with the following :—

A girl, æt. 10, healthy looking, and born of a sound stock, consulted me on 30th June, 1870, on account of round and irregular bald patches on the head, the latter being due to the coalescence of neighbouring round ones, and implicating in all about one-half of the head. The case, in fact, presented all the naked eye characters of alopecia areata. She was recommended to regulate the bowels with simple aperients, to take small doses of wine of iron, and Fowler's solution, and, after shaving the head, to sponge it night and morning with a lotion of perchloride of mercury (four grains to the ounce). On 28th July all the bald patches were thickly clothed with hair, which, as is usual in such cases when the hair first reappears, was white, owing to the absence of pigment. So far, there was nothing unusual in the symptoms, until 23rd Dec., when the patient again visited me. The hair

was then perfectly healthy, but, to my surprise, as white in the sites of the previous bald patches as on the 28th of July, the scalp in these situations being also devoid of pigment. She then showed me what had appeared about a fortnight previously on her shoulders and back, namely, round and oval white spots, from the size of a crown downwards, the skin at the edges being deeply pigmented. In fact, she now presented all the characteristic appearances of vitiligo. These two cases tend to show that there is a very close relationship between alopecia areata and vitiligo. Now, if it be true, as we have endeavoured to show, that there is some connection between the symptoms of vitiligo and the discoloration of Addison's disease, then alopecia areata seems also to be connected with the discolouration of Addison's disease. Of course, I do not mean to say, nor do I suppose, that disease of the supra-renal capsules has anything to do with the production of vitiligo or of alopecia areata, but simply that a somewhat similar perversion of the function of the sympathetic nerve lies at the root of the symptoms mentioned in all three.

You are well aware that the prognosis of Addison's disease is gloomy in the extreme, and that treatment has consisted exclusively in attempting to subdue special symptoms, such as irritability of the stomach, and to improve the strength of the patient by means of nourishment, stimulants, and tonics. On reflecting on the very unsatisfactory results which have accrued from this palliative and symptomatic treatment of the disease, it occurred to me that a somewhat different treatment might possibly be of service, or at all events, that it could not well be less satisfactory than the usual routine. I reasoned thus: Addison's disease has now been proved to be dependent upon a scrofulous affection of the supra-renal glands. Now, when a localised scrofulous affection attacks any other part of the body we treat it constitutionally by means of antistrumous remedies, and by strong local application if it is on the surface, or by stimulants or counter-irritants in some shape or other if more deeply placed. Then, why not resort to similar treatment when the supra-renal capsules happen to be the seat of the disease? I accordingly treated this case by means of blisters over the renal regions and cod-liver oil, combined with rest, good food, and four ounces of wine daily. The oil was commenced on 16th July, in doses of a teaspoonful, gradually increased to a tablespoonful thrice daily. From the middle of September onwards, from two to three ounces have been administered daily. Three blisters were applied to the right renal region, on the 23rd July, 30th August, and 30th October; and two to the left on the 3rd August and 15th September. On the 20th October the following note was taken: "Patient is a very great deal stronger; he walks rapidly, with a firm step, as if in perfect health. But he states that he still feels a little weak, though not half so much as on admission." His colour also is much paler; a fact which is corroborated by the patient himself, as well as by others in the same ward. The most remarkable improvement, however,—one with regard to which no doubt can exist, and which is the most striking sign of amendment in strumous affections generally—is in the body-weight, as is shown in the following table:—

| | Stones. | lbs. | | Stones. | lbs. |
|---|---|---|---|---|---|
| July 22 | 7 | 0¼ | Sep. 9 | 7 | 10 |
| „ 29 | 7 | 0½ | „ 16 | 8 | 0 |
| Aug. 5 | 7 | 2 | „ 23 | 8 | 0 |
| „ 12 | 7 | 2¾ | Oct. 7 | 8 | 8 |
| „ 21 | 7 | 5 | „ 14 | 8 | 10 |
| Sep. 2 | 7 | 9 | „ 21 | 8 | 11 |

That is to say, from 22nd July to 21st October, he has gained 1 stone 10¾ lbs. in weight.

I do not bring this case forward as an instance of a cure of Addison's disease, but as an illustration of great improvement resulting apparently from the carrying out of what we may call a rational, as distinguished from a purely empirical, method of treatment; and I shall have pleasure, at a future time, in reporting the further progress of the case.

# Clinical Records.

## ST. MARY'S HOSPITAL.

*Laceration of Hand—Sloughing into Wrist-Joint—Amputation of Forearm—Acute Pleuritis five weeks after Operation—Recovery.*

Under the care of A. T. NORTON, Surgeon and Lecturer on Surgery.

From notes by MR. KENNETH MILLICAN.

ON Nov. 16th, 1878, A. P., domestic servant, a healthy girl of 18, was being driven in a cab when the horse ran away. She opened the door and was thrown out, the wheel passing over her left hand. She was brought into the hospital faint, and in great pain, but having regained consciousness. The left hand was very much lacerated, skin was torn from a point on the forearm midway between the two styloid processes, round the base of the thenar eminence, and thence straight across the palm at the level of the upper border of the abducted thumb. Another rent commenced at the point of the origin of the first, and proceeding along the hypothenoid eminence, ended barely a quarter of an inch short of the termination of the first at the ulnar side of the palm, thus leaving the skin of the palm only attached by a narrow strip at the inner side. The branches of the palmar cutaneous nerves were dissected out, and the adductor muscles were torn across. There was considerable hæmorrhage, and a great deal of effusion at the back of the hand and in the forearm.

As the patient was low and faint, brandy was administered; and then the skin of the palm was united by three silk sutures in the longitudinal radial cut, and two in that passing transversely across the palm. The wound was then well syringed, and dressed with carbolic lotion, and tinct. opii ℥ xxv., administered. Considerable hæmorrhage occurred in the night; next morning there was also extensive effusion in the right cheek. The temp. was 100·4° F.; pulse 128, and very weak. The patient had a sleepless night, being in severe pain. The wound was redressed; a firm pad being placed in the palm. Between this date (Nov. 17th) and Nov. 22nd, the temperature varied between 101° F. and 104° F. A hot water bath was then ordered for the arm by night, while it rested on a pillow in a poultice by day. On the 23rd and following day, two incisions were made in forearm to relieve the suppurating cellulitis. On the 25th, more serious symptoms began to supervene. The tongue was furred, the pulse 128, full and bounding; face flushed and hectic, nostrils dilated. The temperature kept vacillating between 102° F. at night, and 100° F. in the morning. These were followed on the 26th, by the discharge of a considerable amount of fœtid pus, the skin of palm sloughing, and the slough spreading towards wrist-joint; the forearm was enveloped in a poultice. The next day all the before mentioned symptoms were increased, and in addition several severe rigors set in. Extensive suppuration; pus yellow, chiefly confined to planes of cellular tissue in forearm. On the 28th the pulse was 132; the inflammation had, however, considerably subsided. The 29th and following days, seemed to mark an improvement; the wounds were granulating well; the temperature had remained between 100, and normal, and the suppuration was decidedly diminishing, when a rise of temperature on Dec. 5th to 104° F., accompanied by rigors warned of further mischief; and on examination of the wrist-joint two sinuses were disclosed by the probe. The sloughing had ceased by this time. The pulse now began to get very weak and small, retaining an average frequency of 116 to 120; and the discharge from forearm continued to be very profuse, accompanied by an erysipelatous blush.

On Dec. 11th Mr. Norton removed the forearm under chloroform, employing the modified circular operation, short anterior and posterior semi-lunar skin flaps, with

further dissection of the skin to line of section of the bones at junction of upper with middle third of arm. The whole operation was performed with Lister's antiseptic spray. Drainage tubes were inserted, and the stump supported on a splint. Temp. at night, 102·6° F., Slight hæmorrhage took place in the night, and there was considerable pain, causing insomnia, notwithstanding a hypodermic injection of morphia. The temp. fell next morning to 101·4° F., but rose at night again to 103·4° F. On the 13th, there was a marked improvement. Patient seemed better in herself; the temp. was down to 100° F.; the pulse, 128; but the appetite good. The wound was doing well when dressed antiseptically on this date, the flaps healthy and uniting well. It was again dressed on the 16th, when considerable discharge was found in the cavity which had been formed high up in the arm by the former cellulitis. A serious flow of pus escaped through one of the incisions made high up in the arm before the operation, and which had been taken in in the flaps and utilised for drainage. The wound was now dressed daily, the stitches being removed, and the flaps continuing healthy. On the 18th, however, a further complication arose. The temp. suddenly rose to 102·4° F., and on seeking the cause, pain in lower right chest, accompanied by difficulty of breathing, drew attention to that part, where the stethoscope revealed friction sounds. No dulness; pulse, 118. Patient was moved next the fire. On the 19th, pulse small, regular, 129; cough troublesome; friction sounds had ceased, but dulness and absence of respiration in infra-axillary region showed the effusion of fluid. The wound was looking well; little, if any, discharge. Quiniæ sulph., gr. ij., with acid sulph. oil, vin ipecac., and liq. morphiæ muriat., ordered. The 21st showed considerable grumous discharge in the dressings, which were, however, sweet; cough bad; resp., 24, short; face flushed; considerable perspiration. On the 23rd the chest was again carefully examined. There was dulness from fifth rib, and obstructed vocal resonance; resp., 30; pulse full, quick, and bounding, 126; temp. 102° F. On the 27th patient was apparently worse; cough very troublesome; resp., 34, laboured; expectoration, containing some liquorice colour; pulse tremulous, irregular in force, 126; tongue white and furred. The 30th saw considerable improvement. There was less hectic and cough; pulse, 108; resp., 30; temp., 98° F. The discharge from arm slight and sweet; dressed daily. On Jan. 3rd, a sinus leading upward on outer side of arm about two inches long, and containing pus, was found, which was opened on the following day; temp., 103·4° F. On Jan. 5th the antiseptic dressing was discontinued, and water dressing substituted. Considerable discharge from wound. The effusion into pleura still marked. She sat up for the first time on this date. On Jan. 15th the temp. rose at night to 101° F. Another sinus running transversely across arm from lower opening of the first was discovered, its inner extremity opened, and a drainage tube inserted; temp. 98·2° F. A small point of both radius and ulna were projecting slightly through the skin. On the 22nd the projecting portion of radius was removed by forceps; dressed daily. Drainage tube removed on 23rd. By Jan. 27th the transverse sinus was quite healed, the longitudinal one on outer side still discharging slightly from its lower half only; the upper half had closed. By Feb. 1st discharge almost entirely ceased. On the 6th the opening over radius had closed; a slight spicule of bone came away from ulna. Two small places discharging were dressed with ung. zinci, water dressings being discarded on this day. The health and appetite were good, and the flaps united. On Feb. 8th the patient was well enough to go out.

*Remarks.*—The two important points for consideration are—the question of amputation, and the origin of the pleuritis. As regards amputation, the cellulitis had completely separated the skin from the deeper tissues, as far as the elbow, but the constitutional symptoms were not such as to suggest amputation until Dec. 5th, when sloughing exposed the cavity of the wrist-joint and an immediate elevation of temperature ensued, with a rise in frequency of the pulse. The loss of soft tissues by sloughing, the exposure of the wrist-joint, the extensive cellulitis, and the increasing severity of the constitutional symptoms, called for immediate amputation.

Five weeks after the operation acute pleuritis set in with a bounding pulse. The surgeon would naturally suspect the pleuritis to be pyæmic, but it was diagnosed to be a distinct inflammation and not consequent upon the wound. The symptoms which gave rise to this view were the absence of pyæmic rigors, the strong pulse instead of the severe depression, and the detection of the friction sound of the first stage of pleuritis, which in pyæmia would probably not be recognised owing to the subacute origin of pyæmic inflammations.

# Special.

## REGIMENTALISM *v.* UNIFICATION IN THE ARMY MEDICAL SERVICE.

THE literature of regimentalism (meaning thereby the hostility of the medical profession to the abolition of the regimental system) would fill a bulky volume; but that of unification (or the reasons in favour of such abolition) has been hitherto a sealed book as far as medical readers are concerned. This is not fair. Both sides ought to be heard. His Royal Highness, Sir William Muir, and the combatants, ought to have their say as well as the doctors and the Colleges, and, as it has always been the strict principle of the *Medical Press* to encourage fair discussion, we think it right to give some space to a counter-blast to regimentalism, without at all implying that we have altered our opinion on the relative merits of both systems. That counter-blast may be perused *in extenso* in the form of a pamphlet, by Dr. Evatt, entitled "Army Medical Organisation: a Comparative Examination of the Regimental and Departmental Systems;" and it is appropriately dedicated to the Director-General.

Dr. Evatt treats the subject in a clear and simple manner, avoiding all technicalities, and from such points of view as will commend themselves—first, to England and the common sense of the country; second, to the military officers of the army; third, to the medical officers of the army; and fourthly, to the members of the medical profession at large, whether professors, teachers, or practitioners in civil life.

He points out with much force, that England is placed under special circumstances, which make special organisation an absolute necessity.

"Not only are her soldiers obtained with great difficulty and maintained at vast expense; not only has she to attract the volunteers instead of compelling the conscript; but in addition to all this her soldiers are scattered over a widespread empire, garrisoning posts in every possible climate, and exposed not only to war risks, but to every possible variety of disease.

"Not Germans, nor Frenchmen, nor Austrians are exposed to sickness as our soldiers are exposed, and Russia alone can compare with us in the extraordinary chances that send our men from Halifax to Peshawar, and from Bermuda to Hong-Kong. Apart from all field service, our soldiers are daily fighting in a campaign with tropical climates and acute diseases such as are never heard of in other European armies, and to assist these men in their struggle with disease, an efficient medical corps is most essential."

He goes on to say "it is needless to say that the army, both in the military and its medical branches, has been for some years divided into two schools of thought on the system of army medical organisation, one party supporting the system called regimental; the other standing by unification or departmental views."

The picture of England's military condition up to 1871, is sketched by Dr. Evatt as follows:—

"The English army until 1871, existed as a series of detached regiments, a certain number of which garrisoned the home stations, and a great number of which were scattered about in single regiments and detachments over the face of an enormous empire. India and Canada were full of far-detached stations, each consisting of a single regiment. The West Indies, in like manner, was so garrisoned. Australia, New Zealand, the Cape, Ceylon, the Ionian Islands, were all so occupied. Most military stations were held by single regiments, and in very many cases by small detachments.

"These regiments had no territorial connection whatever beyond the faintest shadow of a name. They had no reserves. They were as strong as the men actually present with the colours made them, but no stronger. If war was declared they enlisted locally what raw material they could, but in those days a regiment was a definite unit never varying, and the army was not only a long service army, but for many years a life service one.

"Corresponding in every way to the military organisation, the medical organisation of the service in those days was wholly regimental, the sick and wounded of the army were treated in separate regimental hospitals, each an adjunct of either a regiment, battalion, battery, or detachment, the military commanding officers of which were responsible for their efficiency. However numerous the various battalions or batteries in a garrison were, each had their own little hospital, wholly separate and distinct from every other corps in the garrison, whether as regards buildings, offices, instruments, medicines, medical officers, or sick attendants.

"To the medical officers who acted under him were delegated the prescribing duties for the sick, but here their responsibility ended. The regimental commanding officer was alone responsible for the cleanliness and order of the hospital.

"To obtain a new key for the door, a new pane of glass for the window, or a new slate on the roof, he, the commanding officer, alone was responsible, and he alone could apply to the supply departments."

The least irregularity in the conduct or neglect of duty by sergeants, orderlies, or patients was invcstigated solely by the commanding officer, the medical officer having no responsibility in the matter, beyond reporting it. The commanding officer issued all orders for the interior working of the hospital. The orders for the rising and going to bed of patients, their duties in the wards, and in fact everything not included in their purely medical treatment was arranged by the commanding officer.

The author deals with the "supposed advantages of the regimental system" in very trenchant style. The first of these advantages he supposes to be *that the regiment had its hospital complete and ready at all times, in peace and war, and was therefore perfectly independent of the army as a whole.*

"The supporters of the regimental system seem to think that because the word regiment remains that the army is still regimental in the old sense. This is far from being the case. In the old days a regiment was a definite fixed unit, practically the same in number and organisatfon in peace or war, and averaging 800 men at all times. It was, in fact, just as strong as the men serving with the colours made it, but no stronger. There was no local tie whatever, no reserve of any kind, nor any means of supporting the regiment in the field by supplies of trained reservists. Under the old system it was known then that 800 would have an average number of sick, and a definite provision was made for them on this estimate. To-day all this is changed. The regiment is no longer the unit for the army, and the brigade has become the unit.

"In peace a regiment will be perhaps 400, perhaps 450, strong, and when the army is mobilised it will be suddenly swelled up by calling in the army reserve, the militia reserve, the drafts from the linked battalion, and the brigade depôt to 1,100 or perhaps 1,200.

"But if the hospitals were to be worked regimentally, on what basis are we to reckon? Shall each regiment have enough medical officers, orderlies, and equipment for the peace establishment and the small skeleton of 500 men, or for the war footing and the full field strength of 1,200? What about the orderlies and nursing staff? Are they to be entertained all through peace to await war, or they are to be always on a peace footing? How about the bedding and clothing, medicines, instruments, and such like? Either we would have a crowd of idle unemployed men in peace or a deficient number in war; the first entailing tremendous expense in peace, the second certain disaster in the field. But in addition to this we all know that no trustworthy regimental average of sick or wounded can be formed, Position in attack in battle, exposure to a heavy fire, or unhealthy camp sites, may always cause one regiment so exposed to suffer heavily, while other regiments in the same division probably escape altogether, so that all our regimental calculations are liable to be thrown out, although divisional calculations generally will maintain an average.

The second supposed advantage is, "that the medical officers learned to know the men, prevented scheming, and thus benefited the State.

"Here again there is a failure to grasp modern changes in army life. In the old days a soldier enlisted in the army for life, and could only get out by purchasing his discharge or by invaliding. Since that time all has been changed. Men now enlist for six years with the colours, and six years in the reserve passed in civil life; but many thousands of men have gone to the reserve at three years' service, and owing to the linking of battalions and the interchange of men between them and other causes, a regiment now is continually changing its component parts. If the pre-Crimean doctor knew the pre-Crimean soldier, it was because, under long service rules, both served long years, in fact lifetimes, together, but that is now all passed away with the introduction of short service systems. Knowing the men in the old intimate way is quite impossible either for commanding or medical officers, and is indeed not essential.

The final presumed advantage of the regimental above the unified service, is "that it formed a pleasant home for the medical officers of the service.

"This is another statement which melts away on examination. It cannot be denied that under the regimental system several hundred army medical officers had a definite home in a regiment, but we cannot ignore the fact that in 1873 at least 300 officers of the department never by any possible chance could find any regiment to get into, as of late years the army medical staff not attached to regiments has largely been increased.

"This is quite well known to all medical and military officers. I find that in 1844, there were fifty-nine staff assistant surgeons, in 1872 there were 228, besides a very large number of staff surgeons, and this number existed at a time when every regiment had its regular complement.

"It would be absurd to deny that throughout the entire army, in every rank and grade, the regimental tie has of late years become much weaker.

"For the medical officers the tie that bound them to their regiments was of late years becoming every day less marked, and the average service of each officer with his regiment was, in 1873, not more than three years. The increase in the non-regimental medical staff and the concentration of regiments in large camps in England and Ireland, and the withdrawal of corps from detached positions in the colonies, have all tended to draw both regimental and staff medical officers together, and to weaken the whole regimental ties which were for the doctors so essential in the old army days, but are now not only of little necessity but positive drawbacks.

"Now in every garrison at home and abroad the officers of the Army Medical Department form a separate and distinct corps of themselves, as united and compact as the Royal Artillery, the Engineers, or any other branch of the service.

"They now serve under their own chiefs, work their own hospitals, wear their own uniform, and are perfectly free from any deadweight.

Dr. Evatt now turns to consider the other aspect of the question, or the drawbacks and weak points of regimental medical organisation.

"Regiments are no longer the unit of organisation.

"Let us take the 1st battalion 25th regiment as an example.

"Say it is stationed at Aldershot, and war being imminent the order is given to mobilise. On the day the order is issued the regiment at home is 480 strong, consisting of the officers, non-commissioned officers, and the young soldiers serving with the colours. Its brigade depôt is at York; its linked militia battalions are the 2nd and 5th West York Militia; its reservists belong to the same Yorkshire district.

"At once on the order to mobilise being received the regimental reserve in civil life hasten into York to the depôt, and are armed and clothed to the number of 400 men.

"The depôt of the regiment permanently located in York furnishes 100 more men, being the young depôt soldiers of the 2nd battalion then abroad. The two associated battalions of

militia are called out, and the militia reserve from each 70 strong, or a total of 150, join the reservists and the depôt contingent in York. The whole, to the number of 650 strong, are put into the train, armed, clothed, and equipped, and arrive in Aldershot five days after the order to mobilise issued.

"At Aldershot they join the regiment and are told off to the companies. As there is no hutting room, tents are drawn from the army store depôt, and they are sheltered. The commissariat, warned of their arrival, issue 1,100 rations instead of 480, and all goes well.

"But how about the hospital? Let us imagine it under the regimental system. The 480 men who formed the original regimental strength having only an average of about 30 sick, needed only two medical officers at most to look after them, and with them is a hospital sergeant and four or five orderlies, a staff based on 480 strength. The medicines, supplies, the bedding, all the equipment, the very building itself, is based on, say, 500 strength, but the new arrivals have made it 1,100 strong. What is to be done? At once confusion would begin. The medical officers were too few, the sergeant would be overwhelmed, and the orderlies simply overborne by the increased sick, which rose at once from thirty on the day the order was issued to mobilise, to eighty after the 640 men had been under canvas for a week. What is to be done? Apply to the principal medical officer of the camp? But, as we are imagining, the regimental system is at work; he has little, in fact no power. It is true the 36th regiment is close by the 25th, and the 47th is also near, and the 58th is not a quarter of a mile away, and two artillery batteries are within easy distance. Each of these separate regiments has two medical officers, one hospital sergeant, five orderlies, bedding, medicines, and equipment quite idle. They are not mobilised, having just come from foreign service, and their medical staff are really quite idle, with perhaps 20 or 30 sick in each separate little hospital, each hospital having 20 spare beds in it. The principal medical officer is powerless to act; he cannot send one man of the eighty sick of the 25th into any other hospital, nor can he move an orderly, a sergeant, a medical officer, or a splint, or mattrass, or pillow, from one of the hospitals to the 25th. The 25th hospital is disorganised, men are neglected, improperly nursed, and all goes wrong.

By stress of applying to the general commanding, the principal medical officer gets two medical officers detached to assist the 25th doctors. One comes from the 36th and one from the 47th regiment. But not an orderly, a sergeant, or any supplies can be made available.

"The 36th doctor is shortly after recalled to march away with his own corps, and perfect confusion remains.

Men die, the general finds fault, the press take it up, England is excited, and who is blamed? The medical department and the principal medical officer.

"It is needless to say that he is wholly blameless. It is the system and not he that was wrong."

We cannot afford space for the various minor drawbacks of the regimental system quoted by Dr. Evatt; for instance, the maintenance of a separate hospital for each regiment during peace—the absence of libraries, laboratories, and expensive instruments—the impossibility of obtaining skilled nurses. Dealing with the question of relative expense, the author says, "Take Portsmouth: say one corps has just arrived from India, and was full of sickly soldiers, the other six battalions were very healthy indeed, yet all of them had the same detail of two medical officers. Thus five hospital staffs were perhaps quite unemployed, the sixth was never at leisure. England kept paying for some medical men who perhaps had very little to do, and however anxious the medical officers were for work, each officer was compelled to limit his duty to his own little regimental hospital.

"If the regimental system was expensive in peace and injurious to professional efficiency, in war time it was simply unworkable.

"The medical department under such a system was perfectly paralysed. It tied the hands and feet of the directing medical officers of the army, and then blamed them for not walking and working. Every regiment that embarked for Crimea, or that in 1871 would have embarked for any continental war, would have had its medical staff of three doctors, a sergeant, and some orderlies, and its little regimental hospital with its little share of transport and equipment, all marching with the regiment. Fancy an army corps so organised with perhaps 30 battalions of infantry, 6 regiments of cavalry, and 10 batteries of artillery, each of them with its little hospital. In all 46 separate hospitals, each, say, with even two medical officers, or, say, 100 surgeons, 46 hospital sergeants, and some few hundred of regimental orderlies. Let us imagine all these separate hospitals marching in the rear of the columns, each perfectly independent of every one save the regimental commanding officer, each hospital staff in separate regimental uniform, whether infantry, hussar, highlander, gunner, or sapper, &c. Imagine then the army corps forming into order of battle and attacking such a position as the Alma Hills. Ten battalions, two cavalry corps, and four batteries, alone come under fire, and they alone are full of wounded. The medical staff of the regiments under fire are at work night and day, and still men die unattended. In the meantime three-fourths of the doctors are quite idle because their regiments have not been under fire, yet no one can move them to the assistance of the worn-out doctors of the wounded corps. The principal medical officers are in despair: but what can be done? Yet this was the system at the Alma, and it might have been the system still were unification not introduced.

"It left the medical department a sham, and paralysed all efficiency. It seems impossible to believe such a system can find supporters. Not a single military writer of any character whatever supports such a system. It was simply courting ruin to carry it out. The lesson of the Crimea we have never forgotten. It was there in the tents of that devoted army that the thinking medical officers of the service first raised the question of unification; and to-day, after twenty years of patient waiting, it is an accomplished fact.

Having thus given the leading arguments adduced by Dr. Evatt, we are obliged to conclude our notice of his pamphlet, although there is much remaining which is well deserving of attentive consideration. He asserts that the regimental system was also defective, inasmuch as it "(*a*) prevented all training in administration of hospitals; (*b*) prevented all development of professional knowledge amongst army medical officers; (*c*) ruined true *esprit de corps* amongst the medical officers; and (*d*) was the cause of unequal foreign service and irregular tours of duty.

Referring to the compromise between regimentalism and unification which has been suggested, the author is particularly emphatic.

He says, "it has been proposed that a compromise system should be introduced for working in the medical service of the army. It advocates in peace petty regimental hospitals worked on a regimental basis by regimental officers to be the rule, but when war is declared, at once, general hospitals to be organised and worked by the regimental officers concentrated together. It is needless to say such a system is quite out of the question. If an army had one system for peace and another wholly different for war, disaster is as certain as anything can be. Imagine the English army, with its medical system worked regimentally, suddenly embarking for Antwerp. It left England with a regimental system, it disembarks with a sham departmental system.

"That is to say, a crowd of regimental officers never trained in large hospitals, but taken from petty battery and regimental hospitals, are suddenly massed in large general hospitals, or put to work divisional field hospitals in a campaign. As in peace the regimental commanding officer and the regimental quartermaster did all the discipline and transport work; the regimental doctors know nothing of it; not one of them even saw a large army hospital worked. The senior medical officer perhaps comes from a battery of artillery and now takes charge of a division of an army and a set of army hospitals for 800 sick.

"A crowd of medical officers each differently dressed, a crowd of hospital sergeants drawn from every corps, and a mass of orderlies without cohesion, without *esprit de corps*, grumbling to get back to their regiments, impatient of all discipline and control by officers and sergeants they never heard of or saw before. Transport brought from various quarters. A field hospital mobilised at a week's notice. No hospital corps. No fixed routine of work. Regimental commanding officers clamouring for their doctors and withdraw-

ing them when most wanted! Doctors struggling to get away to their regiments, no co-ordination nor departmental *esprit de corps*, and directing all a principal medical officer whose duty in peace time is to inspect diet rolls and prescription books, and we have all the elements of disaster ready at hand. "Such a system of compromise is impossible."

After all that Dr. Evatt and the advocates of regimentalism have said, there remains, we imagine, a potent cause for the dissatisfaction of some medical officers respecting unification, which cause has not been yet confessed by either party. The fact, is that the average medical student hankers after the serene social supremacy which he thinks that combatant officers enjoy, and after the life of idleness and amusement which has heretofore been the lot of those officers, from cornet to captain. He covets the privilege of being able to talk about "our f'lahs," of dining at mess, and being one of the God-like creatures whose adoration by silly girls he has been accustomed to observe. He longs for promotion from the plentiful but plebeian leg of mutton and turnips to the more *distingué* but less satisfying *menu* of the mess table.

With newly-fledged doctors all this stands for a good deal, and as the general belief is that attachment to a regiment constitutes the embodiment of all these delights, there are very many of the socially inferior class of students who prefer a semi-menial association with combatant officers to a communion on equal social terms with their own brethren, and such students have, therefore, hitherto resisted the voice of the unification charmer.

It is hardly necessary to say that these delights under the regimental system proved, before many months, "honey in the mouth but bitterness in the belly," and that the student, on achieving the manhood of his intellect, had good reason to regret that he had run so far out of his way after a butterfly, and become—as most of the senior and more experienced army surgeons are—zealous disciples of unification.

To such a pass has this ridiculous aping of combatant swellism been pushed, that there are some who express the opinion that regimentalism ought to be kept alive, if only as a school for medical military manners and deportment, their most exalted notion of an army doctor being that he should be a coxcomb, trained to the fashionable mess-room slang, and thoroughly ashamed of his profession—a master of that repose of manner which in civilian circles would be called silliness, and which does not conduce to the efficient discharge of medical military duty.

Our idea (and apparently that of Dr. Evatt) is quite different. We should like to see army surgeons gentlemen in tastes, in intelligence, and education, as well as in deportment; competent and earnest officers, joined in a close social and professional brotherhood, and able to maintain their position towards their combatant colleagues with dignity and on equality.

We cannot doubt that such a condition of things would more probably arise under a unified medical department than under the old regimental system; and if so, we bid welcome to the new era.

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Last week's returns of deaths from diseases of the zymotic class showed that scarlet fever, measles, whooping-cough, and fever were fatally prevalent in Salford. Scarlet fever was also excessive in Newcastle-upon-Tyne, Oldham, and Sunderland. The deaths from fever were proportionally most numerous in Portsmouth, and those from whooping-cough in Manchester. Small-pox caused 17 more deaths in London, 22 in Dublin, but not one in any of the other large towns.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 19, 1879.

## THE CONJOINT SCHEME.

Now that there is a probability of the Conjoint Board becoming ere long an accomplished fact, we may as well draw the reader's attention to the recently issued Report of the Committee of Reference with regard to the proposed regulations relating to the professional education and examination of candidates.

First as regards education: the candidate must produce evidence of having passed, before the commencement of professional study, a preliminary examination on subjects of general education; of having been registered as a medical student at least forty-five months previously to his final professional examination; of having been engaged in professional studies for the same time, during which not less than three winter and two summer sessions shall have been passed at some recognised medical school, and of having attended certain courses of lectures on the different subjects on which he will be examined. One winter session and two summer sessions may be passed by attending the practice of some recognised hospital or dispensary, or by receiving instruction as a pupil of some duly registered practitioner, or by attending lectures on any of the required subjects of professional study at a duly recognised place of instruction. With regard to the general curriculum of studies, the proposed regulations differ very little from those that are at present enjoined by the English licensing bodies, and are such as, if duly complied with, will give the future student ample opportunities of becoming practically acquainted with every department of his profession. The proposed curriculum is not unduly weighted with compulsory attendance upon lectures, while it re-

quires evidence of the student having received practical instruction in those subjects which, from an educational point of view, were formerly much neglected. And to prevent the attendance upon lectures being of a mere nominal nature, the Committee of Reference have added a rider to their regulations, to the effect that "the certificates of attendance on the several courses of lectures must *include evidence that the student has attended the examinations in each course.*"

As respects the Conjoint Board Examinations, it is resolved that there should be three—the *first*, on chemistry, materia medica, medical botany, pharmacy, and osteology; the *second*, on anatomy and physiology; and the *third*, on medicine, surgery, and midwifery. The student will be admitted to the first of these examinations within twelve months from his being registered as a medical student; to the second, after he has had eighteen months of professional study; and to the third or final examination, after he has completed his 21st year of age, passed the second examination, and studied medicine, surgery, and midwifery, in accordance with the required regulations. The motive of thus dividing the examinations is obvious, as by this means it is expected the student will have some incentive to work during the whole curriculum instead of leading, as many used to do, everything to the last, and cramming for a few months before one final examination. There are, however, two disadvantages attending this plan. In the first place, the student will be apt to imagine that he is "walking" the hospitals more with the view of passing certain examinations than of becoming thoroughly and practically acquainted with his duties as a medical practitioner. And in the second place, after having satisfied his examiners in the subjects of one examination he will be too ready to throw those subjects aside and to think no more about them. The first objection is of course inseparable from the principle of division adopted by the Board, but the second might be obviated by adding to the proposed regulations a clause informing the candidate, for the second and third examinations, that his examiner shall not be precluded from putting one or two questions on the subjects on which he has been previously examined.

Every candidate, male or female, who has passed the third examination of the Board, will be entitled to receive the licence of either, or all of the three English Licensing Bodies—namely, that of the College of Physicians, of the College of Surgeons, and the Society of Apothecaries.

We have said that the Conjoint Scheme is likely to be carried out before the end of the current year. But this desirable event will depend upon whether the Medical Acts Amendment Bill is passed this session of Parliament, and whether the scheme is made compulsory for each division of the United Kingdom. No doubt there will be fresh obstruction put in the way of passing the Bill, especially by those who are anxious that it should embrace provisions for the immediate reconstruction of the Medical Council. As the opposition of the Scotch corporations was removed last session nothing now stands in the way of the Bill receiving the sanction of the Legislature but this proposed reconstruction of the Council. Perhaps the Government will comply with the wishes of a large section of the profession who are anxious to see the great body of general practitioners more directly represented in the Council than they are at present, or a Bill may be passed in which the reform of the Council is left for future consideration. In either case the establishment of a Conjoint Board would be secured and one great step taken towards improving the status and education of the future medical practitioner. Should, however, any further hitch or delay occur in the passing of the Bill, there will be very little chance of a Conjoint Board being formed for some time to come; perhaps not until the Government takes the matter entirely into its own hands and institutes a State examination.

## THE PLAGUE.—II.

We left off by remarking that a glance at the history of the plague will show that its re-appearance in Western Europe, or even in this country, is not an impossible event. "Given," says a writer on hygiene, "a tropical summer, a cargo of plague-stricken passengers, and an unhealthy, badly managed port, the plague may yet be revived;" and, as we shall presently see, many cities, after a long period of immunity, have been visited and almost decimated by fatal epidemics of this disease.

There can be no doubt that the origin of plagues is lost in very remote antiquity. The plagues of Egypt, described in the ninth chapter of Exodus, carry us as far back as 1491 B.C. According to Baronius, a plague occurred at Carthage, 534 B.C., which was of so terrible a nature that the people sacrificed their children to appease the gods. There was the great plague in Athens, 450 B.C., so graphically described by Thucydides, and another mentioned by Pliny, which raged in the Greek Colonies 188 B.C., and destroyed daily 2,000 of the inhabitants. During the first three centuries of the Christian era several plagues ravaged the Roman Empire. It is, however, doubtful whether these plagues were identical with those that have appeared in more recent times. Probably some of them were, while others were epidemics of malignant typhus, or some other disease. The earliest notice of the true plague to be found in the writings of the ancients is by Rufus, preserved in an inedited book of Oribasius. In this work Rufus describes a fatal and pestilential disease accompanied with buboes in the neck, armpits, and thighs, and which was endemic in Libya, Egypt, and Syria. One of the earliest and most memorable of plagues was that which depopulated the Roman Empire in the reign of Justinian. This plague is minutely described by Procopius, a Greek historian of the sixth century. It appears to have somewhat resembled the Great Plague of London; and was so fatal that in Constantinople alone 200,000 of the inhabitants perished. Still more memorable were the great plagues of the 14th, the 16th, and 17th centuries respectively. That known as the *black death* of the 14th century, desolated Asia, Europe, and Africa, and was so dreadful and fatal that "people still preserve the remembrance of it in gloomy traditions." It first appeared in China in 1333, where it is said to have destroyed one-fourth of the population. Thence it spread to the western parts of Asia, to those surrounding the Caspian Sea, to Arabia, Syria, and Egypt, and then to the south-eastern portion of Europe. It

reached Florence in 1348. In the same year it attacked Avignon, and from thence extended northward to France, Germany, England, &c. It raged with great fury in England and Ireland; and in London alone 200 persons were buried daily in the Charterhouse Yard. According to Guy de Chauliac, the plague in Avignon raged for six or eight weeks, "and the pestilential breath of the sick, who vomited blood, caused a terrible contagion far and near, for even the vicinity of the sick was certain death; so that parents abandoned their infected children, and all the ties of kindred were dissolved." Equally terrible is the description given by Boccaccio of the pestilence as it occurred in Florence. It began to show itself in the spring of the year "in a wonderful manner, and different from what it had been in the East, where bleeding at the nose was the fatal prognostic." Here there appeared tumours all over the body, and afterwards purple spots, "in some cases large and few in number, in other less and more numerous, both sorts the usual messengers of death." It was the same in other parts of the Continent. In France many were struck as if by lightning, and died on the spot. The young and the strong were often the first to succumb. In England the distemper was attended, as at Avignon, with spitting of blood, buboes, and carbuncles; and both in England and in France the patients with buboes scarcely survived two or three days.

The fifteenth century was marked by outbreaks of pestilence in this country and in Ireland. London at the beginning, and Oxford about the middle of the century, lost a large portion of their respective populations, while in 1478 a plague raged throughout England which destroyed more people than the continual wars of the fifteen preceding years. In the 16th and 17th centuries the plague again appeared in various parts of Europe. In London it occurred in an epidemic form at five distinct periods from 1593 to 1655, the last of these being the "Great Plague." In the epidemics of 1603 and 1625, upwards of thirty-six thousand and thirty-five thousand people were respectively carried off by them. But besides the recognised plague years, the plague, as a disease, appears at that time to have been seldom absent from this country. In 1656 the pestilence was carried to Naples from Sardinia by a transport with soldiers on board, and raged with such violence that 400,000 of the inhabitants are said to have perished in six months. About this time occurred the Great Plague of London, to which we have already referred. The first two cases occurred in Westminster, whence the disease was conveyed to London. Checked for a time by the winter frosts, it gained ground in spring, and spread with great rapidity during the summer months. An indescribable panic took possession of the people, which, in conjunction with the then filthy and otherwise insanitary condition of the metropolis, greatly increased the mortality. Nothing the authorities did made any impression upon the pestilence. Fires were kept up night and day to purify the air. Infected houses were shut up and marked with a red cross. The dead were buried with all possible despatch. The disease still increased, and did not abate until it had destroyed more than 68,000 of the inhabitants.

Since that time, now more than two centuries, the plague has not been seen in England. Other countries, however, have not been so fortunate. In 1720, the plague appeared at Marseilles, after an immunity of seventy years. It was conveyed to that port in a ship from the Levant, and swept away 60,000 of its inhabitants. A little later (1759), it raged and "made dreaful havoc" in various parts of Syria and Palestine. In 1771, it visited the city of Moscow, after an absence of a century and a-half; while, a few years afterwards, Persia, Egypt, and the Empire of Morocco were also visited, and more or less depopulated by it. In the early part of the present century immense numbers were carried off by the plague in Spain and Gibraltar. That which visited Malta in 1813 is rendered memorable, says a distinguished writer, by the proofs of the introduction of the infection, and by the measures used to arrest it. It had not appeared in Valetta for 137 years, when it was introduced into that town by a vessel from Alexandria, where it was then prevailing. In 1835, the plague was prevalent in Egypt; while, in 1837, a still more fatal epidemic committed great ravages at Smyrna. It is a significant fact, and one to which we shall hereafter refer, that during this last-mentioned epidemic, the plague made the earliest and greatest ravages in the most airy and cleanest quarter, and the latest and the least in the closest, the most dirty, and the most miserable district. In the most unhealthy locality of the city, where several drains and sewers meander through margins of filth, a barrack containing from 1,200 to 1,300 troops, was placed under the most rigid quarantine, with the result that not one person was attacked, although the distemper was raging around them.

We have thus brought down our brief history of the more memorable outbreaks of the pestilence near that period which is comprised in Mr. Netten Ratcliffe's official report of the recent progress of Levantine plague. Mr. Ratcliffe observes "that since the apparent cessation of plague in Egypt in 1844, after several centuries of prevalence there, and in neighbouring countries, eight reappearances of the disease had been recorded in the Levant up to the close of 1874—viz., two in Western Arabia in 1853 and 1873-74 respectively; two in the province of Benzazi Tripoli in 1858-59, and in 1873-74; two in Persian Kurdistan in 1863 and in 1871; and two in Mesopotamia in 1867 and in 1873-74." The last mentioned outbreak was the beginning of a diffusion of plague in the districts bordering the lower course of the Euphrates and Tigris, near the Western frontier of Persia, and north of the Persian Gulf. This epidemic continued till the hot season of 1877, since which no information of its existence in Mesopotamia has been received. An offshoot of this diffusion and a very fatal outbreak of the disease occurred in 1876 in a district of South-western Persia. In December of 1876 a very rapidly fatal plague appeared in two villages of Northern Persia. In March, 1877, the plague broke out in Rescht, a town containing 20,000 inhabitants, and situated near the North-western corner of the Caspian Sea. The malady extended to several villages in the surrounding district, and cases were recorded as late as January, 1878. This town would appear to have been free from the disease since 1830, during which year half

the population was carried off by it. In September, 1877, the plague appeared in Astrabad and the Perso-Afghan frontier, and in January, 1878 in the district of So-ug-Bulak, Persian Kurdistan.

These Official Memoranda of Mr. Netten Ratcliffe, closely correspond with the official report of the Imperial German Sanitary Commission, which we noticed in our last issue. In this report it was stated that the recent outbreak in Astrachan could be traced to what has always been the principal cradle of the epidemic, viz., in the north-western angle of the Persian Empire. Advancing eastward from this district from the Lower Euphrates Valley, near Bagdad, it reached Rescht on the Caspian Sea, in 1877, and from thence extended to Astrachan. But there is this difference between Mr. Netten Ratcliffe's Report and that of the German Commissioners, that whereas Mr. Ratcliffe does not attempt to account for the manner in which the plague extended from one district to the other, the German Reporters intimate that the geographical course of the disease depended upon the intercourse which existed between the inhabitants of the several infected districts. The outbreaks which occurred in the highlands of Aderberdschan (near Mount Ararat) were, they say, intimately connected with similar outbreaks in the Lower Euphrates Valley. The traffic between the Shutes, who live in North-western Persia, and the inhabitants of the Euphrates Valley, and especially the filthy customs and habits of the Mahometan pilgrims and traders, "appear to stand in causal connection with the repeated succession of outbreaks of plague in those regions." So again there is a considerable traffic carried on between Rescht and the Government of Astrachan, as well as with the inhabitants of the Eastern Caucasus. We shall have occasion to refer to these facts when we consider, as we shall do in our next and concluding article, the means that should be adopted to prevent the extension of the disease.

# Notes on Current Topics.

## The College of Physicians and the Plague in Russia.

It has been decided by the President and Council of the Royal College of Physicians to convene a meeting in order to consider what steps may be necessary for the protection of the United Kingdom, in view of the plague now raging in Eastern Europe. Circular letters have been sent out by the secretary appointing Tuesday for a conference at the College. We wonder whether this action of the College of Physicians will be regarded by our contemporaries with as much disapprobation as they have expressed with respect to the precautions taken on the Continent. We doubt whether they are justified in talking of the "irrational" dread which has spread through the Continent, and the "preposterous measures" that have been adopted by foreign governments. We will admit that quarantine is not invariably successful, and that it has been carried to extremes, and often made unnecessarily oppressive. But that is no reason why it should be given up altogether, just because such high authorities as Mr. Simon and Mr. Netten Ratcliffe are prejudiced against it. The history of past epidemics plainly shows that if the plague is to be prevented entering a country or prevented spreading to any great extent (should it gain a footing), some kind of quarantine, maritime or inland, must be adopted. If our authorities offer no obstacle to its introduction into this country, and rely entirely upon cleanliness, and good drainage, they will in our opinion be committing a great mistake. Strict isolation, disinfection, and brief quarantine precautions, as far as they can be carried out, are the means by which we may best prevent, or limit, the introduction and subsequent extension of the plague in this country; and we trust that the conference to be held at the Royal College of Physicians will make these measures a part of their recommendations.

## Medicine and the University of Cambridge.

We have just received a copy of a memorial to the University of Cambridge Commission, claiming the attention of the Commission to the need which exists for the further development of the study and teaching of medical science in the University. The memorial is signed by many of the most distinguished graduates of the University, as well as by other eminent physicians and surgeons; and we feel certain that the object of the memorial will meet with the general approval of the profession.

As the memorialists very justly set forth, in all other European universities the advancement of medical science is recognised as amongst the most important of academical functions, and the study and teaching of it encouraged by larger endowments than any other branch of science. In Cambridge very large encouragement is given to almost every branch of science and literature, except medicine, and even more than this, emoluments already existing have lately been curtailed, as we are informed, by the extinction of certain medical fellowships at Trinity and Caius. Much has indeed been done during the last few years for the promotion of the natural sciences, but no steps have been taken to provide for the more extended and complete study and teaching of the sciences of pathology, medicine, and surgery.

We certainly agree with the memorialists in thinking that the foundation of a professorship of pathology would meet a pressing and obvious want, and would redound greatly to the honour and reputation of the University.

## Sunday Morning Milk.

Mr. Dupre, the President of the Society of Public Analysts, in a recent address said, that a case, showing the importance of continuous supervision, had come under his observation. Nine samples of milk were bought one Sunday morning, and brought to him for analysis. Out of these nine samples two only were fairly good while seven were largely adulterated, two of them consisting of milk and water, in about equal proportions. A fortnight later, nine more samples were bought, but by this time the dealers had taken the alarm, and one sample only was found adulterated. Taking the average for the last two or three years, rather less than one in five has been found adulterated, but these were always bought on week-days, and the above was the first Sunday experiment.

## Irish County Infirmaries.

In a circular recently addressed to the Infirmary surgeons of Ireland, Dr. Brunker, Secretary of the Association of Infirmary Surgeons, informs them that from information which he has obtained, there cannot be any doubt but that (in some form or other, most probably in connection with the proposed new Grand Jury Bill about to be brought into Parliament during the present session by the Government) some enactment will be proposed, which, if passed, will have a most serious effect on the County Infirmaries and their officers, as well as the public. It is believed that it is the intention to place them under the control of the Local Government Board, and, in fact, to connect them with the Poor-law system, or actually to extinguish them, by prohibiting any further grants for their support by the Grand Juries. It is also the intention of Mr. Meldon to bring in a Bill, but he does not propose to connect the infirmaries with the Poor-law system in any way, but will advise the reception of one guinea subscriptions.

We are quite of opinion that a readjustment of the law with reference to county infirmaries in Ireland is urgently needed; but we view with the greatest apprehension any proposition of law which would take these institutions out of the hands of the county gentry and merge them in the same administration as that which manages the workhouses. We cannot look even with toleration upon any scheme which would not recognise the continuance of the infirmaries as institutions totally distinct both in function and in management from the workhouses. The county infirmaries have always had, and still have, abundant work to do for a class of patients who would not hear of going into a workhouse, and who ought not to be humiliated by being driven thither for relief. If the proposal to which Dr. Brunker alludes assumes tangible form, it will be for all those who have a regard for the maintenance of good surgery in the provinces to exercise every influence to prevent its being passed into law.

## Adulteration of Drugs.

The Local Government Board, in its last report, expresses regret that a larger number of samples of drugs have not been submitted to analysis; it is obvious that the use of adulterated drugs may defeat the intentions of the physician, and that the consequences may be exceedingly serious. Of the samples examined, more than one-fifth are reported against, and some of them were far below the standard of the British Pharmacopœia. There was one case in which suspicion was aroused by the death of two dogs, to which medicine bought as jalap had been administered, and an analysis showed that two-thirds of the so-called jalap consisted of strychnine.

## The Tyrone County Infirmary.

Dr. Thompson, surgeon to the Omagh Infirmary, in presenting a very successful report to his Board of Governors says:—

"The legislation which has year by year threatened the very life of the Irish county infirmaries is still in abeyance, and instead of gaining force, as most projects do possessing any inherent strength or life, has, on the contrary, lost ground. That some change in the present law respecting infirmaries is required no one will deny. The legislation necessary, however, is a Bill to consolidate and place upon a firmer footing institutions which I unhesitatingly assert are more useful and do far more solid good than any others in the country. The contemplated Bill, therefore, should be one founded on principles of justice and common sense. The first clause of an Infirmary Bill should be provision for a fair endowment. This would relieve county taxation, and be very acceptable to the cesspayers. The second clause should bring the infirmaries under the Local Government Board, or of a board composed—as in the case of the asylums—of two medical inspectors, which would be even a better arrangement. As county institutions they would, of course, be independent of the Board of Guardians. Other clauses should provide for a proper audit of accounts; for the constitution of a governing body, which might with advantage remain as at present; for the proper remuneration and superannuation of the surgeon and other officials; and for the repeal of the old Infirmary Bill, with its outlandish and century-old provisions.

"Every year the great amount of good effected by the Irish infirmaries is becoming more apparent, and it is now generally conceded, not only that it is a necessity to have in each county at least one well-provided hospital for the treatment of severe cases of injury and disease, but also as a matter of common fairness that the respectable farmers, traders, shop assistants, servants, &c., should have some place of shelter when overtaken by severe illness, and not be compelled to frequent the workhouse hospitals, institutions no doubt admirable in many respects, but very generally repugnant to the feelings of the better class of our people.

"The strongest argument, therefore, in favour of the infirmaries must always be their usefulness, and I appeal with confidence to the subjoined report as an evidence of the extent of good they effect, and the amount of human suffering and misery they are able to mitigate."

We understand that the Board of Governors is so well satisfied with the efficient working of the institution that it has unanimously voted to Dr. Thompson an increase of salary of £75 a year.

## The General Medical Council Office.

The *Students' Journal* hears, with surprise, that Messrs. Bell and Roope, who for the period of about eighteen years have acted as clerks in the Medical Registration Office, have received notice that their services will be no longer required. Since the Dental Registration Act came into operation, the additional work thrown upon them has been something enormous, all of which has been cheerfully performed, and that, too, without any increase to their salary. After such long service, we should have expected that the Medical Council would have allowed them a handsome retiring pension, as is customary in all public offices; but we understand that they are only to receive a part of their salary for a very limited period. If this is true, it is wholly unworthy of a high and honourable body, such as the General Medical is, or rather should be. This is a subject calling for strong language, but we forbear, simply leaving the matter to the consciences of the individual members of the Council. How different has Mr. Miller, the registrar, been treated. Although only recently appointed to the office, he has been voted an honorarium of a hundred pounds, or a hundred guineas, in consideration of the additional work imposed on him by the Dental Registration Act, the bulk of which, by the way, fell upon the shoulders of Messrs. Bell and Roope.

## The Plague.

In the face of that unreasonable alarm, amounting almost to a panic in several continental countries, it is refreshing to turn to the common sense views propounded by that eminent sanitarian, Dr. Decaisne, in our Paris contemporary, *La France*, of Sunday last. In an exhaustive communication he endeavours to put the public on their guard against panic, and concludes, from good medical authorities, that there is no fear of the pestilence, if such it be, invading Western Europe. He quotes the opinion of Dr. A. Fauvel, head sanitary inspector in France, who says that the malady which now reigns in certain parts of Russia arises from famine and uncleanliness, and that such maladies rarely spread beyond their immediate centres, especially when the proper sanitary precautions are taken. These facts in connection with the precautions already taken by the various European Governments, should have a reassuring tendency, and allay those fears, which, if prolonged, are capable of producing serious consequences on the minds and health of their possessors.

## The Surgeoncy of the Westmoreland Lock Hospital, Dublin,

Which was vacated by the death of the late Dr. B. F. McDowell, is likely to be the subject of an animated contest. The Board of Governors, who are the electors, have fixed the 1st of March for the choice of Dr. McDowell's successor, and also of an apothecary to the institution. They have also recognised Dr. Rawdon Macnamara's succession to the senior surgeoncy by voting to him the additional salary of that office. The salary of the appointment now vacant is £100 a year, and there are, as might be anticipated, many candidates, of whom the following have been publicly named: Dr. Hepburn, who has been doing the duty for some time since Dr. McDowell's illness; Drs. Thomson and Corley, of the Richmond Hospital; Dr. Peele; Drs. Collins and Kelly, of Jervis Street Hospital; Dr. F. McDowell, and Dr. Carroll, son of Sir William Carroll; Dr. R. P. White, Surgeon to the Meath Hospital, and Dr. Fitzgibbon, Surgeon to the City of Dublin Hospital.

## The Medical Registrarship of the School of Physic in Ireland

Which, as we stated recently, was vacated by the resignation of the Rev. Dr. Haughton, has now devolved upon a committee of which Professor Haughton is chairman. Professors MacAlister, Sinclair, Reynolds, and Bennett constitute the committee, and a secretary has been appointed on a salary.

The quarterly report of the Medical Officer of Health for Hastings is to hand, and shows the sanitary state of that favourite health-resort to be most satisfactory. The death-rate during 1878 was 16 per 1,000 of the population, including those of visitors, who are frequently sent here in the last stages of phthisis and other diseases. The sanitory authorities may also be congratulated upon the improved water supply and other desirable reforms, which we pointed out as blots upon the sanitary escutcheon of a watering place some two or three years ago.

## A Dispensary Veteran.

Dr. White, the Dispensary Medical officer of Borris-in-Ossory, in the Queen's County, has resigned his office in consequence of age and impaired health. His Dispensary Committee therefore resolved to recommend the grant of full superannuation allowance.

Dr. White has held the office for forty-one years, and for thirty-eight years has never had a day's leave of absence or required the payment of a substitute for one hour. Certainly, Dr. White's repose from his labours, and any pension he can receive, will have been well earned. We should suppose that forty-one long-drawn-out years in an Irish dispensary ought to qualify anyone for promotion to a higher sphere of reward than the Board of Guardians can give.

## Barrington's Hospital, Limerick.

At the last meeting of the governors of the above splendid hospital, which was presented as a free gift to the citizens of Limerick by the Barrington family, it was stated that if it did not receive more liberal support the doors of the institution would have to be closed. The hospital was built in 1829 by Sir Joseph Barrington and his sons, and presented to the city, since which date 13,102 cases had been treated in the hospital, or on an average about 280 yearly. For many years the Corporation gave a grant of £400 yearly in aid of the funds, but many years ago the grant was discontinued, and although several attempts had been made to revive the grant they had not proved successful.

The rates of mortality per 1,000 of the population last week in the principal large cities and towns of the United Kingdom were :—Leicester 22, Nottingham 22, Newcastle-on-Tyne 22, Sheffield 22, Plymouth 23, Portsmouth 24, Norwich 25, Bristol 25, Sunderland 26, Bradford 26, Leeds 26, London 27, Glasgow 27, Edinburgh 28, Hull 28, Oldham 30, Brighton 30, Birmingham 30, Wolverhampton 36, Salford 38, Manchester 40, Liverpool 41, and the highest rate of all, Dublin 50.

The rates of mortality in the principal foreign cities, according to the most recent weekly returns were in Calcutta 50, Madras 42; Paris 27; Geneva 26; Brussels 36; Copenhagen 23; Stockholm 22; Christiania 23; St. Petersburgh 46; Berlin 27, Hamburg 27, Dresden 26, Breslau 28, Munich 33; Vienna 30, Buda-Pesth 39; Rome 30, Turin 34; Alexandria 34; New York 27, Brooklyn 21, Philadelphia 21, and Baltimore 23, per 1,000 of the various populations.

The centenary of the great chemist Sir Humphry Davy was celebrated in St. John's Hall, Penzance, on Thursday last, by an exhibition of scientific apparatus illustrative of his labours and discoveries. Lectures were delivered in explanation of the objects exhibited. On the exhibition be opened, Mr. Ross, the Mayor of Penzance, telegraphed to Professor Tyndall, and he replied congratulating the Mayor on the steps taken by the people of Penzance to honour the memory of their illustrious townsman.

Amongst the bequests under the will of the late Georg e

Smith Rotheram, Esq., of Blackrock, co. Dublin, who died on the 26th Dec., 1878, are the following—the Hospital for Incurables, Donnybrook, £1,000, the Adelaide Hospital, £1,000; the Convalescent Home, Stillorgan, £1,000; the City of Dublin Hospital, £500; and the Meath Hospital, £500.

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The Cantor Lectures of the Society of Arts are to be delivered by Dr. W. H. Corfield, M.A., on "Dwelling Houses—their Sanitary Construction and Arrangements." The first lecture was delivered on the 17th inst., on the "Situation and Structure of House, Drainage of Soil, Foundations, Walls, Roofs, Rain-Water Pipes, &c."

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The *Broad Arrow* understands that provision is made in the forthcoming Army Estimates for carrying into effect the greater part of the recommendations of the recent War Office Report on the Army Medical Department, as published in our columns, and it remains to be seen what effect the increased bonuses on retirement will have in attracting new recruits to the department.

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It is stated that there has been a serious split among the Spiritualists, which has led to the resignation of over twenty members, among whom are the hon. secretary, the secretary, one of the vice-presidents, and several members of the council.

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The bust of Mr. John Simon, C.B., F.R.S., the President of the Royal College of Surgeons, was officially presented to the members of the College after the delivery of the Hunterian Oration on Friday last.

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For the information of those gentlemen who, at the present time, are anxious to go out to the Zulu war as dressers, the *Students' Journal* states, upon the very best authority, that the Red Cross Society do not intend to send out any assistants to the Army Medical Corps.

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# Scotland.

Dr. Ramsay Ritchie, of Broughty Ferry, died at his residence at Broughty Ferry, on Friday the 7th inst. Dr. Ritchie was a native of Edinburgh, and went to the Ferry about ten years ago as assistant to his uncle, Dr. Ramsay, on whose death he succeeded to an extensive practice. Dr. Ritchie was widely known and much respected.

Glasgow Death Rate.—The mortality during the week ending Saturday the 8th inst., was at the rate of 27 per 1,000 per annum, against 29 in the preceding week, and 30, 27, and 26 in the corresponding periods of 1878, 1877, and 1876.

Health of Edinburgh.—The mortality last week rose from 104 to 114, and the death rate was 27 per 1,000; 68 deaths were due to diseases of the chest, and 39 occurred above 60 years of age. The zymotic mortality continues low. Of the 135 births 19 were illegitimate.

Obstetric Inventions.—Inventive genius seems to be much exercised at the present time in the modification and invention of new obstetrical applications. The battle of the "bags" seems to be bearing fruit. In the pages of a contemporary a "new tractor for obstetric forceps" is depicted by a Dublin obstetrician. It is certainly clumsy and dangerous enough looking, but in these respects it sinks into insignificance in comparison with the new forceps recently brought under the notice of the profession by Drs. W. L. Reid and Whittaker, of Glasgow. The proportions and shape of the former are perfectly antediluvian, and those of the latter may be described as "confused inventive genius, in mistaken hostility to maternal and infantile life." These forceps are not likely to come into use during, at least, the next century. Dr. Bell (but that is no matter for wonder) has also caught the craze for "something new" in his field.

Jubilee of Dr. Simpson, of Fintry.—At a crowded soirée on Saturday, the 8th inst., held in Stewart's School, Fintry, Dr. Simpson was presented with a silver salver, bearing a suitable inscription, and a purse containing £120, and Mrs. Simpson with an elegant silver claret-jug, these gifts being tendered as a jubilee thank-offering for many good services rendered to the families of the donors by this venerable medical man, who in September last completed the fiftieth year of his professional labours in the district.

Cambuslang: Prevalence of Typhoid Fever.—A large number of cases of typhoid fever is reported, and the epidemic is now assuming a serious aspect in the village. The local authority have instructed their medical officer, Dr. Turnbull, to make a strict examination of the infected district, with the view of having every case attended to as it occurs, and getting the parties at once removed to the fever hospital. Only one fatal case is yet reported, but whole families are prostrated with the disease.

Edinburgh Philosophical Institution.—Prof. Williamson, of Owens College, Manchester, delivered on Feb. 11 the first of two lectures on "The Early Forms of Plant Life," to the members of the Philosophical Institution. At the commencement of his subject he reminded the audience that it was found to be a law in nature that any object, however insignificant it might be, was in its full and perfect development a permanent representative of some other object which was merely a temporary condition of an organism designed to develope itself into a much higher form. Some objects were stopped short before they get much beyond their original form; others were developed until they attained the human form, or the form of those oaks and elms which were the pride of the country. Thirty years ago, he next showed, the lowest form of life known was what was called a cell, a microscopic atom with an outer wall, almost as thin as a soap-bubble, enclosing in its interior a protoplasm. Now, however, they had got beyond this in knowledge, because they knew what the cell was produced by. The protoplasm, it was found, had the power of multiplying itself; and then sooner or later, in nearly every instance, this atom threw off a film or membrane with which it encased itself, thus forming the cell. Illustrating his remarks by reference to diagrams, Prof. Williamson pointed out in the remainder of the lecture how the fissures or ruptures that took place in the cells in question acting on different planes, sometimes from north to south, sometimes from east to west, and sometimes horizontally, actually ruled the ultimate forms assumed by the important objects in the plant kingdom.—On the 14th inst., Professor Williamson delivered his second lecture on "The Early Forms of Plant Life" to this Society. He pointed out that green plants acted as atmospheric purifiers, while those containing no chlorophyll did nothing in that direction. Alluding to spontaneous generation, he asked had organisms the power of becoming generated out of chemical materials by the simple action of physical forces?

Could life be produced without the agency of pre-existing life? The evidence, he said, was not clear, whilst there was every reason for rejecting the doctrine of spontaneous generation. The lecture was illustrated by a collection of beautiful diagrams.

UNIVERSITY OF ST. ANDREWS.—The Senatus Academicus of the University of St. Andrews has conferred the Honorary Degree of Doctor of Laws on the following gentlemen :—Evelyn Abbott, M.A., Fellow and Tutor of Balliol College, Oxford; Robert Armstrong, Head English Master, Madras College, St. Andrews; Rev. Augustus Stopford Brooke, M.A., Bedford Chapel, Bloomsbury; James Crichton Browne, M.D., London, Editor of *Brain;* John D. Philbrick, Director-General of Education, Massachusetts; James Young, Esq., of Killy.

DR. CRICHTON BROWNE, whose name is found in the foregoing list of newly created Doctors of Laws, is a distinguished Graduate in Medicine of the University of Edinburgh. He has devoted himself with much ardour and success to the study of insanity. His memoirs and papers on psychological medicine, in this and other journals, are numerous and valuable, and are characterised by great ingenuity, originality, and suggestiveness. Although still young, Dr. Browne is at the head of his department, and an acknowledged leader in his own speciality. He is the founder and joint-editor of *Brain*, a quarterly journal of neurology. He is also the founder and late editor of "The West-Riding Asylum Reports."

THE ZULU DISASTER.—Surgeon-Major Peter Shepherd, who was killed in the disastrous fight with the Zulus last month, was a native of Craigievar, Aberdeenshire. His father was in early life a gamekeeper, and latterly a farmer in Leochel-Cushnie. Dr. Shepherd was a diligent student, and a successful army surgeon. While in London he wrote a manual for the St. John's Ambulance Society, of which we hear many thousands have been sold. He also gave instruction to members of the police force and others as to the treatment of wounds, accidents, &c., and was a most popular and useful officer.

PARLIAMENTARY REPRESENTATION OF THE UNIVERSITIES OF GLASGOW AND ABERDEEN.—At a meeting of the liberal electors of these Universities, held in Glasgow on the 14th inst., among other motions carried was one that Dr. Andrew Clark be asked to contest the seat with Lord Advocate Watson, its present holder. Without expressing an opinion politically, Dr. Clark would do honour to any constituency; he is a man of considerable administrative ability, an exceedingly able speaker, and a gentleman. We are, however, disposed to doubt the rumour that he has accepted the proposal, as the serious question of time must enter into the calculation of one in the possession of perhaps the largest and most lucrative practice in London.

MINTO HOUSE MEDICAL SCHOOL.—The following lecturers were appointed on Friday last to the New Medical School in Chambers Street :—Dr. Symington, Anatomy; Dr. Craig, Materia Medica; Mr. Daniell, M.A., B.Sc., Medical Physics; Dr. Waller, Pathology; Dr. Kirk Duncanson, Diseases of the Ear; Dr. Jamieson, Skin Diseases; Dr. Halliday Croom, Midwifery. The following had previously been appointed :—Dr. Wylie, Practice of Medicine; Dr. Angus McDonald, Midwifery; Dr. Aubery Husband, Medical Jurisprudence and Public Health; Mr. Cheyne, Surgery; Mr. J. Falconer King, Chemistry. Physiology, Botany, and Natural History remain to be filled.

# Obituary.

## DR. JACOB BIGELOW, OF BOSTON, U.S.

DR. JACOB BIGELOW, of Boston, U.S., died at his residence in Boston, on January 10th, at the age of ninety-one years. He was the oldest member of the Massachusetts Medical Society, and one of a group of prominent men whose lives are intimately connected with the early history of medicine in America. Born but a few years after the American Revolution, and graduated at Harvard in the class of 1806, his literary career began as early as 1814, with a work on botany, entitled "Florula Bostoniensis," which, to this day, is the most complete work of its kind, and the standard authority. He was already a professor in 1815, and a few years later his beautiful plates of American Medical Botany made their appearance His early lectures on the application of science to the useful arts gave a bent to his tastes and views, which ultimately terminated in his participation in the inauguration of the Institute of Technology.

## DR. RICHARD H. CROSS, OF NEWTOWNARDS.

THIS gentleman died on Saturday morning, the 8th inst., at his residence, Newtownards. Deceased ranked as surgeon-major of the North Down Rifles from March, 1873. Dr. Cross was a native of Strangford.

## DR. BANKS, OF DONEGAL.

IT is with much regret that we announce the death, at a very early age, of Alfred Banks, Esq., M.B., T.C.D., late medical officer of Donegal Dispensary District, which sad event took place on the 7th inst., at the Vicarage, Donegal. Deceased, who was only in his 29th year, met his untimely death in the discharge of his duty, and was the youngest son of Benjamin Banks, Esq., the kindly and able secretary to the Local Government Board for Ireland. Dr. Banks was remarkably clever as a student and a physician, and had entered upon the medicaj profession at an unusually early age, and had Providence willed it otherwise, no doubt a high position awaited him amongst the members of the "healing art," upon which calling he had but a few years entered.

# Literary Notes and Gossip.

THE list of new medical works and new editions issued during the past few weeks, shows considerable literary activity. Owing to the pressure upon other portions of our space, we have been unable to keep pace in the department of reviews. We have had in type for several weeks past, reviews of the second volume of "Gant's Surgery," "Berkart's Asthma," and others, for which we hope to find space shortly. During the present "rush" we must crave the indulgence of our authors.

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*House and Home* is the name of a new weekly penny journal. It is dedicated to all classes, and is devoted to overcrowding, improved dwellings, hygiene, building societies, dietetics, and domestic economy generally.

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DR. MACLAGAN'S thoughtful book, the "Germ Theory o Disease," is being advertised in the medical journals with extracts of three criticisms from the *Medical Examiner*, the *British and Foreign Medico-Chirurgical Review*, and *Public Health*. By a curious coincidence, these three journals are now "numbered with the dead."

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Dr. MCEWEN, Surgeon to the Glasgow Royal Infirmary, has issued in a separate form his paper on "the Diagnosis of Alcoholic Coma." The main argument might have been stated in a third of the space; but the paper will repay perusal by juniors.

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Dr. WOODBURN, of Glasgow, has in a local newspaper exposed alleged "Novelties in Dentistry." Tooth-grafting, he has shown, "is neither peculiarly French, nor even can it bear the stamp of any nationality except British, for our own John Hunter was, the first to write on the practicability of tooth-grafting."

* * *

Dr. BARR has issued in pamphlet form his opening Address to the students attending the Aural Clinique at the Glasgow Western Infirmary. The style is ponderous, and the author's views of the anatomy of the internal ear are not in harmony with those of the best authorities.

* * *

A REVIEWER when reading, or even casually glancing through the pages of a new book, cannot but be sometimes struck with the numerous typographical and grammatical errors which occur. As an instance of this kind of carelessness, we may cite Eulenberg and Guttmann's "Physiology and Pathology of the Sympathetic Nerves," translated by Dr. Napier, just to hand. At the end of which—a *brochure* of only 141 pages—there are errata of no less than 155 lines of closely printed type. It would of course, be unfair to expect perfection in book making, more than in aught else human; but really such a string of errors as this is inexcusable.

* * *

THAT curious little book which was issued last year under the title of "Medical Men and Manners of the Nineteenth Century," has reached the third thousand, and is now before us in a much enlarged form. On a former reading it was the source of both pleasure and pain: pleasure, with the sparkling humour which ever and anon adorns its pages; pain, with the many social blots and the miserable squabbles on which the author puts his finger, with the evident knowledge, that to reform, is to reveal unpleasant truths; and to do either is an uphill game. But the writer is never dull, and though under anonymous authorship, we feel certain he must be an Irishman for his genuine *bon hommie* "after the manner born," crops up at every serious moment.

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As expressing the objects and style of "Medical Men and Manners" before referred to, the following quotation must suffice, premising that most of our readers will be glad to wile away a leisure hour in the perusal of its well-stored pages, of historical information. "As I am not (thank God) either lawyer or theologian, I shall, as far as possible, eschew the affairs of both, and leave lawyers, and their laws to the criticisms of some 'honest attorney' or conscience stricken barrister, who, after he has amassed a fortune in fees he never worked for, shall publish his confessions, repentance, and prophylactics for the evil, as affecting succeeding generations. Being a medical man, my present affair is the reform of medicine. If the attempt be not successful, I, after the fashion of greatermen, will politely bow my exit, and leave the enlightenment of the world to other performers."

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AMONGST the Government measures to be brought forward early in the present Session of Parliament, is one to revise the copyright laws, based to a considerable extent upon the recommendations of the Royal Commission. Authors will hail this news with pleasure, though we doubt if America—the great thorn in our side for piracy—will agree to any terms which prohibit the appropriation of an author's brains without acknowledgment or reward.

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THE "International Medical Journal," which was to have appeared in November last, simultaneously in England and Germany in the two languages, has not yet made its *debut*; we presume in view of so many failures in medical journalism of late, its proprietors have altered their minds. If so, we congratulate them. Another stoppage is announced; viz., the *Deutsche Zeitschrift für praktische Medicin*. This was begun years ago by Kunze, and since his death edited by Dr. B. Fraenkel, of Berlin, it has, however, been gradually declining in interest, and will not again appear.

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SPEAKING of British journalism, especially in reference to the demise of the *Doctor*, the *Cincinnati Lancet and Clinic* says: "The British field now contains four old established weeklies: The *Lancet*, the *Medical Press and Circular*, the *British Medical Journal*, and the *Medical Times and Gazette*. With such powerful competitors as these, it is extremely unlikely that a new weekly will be ventured upon. Publishers will not soon forget the fate of the *Medical Examiner*, which perished in 1878, after a life of two years, during which, we are informed, nearly one hundred thousand dollars were sunk in the enterprise."

## THE GENERAL MEDICAL COUNCIL.

IT will be recollected that in the month of June, 1878, the General Medical Council was threatened with a very alarming invasion. The Duke of Richmond's Bill was then on the tapis, and the Bill of the British Medical Association was standing for its second reading, and would have been pressed forward by Messrs. Mills and Childers for the purpose of forcing direct representation upon the General Medical Council, if that body had not come to a compromise with the medical reformers. To escape the possible contingency of a compulsory reform the Council was driven to give a promise that, if spared another year, it would see about setting its house in order. Every one felt that that promise was unwillingly given, and would be evaded ,if possible, and, in fact, that the Council was not to be trusted to keep it; and, therefore, a further pledge was forced from it, that it would consider the question at its "first meeting," and that it would make up its mind on the subject, and communicate its views to Parliament before the commencement of the 1879 Session. We need not recapitulate how the Council deliberately falsified its promise, and shuffled out of its engagement upon the plea that its "first meeting," held last October, was not its "first meeting." Having so excused its breach of faith it postponed the question of reform to a special meeting, which it was pledged to hold before the meeting of Parliament; and in the meanwhile, the Executive Committee was to investigate the propositions for reconstruction, and to have its report ready.

It was not to be expected that the Executive Committee would set itself to its duty with any honesty of purpose, for it was well known that its cherished object was to defeat the reform of the Council by any or every means. No one was much interested in its deliberations, for every one felt certain that its report would be devised so as to obstruct direct representation. As a matter of fact it has leaked out that the report agreed upon proposes a patching up of the Council, which would not be listened to by the profession for a moment.

But it was at least hoped that the Executive Committee would confine its obstructiveness to its report, and would not dishonour itself and the Council by causing that body to break its word a second time. Yet it seems that hope was illusory. Parliament has met. The time when the Council should have discussed the question and reported to Government has passed by, and the pledge given last June remains unfulfilled.

The Executive Committee is, no doubt, delighted with its own cleverness in shuffling out of its promises, and so are we, for we look upon the attitude of the Council and its Committee as the strongest weapon in the hands of reformers. Its unreadiness for improvement, its insensibility to the feelings of the profession and the public, and its disregard for its own honour and truthfulness, are so apparent that even its apologists have not a word to say against peremptory reconstruction. The Government cannot fail to see that there is truth in the indictment against the Council. The public cannot fail to see that the Council is obstructive, and—to the last degree—unfit for the management of medical affairs, and the reformers are confirmed in their belief that compromise with its members is impossible. If the Council had pretended willingness to be reformed, and had suggested a half measure, it might have been difficult to force upon it a thorough reformation. Its course of proceeding since June last has relieved the profession and the Government of any scruple on the point, and we hope that when the British Medical Association introduces its Bill it will push it forward without any regard for the views of the Medical Council.

## THE VACANCY IN THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS,

Caused by the death of the late Dr. B. F. McDowell, is to be filled by the Fellows on the 25th inst. The candidates at present in the field for it are Dr. Brunker, formerly Surgeon to the Dundalk County Infirmary, now of Dublin; Mr. Swanzy, Professor of Ophthalmic Surgery in the College; Dr. Bennett, Professor of Surgery in the School of Physic; Dr. Madden, Deputy-Surgeon General; and Mr. John Baker, a Dental Surgeon and Fellow of the College.

## EXAMINERSHIP AND CURATORSHIP IN THE IRISH COLLEGE OF SURGEONS.

THE death of the late Dr. John Barker has vacated a seat on the Court of Surgical Examiners of the College. Dr. Barker's subject had been materia medica, and it is probable that the Council would probably attach importance to a due representation of that subject in the examination. But two candidates have as yet announced their intention to compete: Dr. Frazer, formerly Lecturer on that subject in the Carmichael School, and Dr. Kilgarriff, Surgeon to Jervis Street Hospital. The election will be by seven of the Council chosen by lot, and will take place on the 25th inst.

## IRISH INFIRMARY SURGEONS AND PRISONS.

WE learn that our statement of last week to the effect that Dr. Palmer, of Armagh Infirmary, had been appointed to the prison on condition of his compounding the medicines, is not quite correct. Dr. Palmer was appointed without condition or reservation on the 2nd of July, and four months afterwards was informed that his salary would be (so much), provided he compounded the medicine. It will be observed that there is nothing honest, straightforward, or admirable in the proceedings of the Irish Prisons Board. The officer is appointed in order to get him into harness, and then has the additional duty put on him on the implied threat that if contumacious, he would be cut down in payment.

WE understand that His Grace the Lord Lieutenant, has accepted the invitation of Mr. Smyly, President of the Royal College of Surgeons in Ireland, and will honour the College by dining with the President in the College Hall on the 8th of March.

# Medical News.

**The Hnnterian Society.**—At the Annual General Meeting of this Society, held at the London Institution on Wednesday, February 12th, the following gentlemen were elected officers for the ensuing year:—President, J. Braxton Hicks, M.D., F.R.S; Vice Presidents, G. Lichtenberg, M.D., Buxton Shillitoe, F.R.C.S., P. H. Pye-Smith, M.D., and George Roper, M.D.; Treasurer, H. I. Fotherby, M.D; Trustees, H. I. Fotherby, M.D., and D. DeBerdt Hovell, F.R.C.S.; Librarian, P. L. Burchell, M.B.; for the Oration of 1880, P. H. Pye-Smith, M.D.; Secretaries, R. Clement Lucas, B. S., and Stephen Mackenzie, M.D.; Council, F. M. Corner, M.R.C.S., T. B. Crosby, M.D., E. Dukes, M.R.C.S., T. R. Fendick, L.R.C.P., R. Fowler, M.D., James Greenwood, M.D., G. E. Herman, M.D., A. H. Smee, M.R.C.S., G. J. B. Stephens, L.R.C.P., Waren Tay, F.R.C.S., W. C. Tomlin, L.R.C.P., and Stephen Ward, M..D. The Annual Dinnerof the Society took place at the "Albion," on Saturday, thel5th inst., when the retiring president, Dr. Crosby, occupied the chair. He was supported by Professor Owen, the presidents of the Medical, the Clinical, and the Pathological Societies, and other distinguished guests. In replying for the toast of the evening, Professor Owen alluded to the recent outcry against vivisection, and showed how the Hunterian operation for the cure of aneurism was foundedon experiments made for the purpose of studying the development and growth of the stags' antlers.

**Charing Cross Hospital.**—The Fifty-eighth Annual General Court of the Governors of this Hospital was held on Thursday last. The report stated that 1,638 in-patients, and 16,400 out-patients were treated during the year 1878, and that amongst the patients treated were 5,255 cases of accident and emergency. The past year had not been a prosperous one financially, the amount expended having been £508 more than the amount received. The Council had given their earnest attention to the subject of removing the mortuary buildings from the hospital, and providing new and well-arranged premises for the medical school, which was now the one most pressing need of the hospital. The Duke of Bedford, who had visited the wards and expressed his complete satisfaction therewith, had consented to grant a lease of a plot of land opposite to the hospital as a site for the buildings. It was estimated that the total cost, including fittings, would be about £10,000, while for extension purposes the Council had only £5,000 available. If the requisite sum could be provided without delay the buildings would be erected, and the new school opened for the reception of pupils on the 1st October, 1880. It was stated that Lord Overstone, the President and munificent supporter of the Institution, had promised to contribute £1,000 for this purpose.

**Dreadnought Seaman's Hospital Society.**—At the Annual Court of this Society, held on Thursday last, under the presidency of H.R.H. the Duke of Edinburgh, the Secretary proceeded to read portions of the Report of the Committee of Management and the last Statement, from which it appears that the support accorded to the funds of the Society had been generous and hearty. The Queen and the Foreign Governments generally have renewed their annual subscriptions, while the Emperor of Austria and the Crown Prince of Austria have each given a special donation of £20. The Crown Prince of Denmark has also sent a special donation of £15. The Council of the Hospital Sunday Fund have made a grant of £750 during the past year, and the Committee of the Hospital Saturday Fund one of £162 17s. 3d. The total sum received from voluntary contributions during the past year amounted to £7,800, in round numbers, a sum which has been raised by an expenditure of less than 10 per cent. The legacies for the year amounted to £673, only about a third of the average amount received from this source during the last fifteen years. The income from all sources for the year ending December 31, 1878, amounted to £12,770 3s. 1d., and there was an excess of expenditure over ordinary income of £26 2s. 11d.

## NOTICES TO CORRESPONDENTS.

98.—From the 12th July, 1876, when the Royal Warrant was issued, there have been no militia medical appointments. The Warrant says: "Our further will and pleasure is, that no further first appointments of medical officers be made after the date of our present Warrant to that portion of our auxiliary forces called the militia, but that militia medical duties be thenceforth performed under the orders of the Director-General of the Medical Department of the Army."

MR. HY. CARR.—Your book will be noticed in due course.

HARVEIAN SOCIETY.—Thursday, Feb. 19th, at 8½ p.m., Mr. Lennox Browne, "On Chronic Abscess of the Antrum."—Mr. Cripps Lawrence, "On Intermittent Broncho-pneumonia."

THE VACANT SEAT ON THE COUNCIL OF THE R.C.S.I.—Notice is given in our advertising columns that the vacancy created by the death of Dr. B. F. McDowell will be filled on Tuesday next by ballot.

PRISONS APOTHECARIES.—A correspondent who has perused the article in our issue of Feb. 5th relative to the case of the Irish Prisons Board requiring surgeons to gaols to act as apothecaries, suggests that such practice is illegal. He asks, Is it not illegal by the Apothecaries and Pharmaceutical Chemists' Acts for any one not an apothecary or pharmaceutical chemist to compound medicines for remuneration, whether that remuneration is in the shape of cash paid over counter or salary received? The 30th section of the Pharmacy (Ireland) Act says: "It shall be unlawful for any person *to sell or keep open shop for retailing, dispensing, or compounding poisons or medical prescriptions*, unless such person be registered as a pharmaceutical chemist or a chemist and druggist under this Act, or to assume or use the title of pharmaceutical chemist, or pharmaceutist, or pharmacist, or dispensing chemist, or the title of chemist and druggist in any part of Ireland, unless such person shall be registered as a pharmaceutical chemist, or as a chemist and druggist respectively under this Act: provided always, that nothing in this section contained shall affect any licentiate of Apothecaries' Hall, *or any person who shall have been registered as a legally qualified medical practitioner* before the passing of this Act, or who shall be registered as a legally qualified practitioner after the passing of this Act, and who, in order to obtain his diploma, shall have passed an examination in pharmacy."—ED.

PROF. HUMPHRY, Cambridge.—Hunterian Oration received after we had "made up" for press, or we should have had much pleasure in placing it before our readers. We intend devoting an article to its consideration in our next.

DR. CARPENTER.—Bill for presentation to House of Commons to hand—too late for present number. Framers have been either misin-

formed or badly advised on one or two points, which we fear may prove fatal to its success.

THE ANNUAL REPORTS OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The committee are anxious, if possible, to complete some additional sets of this Society's Annual Reports for preservation; for this purpose the following early numbers are wanted; the committee, therefore, solicit the co-operation of the members of the Society to obtain any of these Reports, and forward them to Dr. Marks, 26 Hatch Street, Dublin. The Reports wanted are those for the years 1843 to 1850, and for 1853 and 1858.

DR. PIETRIE, Toulon, is thanked.

DR. CAMPBELL BLACK.—Your short paper on "Calculus in the Female Bladder" will appear in our next.

## VACANCIES.

Ardwick and Ancoat's Dispensary, Manchester.—House Surgeon. Salary, £100, with £20 from Provident Fund. Applications to the Hon. Sec. before Feb. 23.

Ballinrobe Union, Ballinrobe Dispensary.—Medical Officer. Salary, £100, with fees and £25 as Medical Officer of Health. Election, Feb. 27.

Coventry Union.—Medical Officer for No. 2 District. Salary, £63, with the usual extra fees. Applications to the Clerk on or before Feb. 26.

Donaghmore Union, Borris-in-Ossory Dispensary.—Medical Officer. Salary, £100, with fees, &c., and £20 as Sanitary Officer. Election, Feb. 25.

Isle of Thanet.—Medical Superintendent for the Sanatorium, near Ramsgate. Salary, £150, with an allowance of £1 11s. 6d. per week for board. Applications to the Clerk, Board Room, Minster, near Ramsgate, before March 1.

Joint Hospital of Partick, Hillhead, &c.—House Surgeon. Salary, £100, with board. Applications to the Secretary, 180 St. Vincent Street, Glasgow.

Magherafelt Union, Draperstown Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer.

Roscommon County Infirmary.—Apothecary and Registrar. Salary, £60, with apartments and allowances. Election, Feb. 21.

Shillelagh Union, Hacketstown and Coolkenno Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Feb. 27.

Sligo Union, Riverstown Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Sanitary Officer. Election, Feb. 27.

Tendring Union, Essex.—Medical Officers for Districts 2, 3, 5, 6, 7, 8, 10, 11. For particulars, apply to the Clerk, Union Offices, Manningtree.

Waterford Union, No. 2 Dispensary.—Medical Officer. Salary, £120, with fees, &c., and £25 as Sanitary Officer. Election, Feb. 21.

## Births.

BRABAZON.—Feb. 11, at Lymm, Cheshire, the wife of William P. Brabazon, M.D., of a son.

BROWNE.—Feb. 11, at Dungannon, co. Tyrone, the wife of Thomas J. Browne, M.B., of a daughter.

CLOTHIER.—Feb. 13, at Highgate, N., the wife of Henry Clothier, M.D. Lond., of a daughter.

LITTLE.—Feb. 8, at Spa Hill, co Carlow, the wife of John G. Little, L.R.C.S.I., of a son.

MACSWINEY.—Feb. 12, at Albury Villa, Dover, the wife of Surgeon E. V. MacSwiney, M.D., A.M.D., of a daughter.

## Deaths.

BANKS.—Feb. 7, at Donegal, from typhus fever, Alfred Banks, M.B., aged 28.

BLEWITT.—Feb. 3, at Lostwithiel, John Collins Blewitt, M.R.C.S.E., aged 72.

COURTENAY.—Feb. 10, at Peshawur, India, Surgeon-Major S. C. Courtney, Bengal Army, of tetanus, aged 43.

CROSS.—Feb. 8, at Newtowngrade, co. Down, Richard Hamilton Cross, M.R.C.S.E.

HORE.—Jan. 31, at Croydon, William Hore, M.R.C.S.E., aged 75.

KIERNAN.—Feb. 12, at Enniskillen, co. Fermanagh, James Kiernan, M.D.

MILLER.—Feb. 11, suddenly, at Broomfield, Shandon, N.B., Hugh Miller, M.D., aged 68.

MOLLOY.—Feb. 8, at Castlepollard, co. Westmeath, Henry B. Molloy, L.A.H.D., aged 78.

PAYNE.—Feb. 3, at Norwich, Sturley Payne, M.R.C.S.E., aged 51.

PENKIVIL.—Feb. 3, at Worcester, Richard Savage Penkivil, M.R.C.S.E., aged 67.

RITCHIE.—Feb. 7, at Broughty Ferry, Alex. Ramsay Ritchie, M.D.

SMITH.—Feb. 4, at Regent Terrace, Edinburgh, John Smith, M.D.


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# IRISH POOR-LAW INTELLIGENCE.

## ATHY PETTY SESSIONS.

IMPORTANT PROSECUTION UNDER THE PUBLIC HEALTH AC

MR. G. TOMLINSON, proprietor of the Nag's Head hotel, Athy, was summoned at the suit of the sanitary authority for keeping open said hotel for the reception of guests contrary to the provisions of the Act 41 and 42 Vic., cap. 52, sec. 144, said hotel being infected with small-pox disease, and for not having taken proper precautions against the spread of said disease. The defendant's brother, manager of the hotel, was also summoned for a similar offence. Mr. J. Mara appeared for the defendants.

Mr. Lord (for the Guardians)—Your worships will agree with me I am sure when you have heard this case, that it is one of gravest importance to the public. Within 200 yards of this court-house, the proprietor of a public hotel and his brother are at this moment suffering from small-pox. The guardians, as the sanitary authority, in their endeavours to prevent the spread of this dreadful disease, have endeavoured by every means in their power to induce the family of the proprietor to close this hotel, and although they at first agreed, on the law being explained to them by the constabulary, yet, acting on some exceedingly pernicious advice, they altered their minds, and insisted on keeping it open in defiance of the law. The present prosecution was brought under the 144th section of the Public Health Act, 1878, which says that "any person who knowingly lets for hire any house, room, or part of a house in which any person has been suffering from any dangerous infectious disease without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, shall be liable to a penalty not exceeding £20. For the purpose of this section the keeper of an inn or school shall be deemed to let for hire part of a house to any person admitted as a guest into such inn or school respectively." Now, as I have said before, these parties, acting on this bad advice, came to the conclusion that they would close the hotel, but keep open the public-house. That there was neither sense nor reason in this conclusion I will satisfactorily show your worships from the definition of the word "inn," as given in the 26 and 27 Vic., c. 41, which says "that any hotel, inn, tavern, or public-house, or other place of refreshment, the keeper of which is now by law responsible for the goods and property of his guests, and the word 'innkeeper' shall mean the keeper of any such place." I think your worships have the law now clearly before you. With respect to the facts, no later than last Tuesday a respectable family came from a long distance into the town, and putting up at this hotel, two young ladies, members of the family, went up stairs, and remained in a room for over an hour within six inches of where these people were suffering.

Mr. James Clandillon, sub-sanitary officer, swore he served a notice on the proprietor's brother to close the house. The proprietor's brother said he would not do so, as he had had legal advice that the authorities could not compel him to do so. While he was there people were drinking in the shop.

Mr. Hamilton—Are we to take it for granted that small-pox was in this house? We have had no legal proof of it as yet. This is a penal statute, and I think we should have formal proof.

Dr. P. L. O'Neill sworn and examined by Mr. Lord.—I am at present attending on Mr. Gerald and Mr. Hugh Tomlinson. I must decline to answer as to the nature of the disease they are suffering from. It would be a breach of the confidence that exists between a doctor and his patients.

Mr. Hamilton—That I am sure, Doctor, is professional etiquette; but I must tell you it is not law.

Dr. O'Neill—Do you hold that you and your brother magistrates can compel me to commit a breach of professional etiquette?

Mr. Mara—I may tell you, Doctor, you are bound to answer the question.

Dr. O'Neill—Then if I am I may tell you that both the brothers are suffering foom small-pox.

Mr. Mara—It would be rather hard to fix on this particular house to close, for we all know that there were several houses in the town where there is small-pox, and the shops were not closed. Section 137 of the same Act says:—"Where any sanitary authority are of opinion on the certificate of their sanitary officer, or of any legally qualified medical practitioner, that the cleansing and disinfecting of any house, or any part thereof, or of any articles therein likely to retain infection, would tend to prevent or check infectious diease, it shall be the duty of such authority to give notice in writing to the owner or occupier of such ho ıse, or part thereof, requiring him to cleanse and disinfect such house, or part thereof, and articles within a time specified in such notice." That is a condition precedent, and we received no such notice. The only notice we received was one to close our house, which there was no power under the Act to compel us to do. Section 137 and section 144 must be read together, and the latter, being a penal one, must be strictly construed. I say my client has not committed any offence under this Act after the directions from the doctor. They did not let for hire any house, room, or part of a house. Surely you would not hold that if a person comes into the shop (that is completely isolated from the remainder of the hotel) to purchase an article, that the shop is let for hire to such person. The meaning of the letting, in my opinion, is clearly the letting of rooms or houses, as in the case of Dublin or large towns where there may be several families in the one house. If a room or any portion of the house where infectious diseases had been, such not having been disinfected, were let to an incoming tenant, that would clearly be a breach of the Act. Suppose any respectable shopkeeper in this town had an assistant who contracted the disease, and he or she were removed to the top of the house and there isolated from

the remainder of the household, surely you would not hold that such shopkeeper would close his shop, nor have you any power to compel him.

Mr. Tomlinson was then called and swore he was conducting the business of the house during his brothers' illness. After receiving directions from Dr. O'Neill, he completely cut off all communication between the hotel and the shop. There was not a single guest admitted into the hotel since. No one could gain admittance except he gave them admittance by means of the keys he held in his possession.

To Mr. Lord—My brothers are attended by nurses. The nurses have no access to the shop. They never left the house since they were employed.

The magistrates retired for a short time, and on their return the

The Chairman said—We find the case is fully proved against Mr. G. Tomlinson, but we consider the importance of closing the house is so great that we are disposed to defer naming the penalty for a week, with a view to see if anything could be done towards effecting that object.

Mr. Hamilton—We consider the closing of the house would be of more importance than any penalty we could inflict.

Mr. Mara—In the interest of my client I must differ from the decision of the bench on a point of law. The question must be tried by another tribunal.

Mr. Hamilton—In the face of that plain statement, I think we ougnt to inflict the penalty.

After a consultation with Mr. Mara's client it was agreed to accept the decision of the bench, which was that the defendant should close his house immediately, and be fined £1, including costs.

## ATHY UNION.

### PAYMENT FOR EXTRA MEDICAL SERVICES.

THE following letter was read:—

"Local Government Board, Dublin.
"4th February, 1879.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings of Board of Guardians of the Athy Union on the 22nd and 29th ultimo, and of the replies to the usual queries respecting Dr. O'Neill, whom the guardians propose to appoint medical officer of the auxiliary hospital for the treatment of small-pox cases, at a remuneration of £3 a week; and the Local Government Board desire to state that under the circumstances set forth in the minutes of the guardians' proceedings of the 29th ultimo, there would appear to be no necesssity for now appointing a special medical attendant, there being only, it seems, three convalescent cases of small-pox at present under treatment in the fever hospital, which will probably henceforth afford sufficient accommodation for such cases of the disease as may arise. When the epidemic can be pronounced to have ceased there will be no objection to the medical officer being remunerated for the extra duties imposed upon him, as already pointed out.

"By order of the Board,
"B. BANKS, Secretary.

"The Clerk, Athy Union."

Mr. O'Brien (Local Government Board Inspector).—The position you now stand in is that you have not a single case of small-pox in the fever hospital. You have twenty-two convalescent cases in the auxiliary hospital, but no acute cases. It is at the same time quite right that you should remunerate Dr. O'Neill for his past services. The exact position of your medical officer is that he is responsible for all your sick patients, no matter what they are suffering from; but in peculiar cases such as that which I hope you have now passed through it is the usual practice to grant a sum sufficient to recompense your doctor for the extra duties that may have been imposed upon him. Having seen some of the cases in your hospital during the recent epidemic, I can vouch that the duties of your medical officer were very arduous. Still, you must admit the resolution appointing the extra medical officer was rather inconsistent, for at that very meeting it was announced that the epidemic had ceased.

Mr. M'Laughlin—Might I ask Mr. O'Brien if it were the duty of Dr. O'Neill to attend the auxiliary hospital?

Mr. O'Brien—As I stated before, your doctor is responsible for all your sick, whether fever, small-pox, or scarlatina, but if the epidemic continued, and you considered one doctor was not able to attend to all the sick, it would have been quite reasonable to have appointed another. But at the time you advertised for a second doctor you also stated that the epidemic had ceased. That you must admit was inconsistent.

Mr. M'Laughlin—But when the medical officer sent in his resignation the Local Government Board seemed to sanction it, and allowed us to send out advertisements for a doctor.

Mr. O'Brien—But the Local Government Board had no knowledge of the circumstances at the time. There would be no objection, I think, now to your voting a sum of money to the doctor for his extra duties.

Resolved that the appointment be not made, but that Dr. O'Neill be voted £50 for his services during the epidemic.

Upon this matter the *Leinster Express* makes the following comment:

"The action of the Local Government Board in regard to this appointment is deserving of public attention. It is another example of the erratic conduct of the body appointed to exercise supreme control over local matters in Ireland. Some time ago the guardians proposed to remuuerate Dr. O'Neill, the workhouse medical officer, for the extra duties which the small-pox epidemic imposed on him, on a scale which many regarded as unreasonably liberal. The Local Government Board declined to sanction this proposal, and at the request of Dr. O'Neill, the guardians then inquired of the Local Government Board if it was part of the workhouse medical officer's duty to attend the auxiliary hospital. The guardians did not succeed in obtaining any definite reply to this inquiry. The Local Government Board informed them that it was desirable to postpone any decision regarding the remuneration to be paid to Dr. O'Neill for his extra services until such time as the epidemic shall have been stamped out. Not unnaturally Dr. O'Neill objected to the postponement for an indefinite period of a decision of importance to him, and on the 8th of January he asked the guardians to accept his resignation of the office of medical attendant to the auxiliary hospital, on the assumption that it was no part of his duty to attend that institution. The guardians acceded to his request, and directed the publication of advertisements inviting candidates for the office thus rendered vacant, at a salary of £3 a week. No objection having been made by the Local Government Board to this arrangement, the guardians, on the 22nd of January, proceeded with the election, and appointed Dr. O'Neill, who was the only candidate for the office who appeared before the guardians. On Wednesday, nearly a month after the order was recorded on the minutes of the proceedings directing the publication of the advertisement inviting candidates for the office of medical attendant to the auxiliary hospital, the guardians were informed for the first time that the Local Government Board declined to approve their proceedings."

## ABBEYLIEX UNION.

### PRECAUTIONS AGAINST SMALL-POX.

Mr. FOSTER said that at the meeting of the Ballyroan dispensary committee Dr. Moutray asked a question, namely, what was he to do if a case of small-pox occurred in his district? Would he send it to the workhouse hos-

pital? As far as he (Mr. Foster) understood the feeling of the committee, and he had a very strong feeling on the matter himself, he thought the case should not be sent in here, and that some provision should be made for keeping the patient in the district. At present there was no provision whatever.

Mr. Owen—Is it your opinion that each dispensary district ought to make provision for themselves in case of an outbreak of small-pox?

Mr. Foster—That is my opinion.

Mr. Owen thought it would be well to have information from the Local Government Board as to the powers of dispensary committees in such cases, even though the Ballyroan committee might not wish to avail of it.

Dr. Swan said he would be opposed to having provision made for the reception of small-pox cases in the various districts of the union, as it would be more likely to spread the disease than to do any good. On former occasions, whenever there was an outbreak of small-pox it was treated in the hospital. Two years ago small-pox was brought into the union on four different occasions, from Raheen and Dublin, and not a single patient was treated in their own homes, or in any other place than the hospital. The result was that they were enabled to isolate the disease, and stamp it out in a short time. Some years ago it was a common thing to have twenty-five or thirty cases of small-pox in the hospital here, and no one was frightened or alarmed at it. He was most decidedly in favour of bringing every case of small-pox into the hospital, where it could be isolated much better than any other way.

Mr. Owen—My idea is that harbouring cases in the different districts would be a means of spreading the disease.

Mr. Leech concurred, adding that it would involve a great deal of expense besides, and do very little good.

Chairman—If you had hospitals in the various dispenpensary districts it would be taking officers from their other duties to attend to them.

Mr. Owen—And not only that, but they would expect an increase of pay.

Captain Bland, believing that re-vaccination was about the best preventive that could be employed, asked had they the power to compel re-vaccination?

The Clerk said the board had no power.

Mr. Swan—In my neighbourhood the people are voluntarily coming forward themselves, and large numbers have been re-vaccinated.

Dr. Swan—We re-vaccinated the nurses in the fever hospital in preparation. I am inclined to look upon the whole thing as a scare.

Mr. Owen—It is altogether optional with people who have been vaccinated to be re-vaccinated, but the medical officers of the various districts should see that those who have not been vaccinated should be vaccinated at once.

## MONAGHAN GUARDIANS.

### SCOTSTOWN DISPENSARY.

The Clerk read a report from the hon. sec. of the Scotstown Dispensary, enclosing advertisement for a medical officer, in the room of Dr. Irwin, resigned in consequence of having been appointed to Kilkeel.

Mr. Pringle said that at the last meeting of committee, there was a motion to reduce the salary of the medical officer from £120 to £110. He himself was of opinion that it should be reduced to £100. These salaries were all got up by a howl from the doctors about the high price of provisions; and notwithstanding all that had been said about squireens, ditchers, and coachmen, he maintained that the salaries ought to be reduced. He also thought that more than a fortnight ought to be given for the appointment, because they wanted time—first, to fix the salary, for, if they advertised for a doctor at a high salary and then reduced it, they deceived the candidates. The salaries were all raised because of the increased prices of the necessaries of life. Why not reduce them on the same plea now when the necessaries of life were cheap.

The Clerk said he had letters from two medical men saying they would not take the appointment at £120, even if it were given them without asking.

Mr. Pringle proposed that the subject be referred to the dispensary committee, and that a special meeting be called to consider the advisability of reducing the salary.

Mr. Murray read the rule from the "Compendium," showing that the salary was to be fixed by the guardians and approved by the Local Government Board, and not by the committee.

## MOUNTMELICK UNION.

### EXAMINATION OF LUNATICS.

The Clerk stated he had received two magistrates' orders for £2 each for the examination of dangerous lunatics by Drs. Clarke and Tabuteau.

Mr. Cobbe said the magistrates seemed to take a delight in imposing unnecessary expenses on the union. The only satisfaction they (the guardians) had was that the landlord would have to pay half of the expenses.

Mr. Peacock remarked that this matter was brought before the Board before, and it was agreed only to give £1.

Mr. T. Malone—£1 is quite sufficient.

A resolution was then proposed by Mr. Cobbe, and seconded by Mr. Peacock, refusing to pay more than one guinea.

We have the pleasure to inform the guardians that they must pay the £2. The 10th section of the 30th and 31st Vic., cap. 118, leaves them no option if the certificates be all regular.

## KILKELLY DISPENSARY COMMITTEE.

At a meeting of the above committee held 18th January—Captain O'Gady in the chair.

Applications have been received from the office of Medical Officer from Dr. Thomas Keogh, Jervis Street Hospital; Dr. J. W. Rogers, Newport; Dr. Robert Graham, Tolka College, Dublin, and Dr. John Conry, of Raheen, Elphin.

Mr. T. Cassidy proposed, and Mr. Tyrrell seconded, that Dr. Conry be appointed Medical Officer of this Dispensary District, pursuant to advertisement."

No other candidate being proposed, Dr. Conry was unanimously elected, and undertook to take charge immediately on his appointment being confirmed by the Local Government Board.

The committee request the guardians to continue Dr. Burke as *locum tenens* until then.

## THE WORKING OF THE IRISH SANITARY LAW.

At a recent meeting of the Boyle guardians a letter was read from a ratepayer complaining of nuisances existing in that town. The sub-sanitary officers were asked for an explanation on the subject, and her said the nuisance was caused by defective sewage arrangements, *which the sanitary officer had reported on to the guardians and to the Local Government Board time after time.* The board directed the sub-sanitary officer to make a report on the subject for that day week. The clerk of the union mentioned that there was a great deal of difficulty experienced in carrying out the Sanitary Act owing to a clause in the new Public Health (Ireland) Act, which provides that cases under it can only be heard before two magistrates. He (the clerk) said they had found it almost impossible to secure the attendance of any of the local justices, with the exception of the resident magistrates.

## BELFAST BOARD OF GUARDIANS.

### THE SUPPLY OF MEDICINES.

Mr. Gaffikin said that when he came into the board-room that day week they were discussing the extravagance of having ordered some £20 worth of leather straps for the use of the inmates in the lunatic wards. He mentioned that they were paying £500 a quarter for medicine, or £2,000 a year. With respect to the medicine, he met the contractor in the news-room shortly before he came there, and was told by him that his account for last quarter amounted to £500, that his account for the preceding quarter came to a similar figure, and that they were paying about £2,000 a year under that head. In the way of medicines a saving might be effected if they had a chief depot in this department where the best medicines could be got as cheaply as possible, and when requests came from the different dispensaries this Board could give an order to their apothecary to supply them. He would not say what saving they would effect by this plan, but a trial would show. In that way poor people would not be likely to get more medicine than they required. He would not say whether they used all the medicine they got at present —that was another question. Mr. Gaffikin then moved the appointment of a committee to consider the propriety of establishing a chief depot in a portion of the new stores at the workhouse for the purpose of supplying medicines and medical appliances, and that the committee report to the Board on that subject that day fortnight.

Mr. Adams (Smithfield) seconded the motion. There were a great many matters to be considered in regard to the supply of medicines in connection with their dispensaries. He believed they had no proper check over the supply at present, and the appointment of an apothecary who would be responsible to the board, and would be required to give regular returns of the quantity of medicine dispensed, was a very excellent suggestion, and would lead, he expected, to good results. He did not want to say a single word against any of their dispensary officers, but they had an important trust to discharge, and they had a right to expect from all their officers returns of the medicines and appliances used.

Dr. Corry said it fell to his lot to go over the list of accounts for medicines supplied to the union. The items he examined were those that were not in accordance with the scale furnished by the board for medicines that were not estimated for. There appeared to be an extravagance in the way in which some medicines had been ordered. There was one particular medicine (sulphate of atropia) which was very expensive, and was estimated for at 2d. per grain, while the order given for that medicine was two ounces, amounting to £6. He ventured to say that £6 worth of sulphate of atropia was a sufficient quantity to last for the next thirty or forty years. (Laughter.) If other medicines were similarly ordered he did not wonder at the magnitude of the account. He thought that whoever ordered the medicines should be a person who understood the prices to be paid. The resident physician told him that he was not furnished with any list of the prices for the various articles, which he (Dr. Corry) thought was a gross mistake. If the system of the central depot such as had been suggested were adopted, where medicines could be taken in a crude state, and tinctures, pills, and different preparations made, he believed they would effect a saving of 50 per cent.

## ATHY DISPENSARY.

### SMALL-POX SERVICES.

At the meeting of the Athy Guardians, minutes read of dispensary committee recommending the Board of Guardians to give the medical officer, Dr. Kilbride, a sum of £50 as remuneration for his extra duties during the small-pox epidemic.

Mr. O'Beirne—I propose that the communication be marked "read." There is not a single statement as to the extra duties.

Chairman—It opens a door you will find it very hard to close.

Mr. Leahy—The doctor had almost double the number of cases to attend to in that quarter as he had in the corresponding one last year.

Chairman—But did he do more than order the cases into hospital?

Mr. Leahy—In some cases he did; but, of course, the majority of them were treated in hospital.

Chairman—But his duties were nothing like what Dr. O'Neill's were. The depression in trade is very great, and we ought to use every exertion to keep down taxation.

Mr. Leahy—I proposed £30 at the meeting. That would have been about double his salary.

Mr. Lyons—As a personal friend of the doctor's, I would be most happy to agree to the proposal, but in the interests of the ratepayers I must oppose it.

Mr. Leahy—The committee can give you no more information than I have. I compared his work during the quarter in question with the corresponding one last year, and I found he had double as many cases.

Mr. O'Brien—But you have no detailed information as to the number of cases he attended at the patient's own houses; that is a very material element in the case.

Ordered that the matter be referred back to the dispensary committee for further information.

## CARLOW UNION.

### INFECTED OATS.

The Chairman said there was rather a novel application from Dr. Nolan, Medical Officer of the Tullow Fever Hospital, to the effect that a family named Deane, from Bendenstown, was admitted to the hospital suffering from typhoid fever, and requesting that the relieving officer might be directed to have their house fumigated, and about three barrels of oats in a room in the house buried, and compensation given for the same.

Captain Newton never heard of oats having fever before.

Mr. James Nolan said he was guardian of the district, and had inquired into the matter. It appeared that Deane's wife died of fever in the room where the oats were stored, and a short time after her death he removed some of it for the purpose of having it cleaned and sent to market; but he caught the infection, was taken to the hospital, and died.

The Chairman said he would order the house to be fumigated and cleaned.

Captain Newton—I think they might as well make meal of the oats for the children.

Chairman—Yes; let them send it to the mill and have it ground.

## W. P. O'BRIEN, ESQ., LATE LOCAL GOVERNMENT BOARD INSPECTOR.

### TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I observe by one of the daily newspapers that the above-named gentleman is transferred from the post of Local Government Board Inspector to, I hope, a much more lucrative position in the Prisons' Board Department of Ireland. Permit me to suggest through the columns of your journal, which with scarcely an exception is every week to be found in the hands of the Poor-law Medical Officers of Ireland, that I am sure that the official connection which for so many years existed between Mr. O'Brien and them will not be allowed to terminate without his receiving a suitable token of the respect and esteem in which he was held by us all. Whilst he ever with efficieiency and precision discharged the duties of his office, he always endeavoured to give as little trouble as he possibly could to the medical officers of his district.

On the retirement of the late Dr. John Hill from the post of medical inspector I was instrumental in organising with great success a suitable testimonial to him. I have no doubt that by every medical officer with whom Mr. O'Brien had any official connection the suggestion which I now make for presenting him with a substantial proof of our regret in his now ceasing to be our inspector will meet with a cheerful response.—Yours truly,

Swords. F. J. Davys, L. & F.R.C.S.I., &c.,

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 26, 1879.


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A COURSE OF

## Clinical Lectures

ON THE

## PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

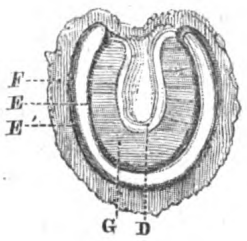
(*Continued from page* 141.)

### V. Visceral Epithelial Cirrhoses in General (*continued*).

*b.* Another series of experiments show perhaps still better than the preceding the independence enjoyed by the epitheliums with respect to the sub-jacent tissues, they were made by M. Zielonko. The cornea of a frog was cut out, and introduced, soon after the operation, into the cavity of the subcutaneous lymphatic sac of another frog. Care was taken to introduce this cornea folded on itself, so that its external or epidermic surface faced the walls of the lymphatic sac (fig. 21). There is soon formed around the foreign body a sort of false membrane or fibrous cyst, which does not lie immediately on the epidermic surface of the cornea, but remains separated from it by a space. Now the cavity in question is soon found lined throughout its whole extent by a regularly disposed epithelium, recalling, except as regards the multiplicity of layers, the endothelial investment of a serous membrane. One may follow, step by step, in this experiment the development of the new epithelial investment, which from the cut surface of the cornea extends progressively on to the internal surface of the fibrous envelope. Thus in contact with the old epithelium the new epithelium is regenerated, and grafts itself by its surface to a *fibrous* membrane, that is to say a *non-organised* one.

*c.* This is the place to recall the fact that the products of the growth of an epithelial investment may not only expand on the surface, but may also extend into the thickness and depth of the subjacent tissues in a digital form, by a process of invagination. This process resembles the mode of development of glands, as it is observed in the embryonic period according to the descriptions of Remak and Kölliker. According to these authors you know that when a gland is formed under a surface covered with epithelium, there arises from the deep surface of the investment, of epiblastic origin, a projection which forces itself progressively into the thickness of the

FIG 21.



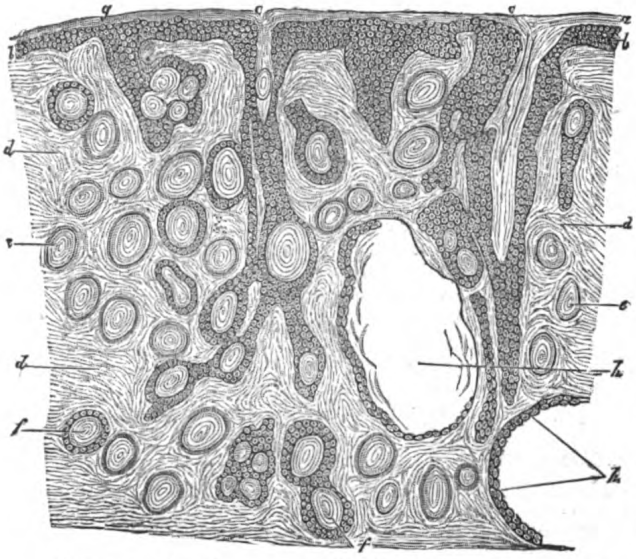

(After Zielonko.)

G. The folded cornea. D. Membrane of Descemel. E. Epithelium of the cornea. E'. New epithelium. F. Fibrous layer.

subjacent tissues, of mesoblastic origin, and this projection consists at first of cells of the same kind as those which form the epithelium from which it arises. It is on this model that certain cancers appear to be formed—all cancers, some authors, including M. Waldeyer, say—certainly, some of them are thus formed; the squamous epitheliomata, for instance, and also the cylindrical. This mode of development is easily demonstrated in the case of cancroid in the earlier periods of its development at

the surface of the skin. We see in such a case in sections perpendicular to the surface of the integument, epithelial prolongations arising either from the inter-papillary grooves, or from the sebaceous glands of the hair follicles, penetrating into the thickness of the dermis like the fingers of a glove (fig. 22).

FIG. 22.



Microscopical section of an Epithelial Cancer from the external surface of the Nose.

*a.* Horny layer. *b.* Malpighian layer. *c c.* Root of the hair, disposed irregularly and formed of concentric layers of epithelial cells. *d.* Stroma of the cancer. *e.* Epithelial globes without intermediate connective tissue, scattered in the stroma. *f.* Epithelial globes in the middle of a circle of epithelial cells. *g.* Epidermic prolongations disposed irregularly with epithelial globes, projecting into the subcutaneous connective tissue. *h h.* Two larger cancerous alveoli: their contents have in great part fallen out: on their wall may still be seen a layer of flat connective cells, and at the centre the remains of a mass of horny epithelial cells.

These epithelial processes are in some degree comparable to the acini of glands. It is to be remarked, nevertheless, that there is not here a regular epithelial structure. In fact, as M. Cornil long since showed, in the epithelial prolongation the cells do not present a regular arrangement, and besides they are not separated from the tissue into the midst of which they plunge by any distinct coat.

The formation of similar epithelial prolongations it is important to remember, is not seen only in the case of cancer. It is also observed in lupus and in elephantiasis, according to Friedlander. It is also seen, says the same author—and this brings us back to the chapter of chronic pneumonias—in the thickness of the bronchial walls in animals in whom one has succeeded in producing experimentally prolonged catarrhal pneumonia. (Carl Friedlander. "Ueber epithelwucherung und Krebs," fig. 8, pl. 1. Strasbourg. 1877.)

I think I have said enough to show the predominating part played by epithelial lesions in the production of certain pathological alterations, for it is at least very likely that in all the cases I have just cited the lesion of the subjacent tissues is a secondary, and, to a great extent, accessory phenomenon. To return now to the cirrhoses which I proposed to call epithelial, the reality of the fact which I endeavoured to bring into prominence, already made very likely by all which precedes, becomes perhaps still more so in experimental conditions. I would recall the fact that the lesions of biliary cirrhosis are, as M. Gombault and myself have shown, imitated, so to speak, after ligature of the bile duct. We see in such a case the alteration extending, little by little, along the biliary canals, and even to the intra-acinous biliary capillaries. It is true that in this experiment the enormous epithelial growth often noticed, is not clearly seen free from the participation of the subjacent connective tissue. But it is not the same in the case of chronic epithelial pneumonia after section of the recurrents. The analysis which we have given you of the lesions observed in such a case after the works of Friedlander and Otto Frey, shows that the alterations commence only in the epithelial investment, and that the pneumonia thus produced is above all an epithelial pneumonia before becoming an interstitial pneumonia. The practical interest which is attached to the distinctions I endeavoured to establish—distinctions, perhaps, at first sight, apparently subtle—cannot escape your view, if you will recall the history of the hepatic and renal cirrhoses which I have given you in preceding courses. The biliary, or otherwise called epithelial, cirrhoses, constitute we may say, henceforth, anatomical species absolutely distinct from common cirrhosis, and to which are attached during life a train of symptoms peculiar to each, which enables us in the majority of cases to establish the diagnosis. I have also, besides, called your attention to the differences, as much anatomical as clinical, which separate from one another the various forms of renal disease, not long since mixed up under the common term of chronic Bright's disease. Everything leads us to hope that studies conducted on the same principles will enable us to disentangle the still very confused chaos of the chronic so-called fibroid pneumonias. At present it is certain that besides the chronic pneumonia of catarrhal origin, which I proposed just now to call *epithelial cirrhosis of the lung*, of which I have given you by anticipation an anatomo-pathological sketch which I propose to fill up later on, there exist other forms of fibroid pneumonias very distinct, at any rate anatomically. Such is, for instance, *chronic pneumonia consecutive to acute lobar pneumonia*. Such is also *chronic inter-lobular pneumonia*, which appears to me to be connected with inflammation of the lymphatics of the lung, and of which I shall be led shortly to speak. I designedly for the present, leave my enumeration incomplete. Up to this time, in truth, these various forms of chronic pneumonias perfectly distinct from an anatomo-pathological point of view, have not yet found their place in clinical medicine. But one can scarcely doubt that they will some day attain it, for experience shows that it is rare that the exact determination of an anatomo-pathological species is not sooner or later received into the domain of practice.

(*Concluded.*)

# Original Communications.

## CARIES OF BONES OF THE FOOT—DECEPTIVE INDOLENCE OF THE BONE COVERINGS—SYME'S AMPUTATION AT THE ANKLE. (*a*)

By B. WILLS RICHARDSON, F.R.C.S.I.

THE author observed that he considered it would be an unjustifiable occupation of the Society's time to exhibit specimens of ordinary caries of the foot, were not some useful practical lesson to be derived therefrom. The lesson to be taught by the diseased bones he exhibited was nothing more nor less than the question of the performance of one of those operations which writers on the conservative surgery of the foot delight to call "brilliant." The condensed history of the case which afforded these specimens is as follows:—

Joseph Megaw, æt. 19, was admitted to the Adelaide Hospital on the 21st of last October, to be treated for disease of some of the bones of left foot. He told us that previous to admission two gouging operations had been

(*a*) Read before the Surgical Society of Ireland.

performed on the foot, but that he left hospital before the wound following these operations had healed. From October, 1877, to October, 1878, he was incapacitated by the condition of the foot from doing any work; and as it continued tender to the touch, and painful when he put it to the ground, he entered our hospital on the day I have mentioned, for further treatment.

On investigating the case we found that he also had an open indolent bubo in the left groin, the chief area of which was situated below Poupart's ligament. It was riddled with sinuses, but eventually healed when all these were laid open. Although there was a depressed opening at the inner side of the dorsum of the foot, and a small opening at its outer side, which would heal and remain so for days, there was no other discolouration, nor was there any appreciable swelling or thickening of the bone coverings. The discharge was almost *nil*.

As there could be little doubt, however, when we recollected the synovial membrane anatomy of the tarsus, that notwithstanding the latency of the local symptoms, there was every probability that the middle and distal rows of tarsal bones were more or less diseased, the question arose as to whether an attempt should be made to save a portion of the foot. But on reflecting that the disease was constitutional, that the patient had been operated upon twice before admission, Mr. Syme's reasoning guided me in the decision to perform his operation, rather than run the risk of performing a futile one.

The wisdom of this resolution was demonstrated by the specimens, as they unmistakeably showed what an escape the character of conservative surgery had in this decision; for any other operation than the one he performed would have ended in failure, the bones diseased being—the three cuneiforms; the corresponding ends of the three inner metatarsals, the second and third being the most diseased; the cuboid; the navicular; the neck of the astragalus; and the os calcis between its upper articular surfaces. The cuneiform and the navicular bones were most diseased, the disease in the astragalus and calcis being limited to softening, and to a small amount of caseous infiltration, and would have been easily overlooked in either a Pirogoff, a sub-astragaloid, or a Hancock's operation.

## CASE OF GENU-VALGUM. (a)

By MALACHY I. KILGARIFF, F.R.C.S.I.,
Surgeon to the Mater Misericordiæ Hospital, Dublin.

The following is the history and clinical record of a case of genu valgum recently treated by me by an operation devised by Dr. Alexander Ogston, Surgeon to the Aberdeen Royal Infirmary, and practised by him for the first time on the 17th May, 1876.

On September of last year I was requested by the parents of a young lady to inquire carefully into her condition, and to correct, if possible, the disabling and pitiable deformity from which she suffered. On examination, I found her to be the subject of well-pronounced genu valgum.

On inquiring, I elicited that she was then 15 years old; at birth, that she was a rather delicate infant, and was early attacked with infantile diarrhœa, which proved very intractable, and weakened her very much. When a year and a-half old she caught measles, and made a tedious and bad recovery. Severe bronchitis supervened, and lasted until the end of her second year; during this time she did not walk. She now plucked up strength, got a good appetite, and grew very fat, especially on thorax and abdomen.

She evinced no capability of using her legs in locomotion, and, in fine, did not learn to walk until she was over three years old. At this time she was very stout and heavy, and it was soon noticed that she was becoming in-kneed. Every effort was made to counteract this tendency, but without avail, the deformity continued and increased, and she became the subject of confirmed genu-valgum.

Recourse was now had to steels, and for two or three years she wore an elaborate apparatus, but without any benefit, and nothing further was done in this direction, until she came under my care.

I found her to be an intelligent and sensitive girl, painfully conscious of her disabling and distressing deformity, and most willing to undergo any operation that was likely to correct it. Her complexion was pale, and facial expression rather sad. Her muscular system was not well developed, and her growth was somewhat stunted. Locomotion was difficult, and when walking her movements were awkward and ungainly, the body swinging on a vertical axis traversing the median line. She moved forwards in a jerky manner, the lower limb taking a wide sweep and passing well in front of the other before resting on the ground and fixing itself for the support of the body. The shoulder and upper extremity of the same side participated in a striking manner in these movements. When standing or lying on her back the knees touched—the legs forming with the thighs the limbs of the letter Y. When her inner ankles are placed in contact, one knee crosses completely in front of the other, leaving a space of a few inches between.

When in the upright position the legs formed, with the thighs, an angle of about 150°. The deformity on the left side was somewhat more than on the right. When the legs were flexed to about a right angle, they were brought into the same plane with the thighs. The patellæ were slightly displaced outwards. The internal condyles of the thigh bones were half an inch longer than normal, and the external lateral ligaments of knee-joints and tendons of the biceps were remarkably strong and tense. There was nothing abnormal in the other long bones, nor were the sternal ends of the ribs nodulated.

It appeared perfectly clear to me that the elongation of the internal condyle was the chief obstacle to the correction of the deformity. It threw the leg out, and to effect a cure the condyle should, I thought, be sawn off or displaced upwards.. I proposed Ogston's operation, enumerating its risks; the patient willingly consented to submit to it, and her parents cheerfully acquiesced.

Accordingly, on the 22nd of last October, I proceeded to operate, assisted by Mr. Meldon, Mr. Collins, and Dr. McSwiney.

The patient was placed under the influence of ether, the left knee flexed, and the thigh everted. A long tenotomy-knife, made to my specification by Messrs. Fannin, I introduced about one line in front of the internal condyloid ridge and 2½ in. above the joint. I directed the point of the knife towards the groove in front of the condyles, keeping the blade close to the bone. When I felt its point beneath the skin, I pressed its edge against the bone, and, by a sawing movement, divided the soft parts and periosteum.

Through the canal made by the knife I introduced Adams' saw for sub-cutaneous osteal section, and sawed directly through the bone. When I was conscious that I had almost divided the internal condyle, I applied my knee to the inside of the joint, and using the patient's leg as a lever, I completed the detachment of the condyle, which gave way with an audible snap.

I now readily drew the leg into its proper position, the tibia pressing the internal condyle upwards and placing it in normal relation with its external fellow.

I dressed the wound with lint soaked in carbolic oil, and fixed the limb in a straight position by Liston's long splint. The carbolic spray from Lister's apparatus was playing on the wound during the operation. Twenty drops of Battley's sedative were administered soon after the operation, and one drachm and a-half of syrup of chloral in the evening.

Oct. 22nd, 1878.—9.30 p.m., pulse 84; temp., 100·2.

23rd.—9.30 a.m., pulse 84; temp., 99·4. 2 p.m., pulse 130; temp., 100. 9.30 p.m., pulse 110; temp., 101·8.

(a) Read before the Surgical Society of Ireland. The discussion will be found on page 164.

24th.—9.30 a.m., pulse 128; temp., 102; slept well last night.

25th.—9.30 a.m., pulse 116; temp., 99·8; some oozing from wound. 9.30 p.m., pulse 120; temp., 101·2.

26th.—9.30 a.m., pulse 104; temp., 99·4. 9.30 p.m., pulse 120; temp., 101; removed lint and applied fresh dressing.

27th.—9.30 a.m., pulse 104; temp., 99·2. 9.30 p.m., pulse 110; temp., 101·2.

28th.—9.30 a.m., pulse 110; temp., 100·2. 9.30 p.m., pulse 124; temp., 101·6; joint swollen, but no extravasation within the capsule.

29th.—9.30 a.m., pulse 108; temp., 99·6. 9.30 p.m., pulse 124; temp., 101·2.

30th.—9.30 a.m., pulse 110; temp., 99·8. 9.30 p.m., pulse 120; temp., 100·4.

31st.—9.30 a.m., pulse 96; temp., 98·8.

Nov. 1st.—9.30 a.m., pulse 100; temp., 98·5.

2nd.—9.30 a.m., pulse 96; temp., 98·6.

3rd.—9.30 a.m., pulse 88; temp., 98·8.

I did not consider it necessary to record the condition of the pulse or the temperature after this date. No blood collected in the joint, nor was there at any time the slightest semblance of synovitis.

On the 7th November, I placed the patient under the influence of ether, removed the splint, and carefully examined the wound, which I found quite closed. I forcibly flexed the leg, grating sounds being heard during the proceeding. I again re-applied the long splint.

On the 16th November, I operated on the right knee. No constitutional disturbance whatever followed this proceeding, and in four days the wound was quite closed in.

I may remark that when proceeding to operate on the right knee the spray apparatus proved out of order, and had to be dispensed with. Her progress was most satisfactory.

On the 30th November, I removed the splint and flexed the leg, re-adjusting the apparatus.

On the 10th December, I again tried passive motion, and permanently released the limb from its fixings.

On the 20th December, she was able to walk slowly round the drawing-room leaning on crutches; and on Christmas-day she was present at the family dinner. From this date her improvement was uninterrupted; and at present her condition is most satisfactory, and her cure perfect.

I visited her to-day, and with laughing face she informed me that she went to the pantomime a few evenings ago, ascending the stair to the circle with perfect ease.

At my request, she walked several times round the drawing-room, her movements being graceful and easy, and not succeeded by any feeling of pain or fatigue. On examination, I found the limbs to be quite straight, the conformation of the right knee being perfectly normal, while a slight puffiness yet remained on each side of the patella of the other.

This, as far as I know, is the first case of Ogston's operation in this country—the result was all that could be desired, and warrants me, I think, in strongly recommending the operation to the profession, believing that it will prove a prompt, safe, and effectual remedy for that most distressing and crippling deformity—genu-valgum.

## INTRA-UTERINE FRACTURES. (a)

By R. L. SWAN, F.R.C.S.I.,
Surgeon to Dublin Orthopædic Hospital; Member of Surgical Court of Examiners, R.C.S.I.

I HAVE the honour, Sir, to bring under the notice of this Society a class of cases, the pathology or production of which many of its members may be in a position to throw a light on. I have myself seen six cases of intra-uterine fracture; none, however, immediately after birth, but at ages varying from nine months to twelve years. I had always regarded the affection more as a surgical curiosity than in a practical light until recently, when my attention has been directed to the subject, and where I have been induced to take some measures for the amelioration of the deformity.

It is, I think, incumbent on every surgeon who has an ambition to elevate his art, and with it to elevate his own knowledge, to use and modify the power he holds as nearly as possible by set rules, on the one hand not being too easily deterred by diffident or inconclusive axioms, nor on the other too easily impelled by his own rashness. The literature of this subject, then, presents a study of interest regarding its practical aspect, as well as a wide field wherein to view its theoretical features. A great number of writers have alluded to the occurrence of intra-uterine fractures, notably, Devergie, Kopp, Schubert, Barker, Flecken; and before the Royal Medical and Chirurgical Society, in 1860, an interesting paper was read by Mr. Bernard Brodhurst on the subject, in which he refers to some points of distinction which may be observed in those fractures. He shows they may be either simple or compound, dis-united or re-united at birth, or that solution of continuity may be due to imperfect ossification or congenital rachitis. Excluding on the present occasion compound fractures, also those disunited at birth, and fractures occurring in rachitic subjects, I will confine myself to the consideration of those cases which have come under my own observation, namely, simple fractures united at birth, and existing in the persons of children free—with one exception—from rickets. In that instance the rickets was (if the term be allowed), acquired. In five of those cases the fracture was situated somewhat below the middle of the tibia; in one about the centre of the radius. A depression of the integuments was situated opposite the fracture in all those cases. The bone in each instance was distinctly, though not intimately, attached to this umbilicus. In one example, that of a boy 12 years old, club-hand co-existed with the fracture, which was in the tibia of the same side. In three cases deficiencies of the toes of the same foot were observed. One was the subject of hare-lip, and the remaining case, that of fracture of the radius, was without any other deformity, except that the lower portion of the ulna seemed imperfect or absent. In each fracture of the tibia, the lower portion of the fibula was either absent or welded in one mass with the tibia. The tendons were also abnormally placed and matted together, and a condition which may be termed equino-valgus existed. The condition of the bones thus referred to has been described by Dr. Little.

The accompanying cast represents the limb of a little girl, 2½ years of age, which was sent to me by my friend, Dr. O'Hanlon, of Castlecomer. In the upright position the child could only reach the ground with the toes. Where any weight was imposed on the foot it rotated outwards, and in consequence of there being no resistance at the external malleolus, an extreme degree of valgus was the result. The foot was then quite an inefficient support for the body, and it might naturally be anticipated that as the weight of the child increased, this state of things would in no degree improve. It can easily be imagined that the friends of such a patient would be most anxious to adopt any means to remedy her condition, and I was very earnestly implored by the mother of the child to devise some plan for her relief. I was at first deterred from any operative measures by the following reflections: 1st. That a want of a fair amount of success, which was very probable, would without commensurate result, expose the child to considerable danger and pain; and 2ndly. A statement from undoubted authority (Mr. W. Adams) that those limbs did not subsequently grow in proportion to the general development of the frame. On considering, however, the comparative freedom from risk which the antiseptic method confers in section of bones (as Dr. Kilgariff's interesting paper so well exemplifies this evening), and also on reflecting that if the sole were brought horizontal to the ground, a artificial support

(a) Read before the Surgical Society of Ireland.

might be adapted, so as to replace the absent or imperfectly developed fibula, and even if development of the limb did not proceed, a gradually elevated sole might be adapted as the stature increased. Accordingly, with a chisel I cut through the tibia, and dividing the tendo Achillis, brought the limb as straight as possible, gaining as nearly as I could estimate, about two inches in length by the proceeding. Having placed a carbolised pad over the wound, I adapted a splint to the limb. It is needless to give the details of the case. The bone united, I may say, without suppuration. A tendency to valgus remained, which was overcome by dividing some fibres which were presumably the peronei tendons, and which seemed to produce it. A tendency to equinus was easily rectified by manipulation, and the child on being fitted with a boot and double steel, with a cork sole 1¾ in. thick, walked with the greatest facility. I had an opportunity of seeing the child about a week ago; she is going on very satisfactorily.

The cause of those accidents must, I think, Sir, be admitted to be extremely obscure; and although speculations on non-preventible occurrences may be considered to be to some extent unprofitable, still, I think the wide domain over which the numerous observers of our profession roam at will, with so many workers, should leave no region unexplored, no object of interest unnoticed, nor no corner which reveals a truth unsought. At first sight the two most reasonable and obvious factors of such accidents would seem to be—1st. Causes operating from without, such as injuries to the mother; 2nd. Muscular contractions occurring abnormally in the fœtus. With respect to the first, I think it scarcely possible, with the membranes intact, that such an accident could happen. The second idea is, I think, worthy of more consideration. It is that adhered to in the paper by Mr. Brodhurst, already referred to. If, however, abormal muscular contractions can be imagined to produce fracture in the fœtus, it cannot so readily be seen how they can produce those variations in embryonic development with which they are so often associated. The two circumstances exist so frequently combined, that their causes can scarcely be dissevered. I shall not weary the Society by unsubstantiated speculations of my own on the subject; there are others here of greater experience in such cases who have had opportunities of forming views more matured and correct on the subject.

# Clinical Records.

## CALCULUS IN THE FEMALE BLADDER.

By Dr. CAMPBELL BLACK, Glasgow.

An interesting discussion, as reported in the *Medical Press and Circular* on this subject, took place recently in the Surgical Society of Ireland, and considering the divided opinions which prevail as to the mode of extracting calculi from the female bladder, the following brief notes of a case treated by me may possibly possess sufficient interest to justify their publication relative to the discussion in question.

Mrs. McL., æt. 44, came under my notice at the Glasgow Public Dispensary, February 28th, 1877. Patient was considerably emaciated, and was troubled with almost absolute incontinence of urine, and great pain in the hypogastric region. Altogether for no less a period than twelve years previously, her state was such as to have rendered her life perfectly miserable. She had been an inmate of the Royal Infirmary of Glasgow for some time; was treated, as she herself informed me, by hot fomentations, the administration of barley water and various "bottles," but was discharged in the same sorry plight in which she entered. On examination of the bladder I readily detected a stone; and having informed the patient of its existence, and the necessity for its removal, it was arranged that she should return next day, and have the necessary operation performed. Having resolved on rapid dilatation of the urethra, no anæsthetic having been administered, I introduced an ordinary dressing forceps into the urethra, and therewith dilated the urethra to the extent of allowing the introduction of the little finger, and subsequently of the index finger. Further dilatation was accomplished by the forceps. With the same forceps the stone was seized, and without much difficulty extracted. It is of oblong shape, still uncut, and whatever be its internal structure, externally it is obviously phosphatic. Its weight at the time of extraction was 186 grains; its circumference is 2¾ inches; and it measures, in its long diameter, as nearly as possible 2½ inches. Its exterior has the appearance of fine sand paper. Considerable amount of subsequent pain was allayed by morphia suppositories, and the internal administration of belladonna. There was incontinence for several days; the poor woman's suffering was, however, entirely relieved. About a fortnight afterwards she could retain her urine for about an hour, more especially in the recumbent than in the standing position, and this remark applies subsequently. I have reason to believe that until the time of patient's death, which occurred some ten month's afterwards, from what cause I am unable to say, she never regained complete control over her bladder. As in Dr. Atthill's case, it does seem incredible that the presence of so large a stone, and the suffering thereby occasioned, could have been borne so long.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 14.

Dr. GREENHOW, President, in the Chair.

Dr. DOUGLAS POWELL showed a case of

LEPROSY WITH GLANDULAR ENLARGEMENT.

A photograph of the case in an earlier stage will be found in the "Pathological Transactions," vol. xxix.

Dr. Powell desired that a committee should be appointed to investigate the case. Later in the evening the President nominated Drs. Cayley, Duckworth, and R. Liveing to act as a committee.

Dr. R. CROCKER exhibited a case of

GENERAL WARTY GROWTH IN A BOY.

Dr. WILLIAM M. ORD communicated a paper

ON RHEUMATOID ARTHRITIS, FROM A CLINICAL POINT OF VIEW,

This communication was intended to draw attention to certain causal relations of one of the conditions included under the term Rheumatoid Arthritis, and to suggest a modification in the classification of arthritis. Thirty-three cases of that form of rheumatoid arthritis, which has been called by Haygarth "Nodosity of the Joints," and by Heberden "Digitorum Nodi," were analysed. All had occurred in women, and in all disturbance of the menstrual function, or disorders involving hyperæmia of the uterus and its appendages, were present. By the term "Nodosity of the Joints" was understood a symmetrical affection of many joints, chiefly of the hands, the affected joints becoming enlarged at their periphery, becoming loosened by loss of surface, and ultimately much distorted, the smaller joints being first affected, and extension taking place in a symmetrically progressive way from these to the larger joints. The subjects belonged in large proportion to the middle classes and were mostly between thirty and forty years o age. Several of them were distinctly passing through the climacteric period of life. Although many were anæmic, amenorrhœa did not exist in any. Dysmenorrhœa was noted in fourteen, half of which had also menorrhagia. Of the remainder several had menorrhagia simply, four had it in conjunction with ovaritis, and others in conjunction with the change of life or with tumours. The relation of the arthritis brought out by the cases was first its commencement in coincidence with menstrual disturbance; second, its paroxysmal exacerbation during, before, or after menstrual periods; third, its cessation as an active or progressive mischief on the cessation of the menstrual disorder; fourth, its alternation with

cerebral disturbance of a hysterical kind. Some cases were more fully detailed:—1. A case in which intense arthritic affection of the upper extremities was noted, in conjunction with severe dysmenorrhœa and menorrhagia; where constitutional treatment and the measures usually applied to the control of the rheumatic process having failed, the uterine conditions were treated sucessfully, with the result that the arthritis, as an active process, ceased, leaving, of course, the nodosity, but a painless nodosity. 2. Two cases in which the arthritis began at the climacteric period in combination with painless menorrhagia, and ceased as an active process on the final disappearance of the catamenia. In one the first attack occurred at a time when the catamenia, having been absent a whole year, returned in unusual excess; where the joints lost all inflammation and pain during subsequent interval, but became severely inflamed, greatly swollen, and painful during several subsequent menorrhagic periods. 3. A case in which a woman suffering from poly-articular arthritis at the climacteric period, the arthritis undergoing little remission in the intervals between the menstrual flow, developed somewhat suddenly hysterical mania. On the establishment of the mania the arthritis became perfectly quiescent, and remained so till the restoration of sanity. Sanity having returned, the arthritis resumed its progress. In this instance the excitement propagated from the uterine organs instead of undergoing reflexion from the cord was, as it were, refracted through the cord to the higher centres. The arguments founded upon these cases were—first, that there was good evidence to show the connection of this form of poly-articular arthritis with the uterine hyperæmia. It was argued, further, that the incitation to the arthritis was conveyed by the nervous system in a reflex way. In support of this view it was advanced that certain lesions of the central nervous system were known to be capable of producing trophic changes in joints, in certain cases identical with those of chronic rheumatoid arthritis; that urinary paraplegia was an evidence of the possibility that a paralysing influence might be reflected; that, therefore it was reasonable to suppose that trophic influence should be reflected; and that the mode of association of the arthritis and the uterine disorder favoured the idea of a nervous nexus, and the idea of this consisting in reflex action through the cord. The gonorrhœal and urethral arthritis of men were compared with the affections under consideration, and it was pointed out that the parts concerned with two cases were homologous parts. It was lastly argued that the local morbid process present in these cases was the same as that existing in mon-articular arthritis, in traumatic, and other surgical arthritis, in gonorrhœal and articular arthritis, in joints affected by morbid deposits and morbid growths in certain cases after true rheumatism, and in all cases coming under the head of rheumatoid arthritis; and that the term "rheumatoid arthritis" insufficiently covered the variety of clinical aspects of the joint-affection; that therefore it was desirable to limit or annul the use of the word "rheumatoid," and apply before the word "arthritis" some qualifying term descriptive in each case of the supposed clinical association. Ricord's term "blennorhagic arthritis," as opposed to the term "urethral rheumatism," was quoted as an instance of such application.

Mr. BARWELL did not understand from the description of Dr. Ord's cases whether the disease described was the typical arthritis deformans, attended with all its very marked photalogical changes. In his experience, this was a disease quite as prevalent in men as in women, and its origin could very frequently be traced to a blow or other injury. Exacerbation of the disease at the menstrual period should not, he thought, be considered indicative of a special connection between the uterine condition and the diseased state. Such changes were commonly met with in almost all chronic diseases.

Dr. GLOVER thought Dr. Ord's paper would prove a valuable contribution to our knowledge of this ill-defined disease. He regretted that the author had not traced the diathetic state. No mention had been made of histories of gouty or rheumatic tendencies. In his opinion quinine was a most valuable agent in the treatment of these cases.

Dr. MAHOMED considered it a distinctly hereditary disease, as much so as gout or rheumatism. For himself, he was inclined to lay great stress on the presence of a high pressure pulse as a distinguishing feature between rheumatoid arthritis and chronic rheumatism. In the latter, a soft pulse was quite as typical a feature; while in gout the high-pressure pulse was always present.

Mr. BRYANT would also ask Dr. Ord whether in his cases there were all the characteristic changes Mr. Barwell had alluded to, so distinctive of this disease which he preferred to call osteo arthritis. Several seemed to him rather allied to gout, while osteo arthritis differed essentially from that as from rheumatism. His experience agreed with that of Mr. Barwell in that the majority of the cases he had witnessed had been in men, and where women had been affected, he did not recognise uterine disorders as causative factors.

Dr. GREENFIELD remarked that his own experience strongly confirmed Dr. Ord's, in that he believed a disturbance of the uterine organs to be a frequent cause of rheumatoid arthritis. Perhaps no two observers would agree as to what cases should be included under the term. He regarded chronic osteo arthritis as a distinct affection. The disease in question was a symmetrical affection of the hands or feet, beginning at the index side and passing inwards; and he could bring forward cases supporting the opinion that it was associated with leucorrhœa and other uterine troubles, or in men with urethral irritation, with spermatorrhœa, and similar affections, an exacerbation of which coincided with that of the condition of the joint. With reference to the pathology of the affection he could not quite agree with Dr. Ord's neuropathic theory, but rather inclined to class these cases with the results of absorption of septic material from the urethra, or genital tracts: in fact, that there was some link between them and gonorrhœal rheumatism. In the treatment of these cases actæa racemosa was, in his experience useless, while local treatment directed to the uterine disorder was most beneficial.

Dr. DUCKWORTH took for granted that these cases of Dr. Ord's were genuine cases of osteo-arthritis; to the pathology of which his paper was a valuable contribution. In his opinion there was nothing to support the idea that it was a hereditary disease. Overwork and underfeeding were important elements in its causation, and, though he had seen the disease in young people, it was common in women, about the climacteric period, particularly in those whose business was in the laundry. He alluded to the characteristic adduction of the fingers.

Dr. ORD, in replying, remarked that two of his critics had looked at his cases surgically, while those who had supported his views were physicians; he admitted the difficulty of a definition of the disease, the essentials of which were, a waste of the cartilage and bone of the joint surface, and a hypertrophy of the periosteum and cartilage round the joint; there being no co-existing affection of tendons, but swelling and looseness of the joint, and a liability to displacement of it. The original describers of the disease varied in their descriptions. Haygarth had described it as occurring in women, and affecting many joints. Adams, as more common in men, and confined to single joints. Trousseau appeared to agree with Haygarth, Folin and Duplay, with Adams. In his cases, diathesis in its usual sense had little to do with the disease; he altogether objected to its being considered hereditary, nor could the meaning of arterial tension in these cases, or its worth as a diagnostic point be determined; to prove the absence of gout was difficult, but he had ascertained in every case the absence of urate deposits. He allowed that he could not prove the neurotic origin of his cases, but he believed that as yet there was no evidence of their septic origin. His position was this; there being great reason to believe that certain diseases of the spinal cord could cause disease of joint almost, if not wholly identical with this, why should not such a disease be producible by reflex effect as well as by direct influence. Charcot and German writers seemed for the most part to consider the disease not as a reflex but as a direct result of some affection of the cord.

Dr. MARKHAM SKERRITT, of Clifton, exhibited a

SPECIMEN OF COMPLETE OBSTRUCTION OF THE INTESTINE BY FIBRINOUS EXUDATION,

from a patient who had come under his care at the Bristol General Hospital. A young man, æt. 19, previously in good health, on the 11th day of last May felt slight abdominal pain, and was afterwards very sick; there were no febrile symptoms. Next day he suffered from vomiting and diarrhœa. After this vomiting continued, but there was no action of the bowels. On admission, a week after the onset of the attack, there were practically no acute symptoms, except frequent bilious vomiting. The skin was cool, the pulse 80, large, regular, and rather soft, the tongue almost clean, the abdomen moderately distended, and almost free from pain and tenderness. An enema of three pints was given without difficulty, but with no result. Opium and hot fomentations were

ordered. Next day some dulness in the flanks, changing with the patient's position, was noted. On the following day the patient sank rapidly and died. The temperature throughout was sub-normal. At the post-mortem examination, the ileus, about a foot above the valve, was found to dip down into the pelvis so as to form a loop, which was much contracted, intensely inflamed on its peritoneal surface, solid to the feel, much like a firm umbilical cord; and its canal was here completely blocked by a solid fibrinous cast, four inches long, firmly attached to the mucous membrane, and tailing off at either end as a ragged coating of a part only of the inner wall of the intestine. This loop of gut bounded anteriorly an irregular cavity containing fæces and partially lined with false membrane, into which the vermiform appendix was found to open. No foreign body was discovered. There was no fluid in the peritoneal cavity. The two points raised by Dr. Markham Skerritt in commenting on this case were, 1. The pathological condition; and 2. The data for diagnosis. Inflammation marked by the formation of a fibrinous false membrane was met with in the intestine in various conditions; but no other case had been found on record in which the intestine was completely plugged with the exudation. It was probable that such a condition could occur only where the inflammation was so intense as to cause stasis of the fæces; for otherwise the movements of the intestinal walls, and the flow of fæces, would interfere with the continued deposit of the exudation; and hence in dysentery, where diarrhœa was marked, no very thick layer of false membrane was found. In this case, probably, ulceration of the vermiform appendix occurred first, followed by its perforation and extension of inflammation throughout the small intestine; slight at first, corresponding with the period of diarrhœa, and then more intense, causing cessation of peristaltic action, and consequent constipation. The inflammation took on the croupous type, and complete blocking of the intestine was the result. The absence of fluid from the peritoneal cavity was worthy of note; and the physical signs might be explained on the theory that each individual coil of intestine in contact with the flanks presented to the percussing fingers, in one position a greater quantity of fæces, in another, a larger proportion of gas. As to the data for diagnosis; the sudden onset of symptoms was in favour of the presence of one of the causes of acute intestinal obstruction. But the preliminary diarrhœa which preceded constipation accorded only with the history of enteritis simply, in which a mild inflammation accompanied by diarrhœa was succeeded by a more severe implication of the gut, causing cessation of peristaltic action, and consequent constipation. But beyond this there was practically no positive evidence of enteritis, except bilious vomiting, all the other ordinary acute symptoms of this condition were absent. Notwithstanding this, a diagnosis of simple enteritis was made, founded upon an experience in which it had been the exception for acute abdominal inflammations to be accompanied by urgent symptoms. And yet this latency of symptoms was held to be of some positive value in diagnosis, as indicating the absence of any suddenly induced mechanical cause of obstruction, relievable, it might be, by timely operation. The following conclusions were derived from an experience which probably had been somewhat exceptional:—1st. That an entire absence of acute symptoms might co-exist with an intense local inflammation of the abdomen. 2nd. That if in a case of apparent intestinal obstruction urgent symptoms were in abeyance, it was in favour of the view that the condition was either non-acute, or, if acute, was not to be relieved by operation.

Mr. Howard Marsh read a

CASE OF ACUTE INTESTINAL OBSTRUCTION IN WHICH THE ABDOMEN WAS OPENED, A STRICTURE OF THE SIGMOID FLEXURE FOUND, AND A FALSE ANUS ESTABLISHED IN THE LINEA ALBA, THE PATIENT RECOVERING.

The patient, a woman of forty, had, on her admission into St. Bartholomew's Hospital, under Dr. Marsh, on Oct. 15, been suffering with acute intestinal obstruction, with frequent sickness and abdominal distension for eight days. She had previously considered herself well, and had experienced no trouble in the action of her bowels. No hernia, intussusception, or other causes of obstruction could be detected. The colon, which was distended, could be traced through the umbilical and left lumbar regions. The patient on her admission was found to be in a very exhausted condition, with a feeble pulse of 120, and a relaxed and clammy skin. During a consultation in the case some of the hospital staff advised, that since the colon could be felt to be distended, colotomy should be performed. Others, believing that the sudden manner in which the symptoms of acute obstruction had come on in a person who had apparently been previously healthy, indicated some form of internal strangulation, which if unrelieved might lead to gangrene of the intestine, recommended that the abdominal cavity should be explored. The latter operation was at once performed. An incision was made below the umbilicus in the linea alba, and the intestine—starting with the coil which presented in the wound—was traced towards the left iliac fossæ, each successive piece of the gut being returned as soon as it had been examined, and before another loop was drawn out. While this was being done a stricture of malignant character was detected in the middle of the sigmoid flexure. The intestine just above the stricture was fastened by numerous closely-placed sutures to the wound in the linea alba, and a false anus was established in this situation. The operation was found to be very easy, and was speedily completed. The patient made a good recovery, and left the hospital at the end of about two months. In his remarks Mr. Marsh very strongly insisted on the importance of operating in cases of abdominal obstruction—where the diagnosis can be established—before peritonitis and other local changes have ensued. He alluded to the large percentage of cases of ovariotomy in which the abdominal cavity is safely opened; and asked whether it could be more dangerous to open the abdomen, and divide a constricting band, or release an internal strangulation, than it was to remove a large tumour, which was, perhaps, extensively adherent to the omentum, the intestines, or the uterus? He believed a great future was in store for the surgical treatment of intestinal obstruction; and that the operation, if performed early, and with due care, and in cases in which a clear diagnosis could be made, would prove at least as successful as ovariotomy.

Mr. Bryant had not quite understood how far the symptoms were those of acute rather than a chronic stoppage, but he believed that from the history he should have been inclined to advocate colotomy, though it was always difficult to judge of this without being in presence of the patient. He entirely endorsed Mr. Marsh's observations as to the desirability of early operations in these cases.

Mr. Barwell thought that he also would have voted in favour of colotomy, which would have involved less risk than the operation performed, on the successful result of which he congratulated Mr. Marsh. He, like Mr. Bryant, was strongly in favour of an early operation.

Mr. Gould asked Mr. Marsh whether he thought it would have been profitable to have removed the intestine, having regard to its limited extent.

Mr. Marsh replied that the reason the abdomen was opened was—firstly, that the symptoms were acute; secondly, that no history of previous trouble could be obtained; thirdly, that the nature of the obstruction was obscure. He allowed that he himself had inclined towards colotomy, though there had been no symptoms of malignant stricture; the anterior position of the artificial anus was, he thought, an advantage rather than the opposite. It was more manageable and more easily attended to by the patient. He had not considered it advisable, seeing the exhausted state of the patient, to expose her to the risk of prolonging the operation by removing the diseased intestine by Bilroth's method; though in a suitable case he should undoubtedly do so.

The meeting then adjourned.

## SURGICAL SOCIETY OF IRELAND.

### Session 1878-79.

### Friday, January 31, 1879.

The Fifth Meeting of the Session was held in the Albert Hall of the Royal College of Surgeons,

Dr. Mapother, Vice-President of the College, in the Chair.

Mr. Richardson, (hon. sec.), read the minutes of the previous meeting, which were signed.

#### RARE SPECIMEN OF FRACTURE.

Mr. Wm. Thomson—The specimen I have to bring under the notice of the Society this evening, is one which I removed

last Wednesday from a woman in Richmond Hospital, sent to me by Prof. Minchin. It is one of extreme rarity, as we find on dissection, and for the identification of it, I am largely indebted to my colleague, Dr. Corley. The history the woman gave us, was that two years ago, she twisted her foot whilst getting on to a pathway, and she broke her leg. When taken into hospital, the condition of the parts was very much as shown in the cast. We have this prominence produced by the complete dislocation inwards of the tibia, and on the outer side, corresponding to the depression in the cast, is a fracture of the fibula. On dissecting the specimen, it proves to be an admirable example of the fracture described by Dupuytren, and of which he says that in 200 cases during a course of fifteen years he had only met one. The position of the fibula with reference to the tibia is almost directly behind, while the tibia has been rotated in such a position that the crest points directly outwards. The inferior articular surface of the tibia has lost the natural depression, and we have a convex instead of a concave surface. Next, resting on the astragalus, is the lower end of the upper fragment of the fibula, and outside is the external malleolus, completely detached from the shaft of the bone. There is a general anchylosis of all the fragments. We have the external malleolus anchylosed to the outer side of the astragalus, and the tip of the tibia also on the inner side firmly attached. If you allow me, I will read one or two points that Mr. Adams mentions of injuries of the ankle-joint :—"Complete luxation of the tibia inwards from the astragalus, complicated with a single fracture of the fibula. This is a very severe, and fortunately a very rare accident. In alluding to it, Dupuytren says that 'the foot is not only susceptible of being carried outwards, but also upwards at the same time ;' a double displacement which he had observed to occur only once in 200 cases of fractures of the fibula, treated in the Hôtel Dieu, for fifteen years, 'but the case was so marked,' he says, that in future it cannot be mistaken or passed over in silence." And then he describes the only cases he had seen. I suppose when this fracture was first seen, it would have been possible to have diagnosed what had actually happened ; but I very much question whether it would have been possible to have reduced the dislocation ultimately, and procured a satisfactory result ; because we had here the fibula acting as a wedge between the external portion of the malleolus and the tibia itself, and unless it had been possible to remove the fibula from its position within the joints, as it rested on the astragalus, and bring it into apposition with its other portion at the outside, I do not see how the dislocation could have been got rid of. Mr. Thomson said he had not had time to look further into the subject, wishing to exhibit the specimen as a fresh one, but he would bring the case forward on a future occasion.

### OVARIAN CYST.

Mr. Stokes—I shall not detain the Society more than a few moments in exhibiting this cyst, which is that of an ovarian tumour, I removed last Wednesday week at the Richmond Hospital from a young woman, aged nineteen years, who had been the subject of abdominal enlargement for the last two years. She came under my notice first in Dec., 1877 ; she is a dark-haired, florid complexioned, well-nourished unmarried female. For two or three months previous to her coming to me, she had suffered a good deal from amenorrhœa. She observed there was an enlargement, chiefly on the right side. I made a careful examination, assisted by Dr. Kidd, our obstetric consulting surgeon, and my other colleagues, and we came to the conclusion that the case was one of ovarian disease. As, however, the tumour was at the time comparatively small in size, and her health otherwise extremely good, we thought it would be desirable to postpone all operative interference. I may also say that I consulted Mr. Spencer Wells in reference to the case, having discussed the point on more than one occasion as to whether it is desirable or not to perform ovariotomy when the tumour is in an early stage of development ; and he agreed with Dr. Kidd and others as to the desirability of postponing operative interference until the tumour got larger. On last Wednesday week I performed the operation, removed the tumour, and found this cyst, the contents of which were very thin. I have never seen anything like it in any case I have witnessed or operated on. The contents of it were perfectly clear and transparent as spring water. There was a very large quantity ; but I have unfortunately not had an opportunity of getting a careful analytical examination of the fluid made, owing to an accident immediately after the operation. The quantity of the fluid was very considerable. It was found to be a bilocular cyst with a very short, thick pedicle, which was secured by a silk ligature, and returned into the abdomen. The circumstance is gratifying that this adds another to the list of successful cases recently performed in the Richmond Hospital ; for the patient is now, I am happy to say, convalescent.

Mr. Richardson read a communication on

### CARIES OF BONES OF THE FOOT,

which will be found on page 158.

Mr. Kilgariff read a communication on a case of

### GENU VALGUM.

which will be found on page 159.

Dr. McSwiney thought the Society would agree with him in thinking that the operation detailed by Mr. Kilgariff was a very valuable one in the history of orthopædic surgery. He was himself present, and took a deep interest in its success. Having directed his attention to the subject of the deformity in question, he soon became convinced that there were two varieties of genu valgum, in one of which the cause of the deformity consisted in an excessive growth of the condyle ; and in the other, of an extremely relaxed condition of the fibrous structures and ligaments. The old method of treating it was by splints or tenotomy, but the modern method was much more rapid and much more successful. He found that a French surgeon, M. Delore, of Lyons, had recently been in the habit of breaking the knee-joint by putting his knee against the knee of the genu valgum, and forcibly setting it straight—a very violent proceeding, followed by the displacement desired of the tibial epiphysis. Mr. McEwen took a wedge out of the femur, while Mr. M. Shlegel removed a wedge out of the tibia. Mr. Reeves had been publishing cases attended apparently with success, where he operated in the line of Ogston, using a chisel, and undertaking not to enter the joint. Mr. McEwen, of Glasgow, had published cases in which he removed a V-shaped portion of bone from the femur. But it appeared to him, as the result proved, that Mr. Kilgariff, in adopting Ogston's operation, was wise ; and having, as he had said, witnessed the operation, and also seen the patient that day, he could fully confirm what Mr. Kilgariff had stated. When a student he remembered being cautioned that the knee-joint should never, if possible, be opened, as disastrous results were likely to follow ; but now there seemed to be immunity from serious consequences when not only was the knee-joint opened, but a piece of bone sawn off and left in the joint. He was astonished how the articular surface ever became even enough to admit of the motion he witnessed on the part of Mr. Kilgariff's patient, and that there was not considerable roughness where the condyle had been sawn off and displaced upwards and outwards. Moreover, synovitis, anchylosis, necrosis, non-union, suppuration, each and every one was likely to occur from so violent and serious an interference with such an important joint ; but the fact was undoubted that none of those consequences had resulted from Ogston's operation, which had been successfully carried ont in the present case. .

Mr. Ormsby said they ought to be much obliged to Mr. Kilgariff for his excellent paper ; but it contained two or three things to which slight exception might be taken. First, he had only operated in one case, and yet he recommended the operation adopted on the occasion as the best for the deformity called genu valgum, commonly known as knock-knee. Mr. A. Barker had also performed Ogston's operation in a case, and a fatal result had followed in three days.

Dr. Baxter referred to Reeves' operation, which he saw performed by Dr. Swan on a child between two and three years old. The valgum was better marked on the left limb than on the right. In operating Dr. Swan made a transverse incision about 1½ inch above the internal condyle, cutting into the bone until the tenotomy knife struck on the periosteum. Having made an incision of the width of that originally made, he struck three or four times with a mallet until he detached the bone very nearly down to the periosteum, but not entering the joint. He then took the limb and forcibly flexed it outwards, making a genu varum, instead of the genu valgum. It was then treated with carbolic dressing and put up in plaster bandage. Since the operation there has been no bad symptom of any kind. The temperature of the child had been nearly always the same. It would be a

question for the Society whether the foregoing operation or that practised by Mr. Kilgariff was to be preferred.

Dr. SWAN said he intended at a future meeting to give the case in detail; but he thought there was not much to be said in favour of Mr. Reeves' operation over that performed by Mr. Kilgariff. In selecting Mr. Reeves' operation he thought that the detritus from the saw passing into the joint might, perhaps, be a cause of irritation; but the facts had not shown that that had been the case. He could scarcely believe in the idea entertained by Reeves, that the condyle was not detached, and that there was no entrance into the knee-joint; for the condyle gave way with a distinct click or noise, as described by Mr. Kilgariff. Mr. Reeves' theory assumed an amount of elasticity in the encrusting cartilage, which he thought it did not possess. Mr. Kilgariff's case was sufficiently good; and if his succeeded as well he would be satisfied.

Mr. KILGARIFF, in reply to Mr. Ormsby's statement that he was not warranted in recommending the operation, having but slight experience of it, said in recommending it he bore in mind the literature of the subject, which he had carefully read. He was justified in stating that fifty such operations had been performed, of which the only one fatal was that quoted by Mr. Ormsby; and he believed that in that case the entire limb was enveloped in a plaster of Paris bandage, the wound being hidden from sight, and pyæmia resulted. Of course, Ogston's or Reeves' operation would only be warranted in a case of elongated condyle. It was not his intention to discuss in his paper the relative merits of the different operations, but rather to bring before this Society the particular case of which he had had experience himself.

Dr. SWAN read a paper on

INTRA-UTERINE FRACTURE,

which will be found at page 160.

The VICE-PRESIDENT said Dr. Swan had divided his paper into two important branches—the curative treatment of those deformities, and their causation in the womb. There were several specimens in the Pathological Museum of the College, including a curious one presented by Dr. Kidd.

Dr. KIDD did not think the specimen referred to bore upon the subject of Dr. Swan's paper. The child was born in the Coombe Hospital, presenting a remarkable appearance, and it lived a few hours. It was the premature offspring of a syphilitic mother; and on examination after death almost every bone in the body was found to be fractured. Certainly, there was not a long bone that was not fractured. Some of the flat bones were fractured also. The humerus had been fractured, and an osseous union had taken place. The ribs and legs had been fractured. Having examined it very carefully, the conclusion he came to was that it was a case of intra-uterine rickets, and that the fractures were possibly produced by muscular contractions. Mr. Barker would lay the specimen on the table. Though it did not exactly bear on the case Mr. Swan had detailed it might interest members.

Mr. STOKES reminded Dr. Swan of a work on the subject by M. Malgaigne, who in a very interesting chapter had given some remarkable cases of intra-uterine fracture, which he regarded as the results of very strong impressions on the mother. In one instance there were 112 fractures, and these occurred shortly after the mother had been present at an execution on the wheel, the bones being fractured in the situation usually found when death was brought about in that manner. He classified the cases into those resulting from external injury to the mother, from rickets, from contraction of the fœtal muscles, and from strong maternal impressions.

Mr. CORLEY asked Dr. Swan how, when the children were not seen till twelve years of age, those fractures could be pronounced intra-uterine?

Mr. RICHARDSON alluded to a case of intra-uterine disjunction of the upper epiphysis of the tibia published by him some years ago, in the case of a syphilitic child.

Mr. KILGARIFF said he had had an opportunity of witnessing a remarkable case that was within the recollection of Dr. Kidd. It occurred in the Coombe Hospital some years ago, and was that of an illegitimate child, the mother, about sixteen years of age, having been treated in some hospital in town for amenorrhœa. She had done her utmost to deceive the medical men she had consulted, and had taken very large quantities of aloes from time to time, and also of ergot. The child, most remarkable in many respects, was born in the hospital, and continued healthy to about the eighth or ninth day, when it suddenly expired. There was some suspicion or mystery overhanging the case, and he was asked to make a post-mortem examination, which he did. He found the cranial bones very imperfectly developed, more particularly at the border of the foramen magnum. For a long time he was puzzled to account for death. But on examining the foramen magnum he found some of the medulla oblongata was pressed upon and cut; and on examining the skeleton he found every long bone broken in two pieces, including the clavicles and every rib in the body. At the time it struck him that the fractures were caused by convulsions produced by the medicines with which the mother was drugged.

Dr. KIDD said the specimen produced was the case in question.

Dr. SWAN, in reply, said no doubt the cause of those fractures was obscure. The fractures in the specimen seemed to have occurred in a rickety child, the predisposing cause being muscular action or convulsions. As to how fracture and deformity were produced in the same subject it was hard to tell; however they might theorise about uterine currents, abnormal forces and so on, he did not think they had any data on which to base a correct estimate. Intra-uterine fractures were very characteristic, the welding of the tibia and fibula together, &c.

The Society then adjourned.

# Department of Lunacy.

## NUNN *v.* HEMMINGS.

THERE have been few cases within our remembrance which have been allowed to occupy the time of our law courts in such a useless manner as the one recently concluded.

Mr. Nunn, the unfortunate plaintiff, has been the inmate of no less than three asylums. He was placed in 1873 under the care of Dr. Forbes Winslow, in consequence of his having made two distinct attempts on his life; the first, by jumping out of a first-floor window, and the second, by swallowing his shirt studs. In addition to these he had made attempts on the lives of his children, and threatened that of his wife. He escaped from Dr. Winslow's asylum—in which he was treated as a drawing-room patient, having a certain amount of liberty and parole—to Munster House, Fulham, under the care of Dr. Blandford and Mr. Hemmings, in which asylum he alleges that he was placed in a padded room as a punishment for an attempted escape, and was subjected to cruel treatment by being "ducked" twelve times in a bath. This is the charge, but beyond originating in his own imagination it is not substantiated by a single witness. The attendants who were at the asylum at the time were all summoned at the trial, and testified, one and all, that the whole was a pure fabrication of the unfortunate plaintiff.

The Lord Chief Baron endeavoured to close the case immediately after the examination of Mr. Hemmings; but Sergeant Parry, the leading counsel for the plaintiff, would not consent to such a course, but for what reason we are at a loss to comprehend. The following medical men tesified to Mr. Nunn's state of mind at various periods:—Dr. Andrew Clarke, Dr. Boyd, Dr. Blandford, Dr. Stephens, Mr. Hemmings, Dr. Forbes Winslow, and Dr. Puller. It is, however, rather surprising to us that the latter gentleman, who had come expressly to give his testimony in the case, should have entirely forgotten that he had signed two certificates for Mr. Nunn's incarceration—one for Dr. Winslow's asylum, the other for Munster House.

Every medical man who signs a lunacy certificate should keep a copy of what he has signed for reference. In addition to the evidence of the medical men and attend-

ants, was that of Mrs. Nunn, who proved that she had taken the utmost care of her husband during the commencement of his abnormal mental state when at home, and was reluctant to place him under restraint until it was found absolutely necessary to do so for the protection of herself and family, and for his own good and safety. The chief delusions under which this gentleman appears to have laboured, were that he was ruined, too wicked to live, and that he was starved. All these were proved in evidence to be delusions. From beginning to end the case was regarded as a sensational one. A crowded court who were never loath topublicly express their opinion, though they received a stern rebuke from the learned judge : an audience of women anxious to see asylums and their proprietors denounced and swept from the face of the earth, doubtless from personal motives and eager for revenge, in fact, the so-called "lunacy reformers" of England. The Chief Baron addressed the Court as follows on this subject :—

"Looking at the assemblage of Englishmen, and, I suppose I must call them, Englishwomen, who crowd this court, and who indulge in an abuse of the privilege of attending a public trial by giving vent to expressions of applause or condemnation, I would have cleared the court before this, however difficult it might have been, but that I might have excluded many who take a fair, just, and natural interest in the case, and who have conducted themselves with perfect propriety."

A case like this calls for small comment from us. Such allegations as those made by the plaintiff, substantiated by no witness, may be pronounced delusions. The learned judge evidently held this opinion, also the jury, and there could have been no sane person in court who could have arrived at any other conclusion. It is, however, a monstrous shame that a professional brother should be liable to be dragged into a court of justice, put to great personal expense, as well as mental anxiety, on the insane assertions of an escaped lunatic.

On the merits of the case the Lord Chief Baron says as follows in his summing up :—

"Is it true? The defendant says it is a delusion absolutely, and there is a great body of evidence showing that the plaintiff has had delusions of a disordered brain. In his story the plaintiff is directly contradicted by *every living man* who could have witnessed the scene if it occurred. While in support of his claim there is *not one single witness* who has deposed to *one* fact, nor any confirmatory evidence."

After this statement of the learned judge Mr. Hemmings would be justified in informing the proper authorities that this unfortunate gentleman is still at large. On the other hand, the learned judge let fall remarks to the effect that the statement of the plaintiff could not be substantiated by one single living witness, who could have been brought forward ; and if for one moment we can regard the plaintiff as a sane man, the only course open to Mr. Hemmings would be to indict him for corrupt and deliberate perjury. Mr. Hemmings leaves the court with the sincere sympathy of his professional brethren, and we say emphatically, without a stain on his character.

"Ordor Psychologicus."—There is a diversity of opinion respecting the smell which is said to emanate from insane persons. In a ward where several insane patients have been confined there is undoubtedly a peculiar odour. This is, however, considered by some to originate from the condition the patients may be in. It is impossible to keep them clean at all times of the day, and one or more of them may be in a state giving rise to the smell so characteristic of an insane ward. The condition of their alimentary canal is also to be considered. Very frequently the digestion has been neglected, and the effluvia which arises from the mouths of some insane persons and impregnates the air is due to impaired digestion. We are of opinion that there is no smell characteristic of insanity ; the former notion that this was the case has now expired, but some medical men used to say that they could "*nose a lunatic.*"

Suicide in the Monaghan Asylum.—A lunatic inmate of the District Asylum at Monaghan hung himself last week with a rope made from the straw of his bed, every other material suitable for such purpose having been removed. At the inquest the jury found "that deceased died from strangulation, having hanged himself in his bed-room by making a rope of the straw forming his bed, he being a patient in the Asylum, and of unsound mind ; and we believe that every care was taken of the deceased by the attendants and others in the Asylum."

Professional Etiquette.—We are requested to obtain the opinion of members of the profession practising in lunacy on the following question : In what cases is a medical man, whose name is well known as a "mad doctor," justified in seeing a patient without giving an assumed name? This would apply to medical men attached to large county asylums and insane hospitals, whose names are known in the neighbourhood as being so connected, and to physicians practising as specialists in towns. It must, however, be distinctly understood that the assumed name is *only* taken at the special request of the friend or relative of the patient, and to prevent any cause for excitement of the patient and so to enable the medical man to form a correct opinion of the patient's natural condition. We desire answers to this.

Stoned to Death.—A rather strange case of hallucination has occurred lately. A man appears to have become suddenly insane, and to have taken the life of a fellow creature, mistaking him for the devil. Cases of sudden lunacy have been of frequent occurrence of late, and many desperate attempts at homicide and suicide have been made by persons at large and mentally afflicted. Under this heading a paragraph has appeared in the *Yorkshire Post*, the murder being attributed to jealousy about a woman. We are now informed that there was no cause of vengeance, but that it was done with the intention of "killing the devil," as the madman joyfully said on going contentedly to place himself in the hands of the police. A piece of rock hurled with the violence of insanity against the unfortunate Leandri fractured his skull and also broke one of his arms. The maniac Peretti is shut up in the prison of Sartene, the nearest to the scene of the outrage, and he is under the strictest medical surveillance, but his insanity and violence continue unabated.

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The success of the high classes for ladies at Odessa has exceeded all expectations. On the opening day, January 21, instead of the expected sixty or seventy students, 215 ladies were inscribed. The University has offered its rooms for classes.

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Among recent deaths is that of M. Chauffod, Professor of Zoology at the Paris School of Medicine. M. Chauffod during his whole career opposed M. Claude Bernard's determinism, and advocated the existence of a vital principle and final causes in a number of books largely circulated.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 26, 1879.

## THE HUNTERIAN ORATION.

ONCE more the annual oration in honour of John Hunter has been delivered at the Royal College of Surgeons. The orator was one whose professorial duties must have made him feel a more than ordinary interest in the life and labours of the great anatomist. Nevertheless, however great our admiration may be of any one who has distinguished himself among all other men, it is no easy task to satisfactorily take up a theme that has already been the subject of many eloquent discourses. It is, therefore, no little praise to say that there is a freshness and vigour in Dr. Humphry's oration which cannot fail to make it interesting even to those to whom the subject is no novelty.

In reference to the age at which Hunter began those studies for which he was afterwards so distinguished, Dr. Humphry makes, at the very outset of his oration, an observation that should receive the attention of every parent who is desirous of sending his son into the medical profession. "There can be no doubt," he said, "that the profession has suffered in quality and status, as well as in practical outcome, from being commenced in many instances by lads, who had not only an insufficient mental training, but who had not the solidity of character and the tone of thought which should be present in those whose business it is to seek amid the chambers of death for the means of fortifying and prolonging life." This remark is in our opinion particularly applicable to the present time, when young men can enter the profession without serving that apprenticeship which was often an invaluable introduction to their futu work as general practitioners. When, under the old system of apprenticeship, the student on entering the medical schools, had already obtained a good general idea of the kind of practice in which he would be afterwards engaged, the age at which he commenced his medical studies was not of so much consequence. But now that mere boys, who have never handled a pestle and mortar, and who could not distinguish between rhubarb and jalap, may go directly from their Virgil and Horace to the dissecting-room and lecture-theatre of our medical schools, the early age at which many begin their professional studies is a matter of more serious consideration.

Although there is no characteristic of Hunter's life and work which Dr. Humphry has omitted to notice, he is chiefly impressed with what he justly considers to be the two salient features in the character of that great man—viz., his "observation" and "reflection." With an enthusiasm which may be excused in one who belongs to the same profession as did John Hunter, the orator exclaims: "To have made such a museum is one of the greatest of human achievements; to have thought carefully and well upon every specimen in it is far more—it is one of the greatest of human glories." After remarking that few men have worked more, experimented more, and thought more, and that "in fewer still has the balance between so large amount of work, and so large amount of thought, been through life so well maintained," notice is taken of Hunter's views respecting a question which has been the subject of controversy among philosophers and scientists of all ages. Doubtless, with regard to the questions—What is life? and, What are the properties of matter in its relation to life? there are passages in Hunter's writings to which both the most materialistic and most orthodox physiologist may appeal in support of their respective doctrines. In one place the great physiologist says: "As the causes and effects of matter seem to be entirely connected with matter itself, and to be a property in and inseparable from it, and as these are becoming better known, the 'presiding spirits' (of the ancient) are every day vanishing, and their authority becoming less." It is evident from this passage that Hunter "recognised the potentiality of matter;" although, as Dr. Humphry well observes, "he forbore to press the inquiry further into those speculations as to ultimates, those questions as to the origin of matter, and the nature of its properties, respecting which men may dogmatise and quarrel, and hopelessly quarrel on, because they are on the confines of, if not within the circle of, the unknowable." Indeed, Hunter could not rid his mind of that "something" which no materialist has been able to explain away. "Life," he says, "appears to be something super-added to this peculiar modification of matter; or this modification is so arranged that the principle of life arises out of the arrangement." The orator's remarks on this all-absorbing question are particularly interesting; but we must hasten to a subject of much more practical importance, to which he has devoted a considerable portion of his oration. We allude to the question of Medical Education.

The extraordinary manner in which the faculty of reflection was developed in the mind of Hunter, naturally suggested to Dr. Humphry the question whether our present system of medical education is such as will en-

courage in the student a habit of reflecting upon the facts with which he becomes acquainted, and of taking a thorough grasp of the general principles, the more important facts, and practical bearings of the several subjects to which he has to devote his attention. Whether, indeed, it is such as will induce the student to take a keen interest in his work, to love it for its own sake, and not merely for the personal benefits he hopes to derive from it. Dr. Humphry is inclined to think that the student's love of knowledge is rather choked than matured by our present system of education and examinations; that he, as a rule, rather flies from than clings to his work; that he is brought to the fountain and made to drink, but the draught has lost the sparkle and the refreshing quality it should have. The orator considers that the difficulty of "carrying out a rational and really beneficial system of education as opposed to what may be called cram," is to be attributed partly to the constantly accumulating mass of facts in every branch of science, and partly to the character and requirements of medical examinations. It is well observed that the great evils of examinations is their "tendency to make facts preponderate over thought, and so to add to the accumulating weight of that heap which oppresses the student and smothers his aspirations and interest in his work." We cordially agree with all that Dr. Humphry has said on this important subject. Neither has the *Medical Press*, nor have our contemporaries, failed to notice the many imperfections that are to be found both in the teaching and in the examination of the student. Some time ago we drew attention to the dry, tedious, and uninteresting style of lecturing too frequently adopted at the medical schools, and to the want of mutual co-operation and sympathy subsisting between these schools and the several licensing bodies. In the same spirit the orator remarked, "The dry bones, as Hunter would have taught them, and as Bell to some extent did teach them, not with purposeless and pedantic minuteness of detail, but as parts of a noble animal mechanism, and full of meaning, would become instinct with life, and would enlist the interest and stimulate the energies of the most unwilling student." The difficulties, however, in the way of educating the thinking as well as the learning capacities of the student, are almost insurmountable. Lecturers are not so good as they should be, or as they might be. They are seldom chosen from any special talent they may have for teaching, and they have generally too many other subjects to attend to, to devote much consideration to a pursuit which is quite an art in itself. On the other hand, it should not be forgotten that Medicine is a profession by which its followers have to earn their daily bread, and not like one of those sciences which men study from a predilection they have for them, and on account of the pleasure they derive from the many interesting facts with which they become acquainted. Even the several ways in which the "rising" physician distinguishes himself are but as stepping-stones to a lucrative practice and a position in the profession; and if the ambitious physician relinquishes his studies as soon as he has attained the object he had in view, and no longer continues the study of his profession out of pure love of it, can it be wondered at if the ordinary student seeks by the aid of "manuals" and "text-books," &c., to be conducted by a quick and easy route through the portals of the medical licensing bodies?

"What is really wanted," says Dr. Humphry, towards the conclusion of his eloquent oration, "and what teachers and examiners must combine to promote, is, in the words of Democritus, one of the greatest thinkers of antiquity, 'that we should strive not after fulness of knowledge, but fulness of understanding:' that is, that we should not so much strive after the refinements of chemistry, anatomy, and physiology, as after the fundamental facts and principles of those sciences, well welded together and well woven into the student's mind."

## EXTENSION OF UNIVERSITY TEACHING.

We have every reason to believe that the present movement in favour of the extension of University Teaching, of which Mr. Gladstone and Prince Leopold were recently the eloquent exponents, will indirectly have a marked influence upon the education of future members of the medical profession. There can be doubt that the general education of nine-tenths of the students who now enter the medical schools is not as it should be; and this, we say, while fully aware that no youth can be registered as a student in medicine until he has passed one of the preliminary examinations prescribed by the General Medical Council. It is well-known that the standard of these examinations is not very high, that a large number of successful candidates get little more than the minimum number of marks necessary to pass them, and that, with these conditions in their favour, many are rejected. And what is still more indicative of the unpreparedness of candidates who go in for these examinations, is the fact that few pass who have not been previously "crammed" in most of the subjects on which they are examined. Under these circumstances it cannot be wondered at if many youths enter the profession who are by no means fit for it, and whose slender abilities would have been turned to better account in some other sphere of life. Nor can we be surprised if, as Dr. Humphry lamented in his Hunterian Oration, medical students are so little given to habits of reflection, and that they seek by the easiest and shortest way possible, to pass their professional examinations.

We are convinced, and we speak after much experience and observation, that the superficial acquirements of many who enter upon their medical studies are to be attributed partly to the early age at which some leave school, and partly to the very deficient means of good and cheap education in the metropolis and elsewhere. As Mr. Gladstone remarked, between those who frequent the Universities, and who are at the upper end of the scale, and those at the lower end, there is a wide range of classes for whom there is a great deficiency of the higher instruction in this country. The London Society for the Extension of University Teaching will doubtless do much towards supplying this want. Nor should it be forgotten that this extension of university teaching would have a salutary influence beyond the sphere of the Universities themselves, inasmuch as it would give an impetus to the establishment of better preparatory and

grammar schools than are now to be found in the metropolis, and whose object would be to thoroughly ground the pupils in the elements of classical and mathematical learning, and so prepare them for entering higher schools and universities.

We would here refer to anorther subject closely connected with the present movement, one that has received very little attention from those who are interested in the social status of our profession. We allude to the ignorance shown by many practitioners on subjects that are not directly connected with their daily work, to the narrowness of their views and sympathies, their want of liberal tastes, their indifference to all that is beautiful and interesting in literature, science, or art. The life of that practitioner who can talk of nothing but pills and powders, or of the last interesting "case he had under his care," cannot be half so rational, noble, and enjoyable as the life of him who can relieve the tedium of his professional duties, or while away his leisure hours, by gratifying some liberal taste, or following some dignified pursuit. At the meeting above-mentioned, Prince Leopold, after alluding to the efforts which Mr. Ruskin has made to spread among the working classes the power of drawing the full measure of instruction and happiness from this wonderful world, eloquently remarks that the most admirable of the lessons inculcated by the great art-critic was, "that the highest wisdom and the highest pleasure need not be costly or exclusive, and that the greatness of a nation must be measured not by her wealth and her apparent power, but by the degree in which all her people have learnt to gather from the world of books, of art, of nature, a pure and ennobling joy." Perhaps there is no class of professional men to which these remarks are more applicable than to members of our profession. Jaded, as our minds must be with the daily routine and anxieties incidental to public or private practice, and tired, as we often are, of being continually in the chamber of sickness or of death, it is no small privilege if we can occasionally unbend our minds and give a more agreeable turn to our reflections; if when away from the bed-side we can nurture "high thoughts and elevating knowledge;" if we can indulge a taste for some natural science; if we can picture to ourselves some memorable event of the past, or, in imagination, enjoy the society and listen to the opinions of the great men who have passed away; if, in short, we can gather from the world of books, of art, or of nature, a pure and ennobling joy. For the medical practitioner to be endowed with these large sympathies and liberal tastes, he must have received that sound and liberal education which university teaching can alone afford; and, therefore, we hopefully look forward to the time when the work in which the Society for the Extension of University Education is now engaged will bear good fruit, and will be not only of inestimable advantage to the public in general, but also to the medical profession, by improving the education, enlarging the mind, and liberalising the tastes of those who enter it.

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Since the first day of the current year sixteen members of the medical profession resident in Ireland have died.

# Notes on Current Topics.

## The College of Physicians and the Plague.

When we announced in our last issue that the Royal College of Physicians intended calling a meeting of its Fellows in reference to the appearance of the plague in Europe, we were under the impression that the College would at once appoint a committee to report respecting the nature of the disease that has been recently raging in Astrachan and neighbouring districts, and the means that should be taken to prevent its visiting this country. This step has been taken, but in compliance with a request made to the President by the Duke of Richmond and Gordon, the College has also determined upon sending a Commission, composed of three persons, to proceed to the East for the purpose of investigating the disease. Having come to this resolution, the College is prevented from making any recommendations with respect to the preventive measures that should be taken in this country until the Commission has returned from the East, and made its report to the College. This must necessarily cause a good deal of delay; so that probably the spring will be far advanced before the College will be in a position to give the Government any information and instruction on the subject. It is, in fact, open to doubt whether either the Government or the College is right in sending out a Commission of Inquiry at all, both because it is rather late in the day to adopt such a proceeding, and because the International Sanitary Commission has already obtained all the information it could wish to know respecting the origin and nature of the plague in Russia. With regard to the precautions to be taken, opinion is divided as to whether or not quarantine should be adopted as a preventive measure. But whether it should or whether it should not, it stands to reason that the Government cannot wait until the return of the Commission, appointed by the College, from the East, before making up its mind as to what steps should be taken. Indeed, the Government has already announced its intention to re-establish quarantine, on whose recommendation we know not. It cannot have been so advised by the Local Government Board, as we know the medical officer of that Board is averse to any such precautions being taken. Nor has it probably acted upon the advice of the College of Physicians, seeing that body has not made, nor cannot make any recommendations until it has received the report of its Commission. We are, therefore, inclined to doubt the propriety of the latter part of the resolution that has been adopted by the College. The task that will be imposed upon the proposed Commission of Investigation appears to us a supererogatory one. Both from the reports that have been made by foreign Governments and from the recently expressed apprehensions and reports of Mr. Netten Ratcliffe, there is very little doubt but that the pestilence now raging in the East is the true plague; and the only question that remains for our consideration turns upon the measures that should be adopted in order to prevent it extending to this country. Whether the Russian and German Governments are right or wrong with regard to the strict quarantine precautions they have taken, it will be admitted that they have acted with commendable

promptitude on the occasion. While our Government and the College of Physicians are wondering whether it is the plague, and are only now talking of sending some one to the East to make inquiries, the above-mentioned Governments have not only settled the question as to the nature of the disease, but have taken summary measures to prevent its further extension, and with such success that there is a great probability of its being confined to the districts in which it first broke out.

## The Election of Councillor for the Irish College of Surgeons.

In consequence of the death of Dr. Ledwich, the election for a Councillor, which was to have taken place on Tuesday, the 25th inst., has been postponed. A meeting of the Fellows will be therefore held on Tuesday, the 4th day of March, at one o'clock, pursuant to the provisions of the Supplemental Charter, to elect two members of Council, in room of Dr. M'Dowell and Dr. Ledwich. The ballot will close at three o'clock.

In addition to the candidates who had already announced their intention to seek admission to the Council, Dr. Thornley Stoker has declared himself as a competitor. Dr. Stoker is Professor of Anatomy in the School of the College, and Surgeon to the Richmond Hospital, and, at a former election, very nearly achieved a seat on the Council.

## The Value of a Chemist's Time.

An Irish pharmaceutical chemist in Cork, named Keating, having had to attend as a witness in a probate case at Dublin, for five days, received £5 for his time from the plaintiff, who had called him, and who gained the suit. Keating considered that he was entitled, as a professional man, to three guineas a day, and he therefore sued for the balance. In cross-examination it came out that he was a bankrupt. It was submitted that as an uncertified bankrupt he could not earn money, but on the other side it was urged that though a bankrupt could not trade, he could receive money for his personal services. On this question the judge postponed his decision.

## Quarantine in the East.

Messrs. Thomas Cook and Son have just received advice from the Austrian Lloyd's Steam Navigation Company, for whom they act as agents, to the effect that the recent reports respecting quarantine of that Company's steamers have been greatly exaggerated. The real facts of the case are that the mail steamers plying between Trieste and Egypt, Egypt and Syria and Constantinople, and Constantinople and Trieste direct, are not subject to quarantine. Therefore, passengers may visit Egypt, Palestine, Constantinople, and Athens, and return to Trieste, without the slightest fear of being detained.

Moreover, the latest intelligence gives a favourable account of the state of the plague in Astrachan, and of the measures which have been taken for stamping it out, and declares that all newspaper statements to the contrary are without foundation. The conviction is moreover expressed that after the expiration of ten days, the northern portion of the Government of Astrachan may be legitimately freed from quarantine, as an interval of forty-two days will then have passed without any cases of sickness having occurred.

## Home Hospitals.

The first annual meeting of the governors and members of the Home Hospital Association was held a few days ago at Berkeley House, Manchester Square. The chair was taken by the Duke of Northumberland, who, in a few opening remarks, drew attention to the objects and development of the Association. The first report of the Association was then read by Mr. H. H. Graham, the Secretary. It stated that the amount of funds placed at the disposal of the committee up to the present time exceeded £11,000, but that £1,116 of this sum had been spent in expenses incidental to the establishment of the Association. The lease of Berkeley House had been purchased for a term of 52½ years, and among the reasons for selecting these premises it was stated that the locality was within easy reach of most of the eminent medical men whose services the inmates would be likely to require.

We should like to know whether in using the term, "eminent medical men," the speaker was referring to the physicians to be appointed to this home hospital, and whether patients are to have the option of being attended by their own family doctors. We quite approve of the principle of home hospitals for the middle classes, but the success of the undertaking will very much depend upon the liberal spirit in which it is carried out.

## Pensions to Medical Men.

The law of Hungary grants a pension to the widows, and a gratuity for the education of the children of medical men who have died from a contagious disease contracted in the discharge of their duty. This recognition of the services and dangers of our profession does honour to this foreign State. The *Progrès Medical* advocates the extension of this favour to French physicians, supporting the petition initiated by the *Moniteur de la Policlinic* to the Chamber of Deputies.

The *Progrès* observes that it has always been opposed to the custom of giving pensions to persons for the simple reason that during a number of years they had discharged their duties faithfully, thus paying a second time for services already remunerated. In the case of medical men dying from contagious disease the circumstances are different. The physician who falls a victim to his devotion cannot be compared to the functionary who dies on duty, or to the soldier who perishes in defence of his country, his family, and himself, for the devotion of the medical man is not prescribed by any law, but is alone imposed by his conscience and his love of humanity. But the *fonctionnaire's* and the soldier's family are taken care of by their country. Should not, then, the services of the physician be recognised?

The *Progrès Medical* thus concludes its brief but eloquent appeal:—"We congratulate our *confrère*, then, on his excellent and charitable idea, and we ardently hope that the Chamber—according to his petition the reception it merits—will not for long allow foreign nations to surpass France in justice and equity." We are slow in asking favours for our profession in England, preferring the initiative should be taken by the lay public who profit by our advice. May

we hope that some of our legislators, may be inspired by this paragraph, and that England will gratefully imitate the example of other enlightened countries?

## Summer Diarrhœa.

A few evenings ago, at a meeting of medical officers of health, Mr. Shirley Murphy read a paper on this subject, to which Dr. Buchanan contributed some interesting diagrams, founded on old bills of mortality, and intended to correct an impression which he and others had fallen into, that there was difficulty of finding evidence of the existence of epidemic diarrhœa at periods antecedent to the time of registration. From these diagrams it would appear that at the end of the seventeenth century diarrhœa prevailed in London just as it has done of late years, whilst as regards the eighteenth century, the diagrams showed a greatly diminished mortality from this disease—indeed, says Dr. Buchanan, a strong presumption that during many years there was none worth mentioning.

We need scarcely remark that those facts, if substantiated by further inquiry, must have an important bearing upon the question as to what conditions we should attribute the epidemic prevalence of summer diarrhœa. We have on several occasions drawn attention to the official investigations that have been made into the causes of the great mortality from this disease in several places, and to the fact that there still seems to be a difference of opinion on the subject. The majority of sanitarians are inclined to attribute the prevalence of summer diarrhœa to bad drainage, sewer gas, impure water, and the like. We never wholly shared this opinion, and now we should like to ask those who would support the sewer gas theory how they would account for diarrhœa being so prevalent now, when so much attention is paid to drainage, and so rare during the eighteenth century, when sanitation was altogether neglected, and, indeed, an unknown science?

## Vaccination in China.

The Chinese are especially fond of vaccination, and greatly appreciate it, especially in the Southern part of the Empire. Until lately, in order to stay the ravages of small-pox, inoculation was practised, but now this is rapidly becoming obsolete, and Chinese medical students are frequently called upon to vaccinate the Chinese children, whose parents are quite willing to pay for it. Some of these students occasionally start out journeying from village to village to vaccinate all comers, and they often make a very profitable concern of it; and it is said that they earn enough to support them for the rest of the year.

## The Future of Durham University.

We hope that a new era is about to dawn upon this much neglected school of education, and that under the auspices of the learned new bishop—Dr. Lightfoot—it may become a useful centre for the spread of knowledge in the northern districts of England. We have on several previous occasions alluded to the peculiar fitness of Durham as a university site. It has glorious historic associations, and not amongst the least of its qualifications are its ample endowments. Whether the new bishop succeeds by hoisting a broom at the masthead, or by more gentle and slower measures, we shall hail the result with satisfaction, and especially in the interests of the Northern Schools of Medicine, amongst which we may include Manchester, Sheffield, Leeds, Newcastle. We shall feel satisfied if the medical department is developed to its fullest extent.

We may state without fear of contradiction, that at present a degree from Durham is not held in much esteem. This must be altered. The University must be galvanised into life; a bright future is open to it, and we trust one of the first acts of the new prelate will be an inquiry into the state of the University.

## The Plague and the Local Government Board.

It will be seen from a notice in another part of these columns that the Local Government Board have taken steps towards protecting our ports from the invasion of the plague in the event of that pestilence threatening to visit this country. The necessity of all port sanitary authorities being provided with suitable hospital accommodation, and with the means of isolating patients suffering from infectious disease, and of disinfecting their clothing and bedding, cannot be too forcibly impressed upon our sanitary authorities at a time when there is some fear of the most dreadful of pestilences gaining a footing in these shores. Without committing itself in any way with respect to the vexed question of quarantine, the Board very properly insists upon the adoption of those measures which are undoubtedly the most reliable means of preventing the spread of not only plague but of all kinds of infectious disease—namely, strict isolation and thorough disinfection. It is not, however, practicable to adopt these preventive measures without subjecting vessels from infected districts to a brief or modified form of quarantine, and such does the new "system of medical inspection" amount to, as we shall show on another occasion. Independently of the dreaded importation of plague into this country, it is well that some pressure is put upon port sanitary authorities, as there is reason to fear that the prevalence and extension of other infectious diseases are often aggravated by the want of proper accommodation for the isolation and disinfection of patients and their clothing.

We may here mention that an order has been issued by the Prussian Ministry laying down the measures to be adopted against the importation of the plague by sea into Germany. It rules that all ships coming from Russian ports shall, on arrival, undergo sanitary inspection, and makes the admission of ships at German harbours to free pratique dependent upon this inspection. For suspicious cases positive regulations are to be observed with respect to disinfection, and orders are also given for the medical treatment of the sick in the lazarettos, the enforcement of quarantine, and the interment of persons who die from the plague.

The Medical Faculty of the University of Zurich gave, last week, the degree of M.D. to Miss Draya Sjocie, from Shabats, in Servia, and the Countess Vilma Hugonai, from Teteny, Hungary.

## Doctors as Pharmaceutists.

THE *Pharmaceutical Journal* informs us that an attempt is being made by the Rochdale Chemists' Association to effect an arrangement by which the dispensing in the district may come into the hands of the pharmacists instead of being done, as at present, by the medical men. A sub-committee has been appointed, which in order to obtain reliable data to guide in drawing up such an arrangement has sent out to different parts of the kingdom a circular, containing the following three questions :—(1) Do medical men in your town dispense for their own patients ? (2) If not, are prescriptions free to be taken to any *bonâ fide* chemist ? (3) If so, how does it affect the medical man, and the public as regards fees, and does the arrangement meet with general approval ?

We wish the effort of the Rochdale Association every success, and trust that it may be the forerunner of similar negotiations elsewhere between the doctor and the chemist, and, eventually, of a complete dissociation of dispensing from medical practice. The existing combination of prescribing and compounding which is so universal amongst general medical practitioners in England is the offspring of difficulties which no longer exist. In past times doctors could not carry on their profession without dispensing medicines, the qualified pharmaceutists being few and almost altogether confined to large towns. But now a competent dispenser is to be found in every substantial town, and there can usually be no inconvenience to the patient in referring him to the chemist for his medicine. After all, there is no more natural connection between the physician and his medicines than between the artizan and the tool with which he works, and we should be happy to see the day when the medical practitioner ceases to have any personal interest in the quantity or the price of the drugs which he may order to his patient. In Ireland, as a rule, medical practice and drug compounding are entirely separate professions, and, as we think, greatly to the advantage of the patient, the physician, the pharmaceutist, and the profession at large.

## Apomorphia as an Expectorant.

DRAWING a conclusion from the fact that ordinary emetics, when administered in small doses, generally act as expectorants, the director of the Heidelberg Polyclinic made experiments with small doses of apomorphia. It was found to greatly facilitate expectoration, and to quickly remove dry and sibilant râles. It was given in doses of 1-64th to 1-30th grain in solution, the hydrochlorate being preferred.

## The Case of Mr. Millerchip.

WE deeply regret that a member of the medical profession has been found guilty of manslaughter and sentenced to four months' imprisonment with hard labour. Such a punishment, with the life-long ruin and degradation it brings to a man in the prisoner's position, is so rarely incurred by anyone belonging to our profession, that it is as shocking to us as it is overwhelming to him. Indeed, so seldom is a surgeon found wanting in duty and in humanity, and so strange and painful did the prisoner's case appear to both judge and jury, that while the latter could not help recommending him to the merciful consideration of the Court, the judge spoke in terms which evidently showed his regret at seeing the prisoner in such a trying position.

"Enough (he said) was proved to show very gross and cruel neglect on your part. While I feel that a great debt is due to the medical profession, and while I recognise the large extent of unselfish, noble, and unpaid services which they render to mankind, it is necessary—when such cases as these are brought before judges, where death is occasioned by gross neglect of duty towards the poor who cannot pay for the services of medical men—it is necessary, I say, to mark with some severity the feeling which judges must entertain of such conduct."

That the sentence passed upon this unfortunate man was a "severe" one, and that it might have been a little more tempered with mercy, few will be induced to dispute. There have been notorious criminals who, for a worse crime, have got off with less punishment. It was, perhaps, the first mistake of the prisoner's life, while the punishment will last as long as he lives. Might not the "hard labour" have been remitted to one who had probably for years worked hard for very little pay in a calling to which the whole world is indebted? Have, it may be asked, there been lately so many instances of "gross and cruel conduct" amongst members of the medical profession that it was necessary to make an example of this lone and almost unique case of professional negligence? We hope that the public have too good an opinion of the medical profession to think there was any necessity for making the punishment of Mr. Millerchip such as would deter others from showing the same amount of wilful and inhuman neglect when called upon to attend a pauper patient. Had charges of inhumanity against medical men been lately of common occurrence, we could not be surprised at it being thought "necessary to mark with some severity the feeling which judges must entertain of such conduct." As it is, we are disposed to regard the "severity" of the sentence as rather a questionable way of "acknowledging the large extent of unselfish, noble, and unpaid services which medical men render to mankind."

## The Vacant Examinership of the Irish College of Surgeons.

FOR the office of Examiner in Materia Medica, vacated by the death of Dr. John Barker, three additional candidates have declared themselves—Dr. Charles McDowell, brother of the late Dr. B. F. McDowell ; Dr. C. F. Moore, of the South City Dispensaries ; and Dr. G. Mahood Foy, formerly Lecturer on Forensic Medicine in the Carmichael School. The competitors already announced are Dr. Frazer, author of a well-known work on the subject ; and Dr. Kilgariff, Surgeon to the Mater Misericordiæ Hospital.

THE entertainment to His Grace the Lord-Lieutenant of Ireland by Mr. Smyly, the President of the Royal College of Surgeons in Ireland, has been deferred from the 8th to the 22nd of March, in consequence of the unavoidable absence of His Grace in London.

THE rates of mortality per 1,000 last week in the prin-

cipal cities and large towns of the United Kingdom were —Portsmouth 16, Newcastle-on-Tyne 19, Oldham 20, Plymouth 20, Nottingham 21, Brighton 21, Wolverhampton 21, Hull 21, Leicester 21, Bradford 22, Sheffield 22, London 24, Edinburgh 24, Sunderland 24, Leeds 25, Bristol 25, Norwich 26, Birmingham 26, Glasgow 27, Salford 32, Liverpool 36, Manchester 41, and the highest —in fact, a severe epidemic rate—Dublin, with 56 per 1,000.

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The rates of mortality in the principal foreign cities, according to the most recent weekly returns were in Bombay 31, Madras 35; Paris 27; Geneva 28; Brussels 32; Amsterdam 24; Rotterdam 24; The Hague 23; Copenhagen 25; Stockholm 25; Christiania 19; St. Petersburgh 52; Berlin 27, Hamburg 27, Dresden 23, Breslau 27, Munich 36; Vienna 30, Buda-Pesth 42; Rome 31, Turin 30, Venice 29; Alexandria 43; Brooklyn 22, Philadelphia 19, and Baltimore 20, per 1,000 of the various populations. Small-pox caused 66 deaths in St. Petersburgh and 17 in Vienna.

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There seems to be considerable mortality from scarlet fever in Salford and Oldham, and whooping-cough in Manchester. Four fatal cases of diphtheria were recorded in Manchester and Salford, and 2 both in Birmingham and Sunderland. Small-pox caused 23 more deaths in London and its suburbs, 27 in Dublin, but not one in any of the other large towns.

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The Royal Institute of Sciences at Venice offers three prizes of 3,000 lire each (about £115) for three monographs, one of which will be an account of the advantages which the application of physics to medical science has brought about.

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A public meeting of the dental profession will be held in Willis's Rooms, on Monday, March the 3rd, at 4 o'clock p.m., for the purpose of receiving a Preliminary Report of the Dental Reform Committee and a proposal in favour of the formation of a Permanent Representative Dental Association.

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# Scotland.

Between Scylla and Charybdis.—Dr. Newth has recently published a book on "Necroscopy," and two journals have simultaneously been exercising their undoubted prerogative of reviewing it: the one, the somewhat eccentric, *Glasgow Medical Journal;* and the other, its younger, if less critical contemporary, *The Students' Journal and Hospital Gazette.* The value of criticism may be somewhat gauged by comparing these reviews. The Glasgow medical journalist's finding is: "We regret to say that, from a practical and scientific stand-point alike, we are unable to commend this book to our readers." Somebody must be immolated, and why not Dr. Newth, *pour encourager les autres*, if it is his turn? On the other hand, the more generous youth concludes: "We commend Dr. Newth's little manual to the notice of our readers as a valuable and much needed guide!" Both cannot be right. We presume Dr. Newth, in advertising his book, knows from what source to cull. He will be quite right; the world must be fought with its own rusty and useless weapons.

Greenock New Poor House and Asylum—Appointment of Medical Officer.—At a meeting of the Committee of Management of the Parochial Board, held on the 20th inst., the subject of the appointment of the medical officer came up for discussion. It was resolved to continue Dr. Wallace as chief medical officer, at a salary of £120 per annum; and that a junior resident assistant be secured at a salary of about £80 per annum, with board and rations.

Health of Glasgow.—At a meeting of the Town Council held on the 17th inst., Dr. Russell, the medical officer, reported that during the fortnight ending 8th February, there were 629 deaths registered, as compared with 602 in the preceding fortnight, representing a death-rate of 28 per 1,000 living. The number of deaths of persons aged below 1 year was 118, in place of 97, and of persons aged 60 and upwards, 135, in place of 119, as compared with the preceding fortnight. The number of deaths from pulmonary diseases was 283, as compared with 244, representing a death-rate of 13 per 1,000 living, instead of 11, and constituting 45, in place of 40 per cent. of the total deaths. The number of deaths from fever was 9, in place of 7, viz., 5 from enteric fever, and 4 from typhus. The number of deaths from infectious diseases of children was 42, in place of 44, viz., 29 from whooping-cough, 9 from scarlet fever, and 4 from measles. There were 2 cases of small-pox admitted to hospital during the fortnight, but as 1 came from Govan, through the Western Infirmary Dispensary, to the Sanitary Office, it has not been registered as a case against us. The other has, although he slept only one night in Glasgow, and is an importation from Dublin, where at this moment small-pox is extremely prevalent. This was the case of a sailor. The number of cases of fever registered was 45 in place of 29, viz., 30 enteric fever, 12 typhus, and 3 undefined. In addition to these, 121 cases of measles, 66 of scarlet fever, 57 of whooping-cough, and 15 of diphtheria were the occasion of sanitary supervision and assistance as to disinfection and other preventive measures. There have been no new cases of scarlet fever since last report.

Health of Edinburgh.—The mortality of this city for the week ending February 15th fell from 114 to 97, and the death-rate was lowered to 23 per 1,000. No death was recorded from scarlatina, and the zymotic mortality was generally low. The chief cause of mortality continues to be diseases of the chest, especially in the aged. Of the 127 births 11 were illegitimate.

Pauperism in Scotland.—From statistics that have been published by the Board of Supervision, it appears that while the number of paupers, adults and dependents, receiving relief had undergone a regular decrease from 132,927 on 1st January, 1870, to 101,136 on 1st January, 1878, the figure had mounted upon 1st January last to 103,817. The proportion of paupers to population has diminished from 3·9 to 2·8 per cent. In the parishes of Baring, Glasgow, and Govan combined, the pauperism increased from 2·4 per cent. to 2·5 during the year, and in Paisley and Paisley Abbey from 3·4 to 3·5 per cent.

Edinburgh University—Resignation of Professor Balfour.—Professor Balfour has intimated his resignation of the Chair of Botany on account of failing health. The curators are the patrons. It is understood that Dr. Dickson, Professor of Botany in the University of Glasgow, is a candidate for the vacant chair.

SUDDEN DEATH OF DR. ANDERSON, OF IRVINE.—This esteemed gentleman died suddenly in the house of a brother-in-law, in Glasgow, on the 22nd inst. He was visiting professionally in Irvine the previous day, and subsequently went to Glasgow in the afternoon. He was long a surgeon in the Royal Navy, and enjoyed a pension. This is the fourth case of sudden death amongst the medical practitioners of Irvine during the past fifteen years. Disease of the heart is supposed to have been the cause of death.

# Correspondence.

## ALLEGED FAILURE OF THE CONTA IOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you have noticed my communication relating to Rev. Mr. Grant's figures, and have desired "a little proof" of the failure of the Contagious Diseases Acts, I forward you some proofs which have been placed before the Government, and therefore have not shrunk from criticism. You will add to the knowledge at present before the profession if you call upon one of the most recent advocates of the Act to prove the truth of the statement which he has made in the letter published in the *British Medical Journal* for Dec. 28, 1878 :—"I look upon the Contagious Diseases Act as one of the greatest blessings—so far at all events as poor little *children* are concerned, *physically*—that, &c."

If you can obtain any statement from the Rev. Dr. Webster, of Cork, as to the nature of this *physical* benefit from the Contagious Diseases Acts to *children*, and his proofs of it, you will be more successful than other applicants I have heard of; and by publishing his "proofs" along with those for which you are now asking opponents, you will add to our knowledge.

Your article entirely ignores the principal object of the counter-memorial to the First Lord of the Admiralty. Mr. Smith attributed the figures he quoted to Mr. Grant personally, and dwells upon his qualifications for giving them. The counter-memorial was to show that Mr. Grant had nothing to do with them except quoting them. You have not therefore laid the object of the memorial before your readers—the publication of the memorial entire would have occupied no more room than your article upon portions of it only—and would have been more candid.

Faithfully yours,

J. BIRKBECK NEVINS.

3 Abercromby Square, Liverpool,
January, 16th, 1879.

# Medical News.

**Royal College of Physicians of London.**—The following gentlemen, having passed the required examinations, were duly admitted Licentiates on February 18th :—

Bell, Thomas Arthur, 9 Falmouth Road, S.E.
Benington, Robert Crewdson, 19 Vivian Road, S.E.
Brown, Edward, St. Bartholomew's Hosp., E.C.
Burton, W. H., M.B. Toronto, London Hosp., E.
Cant, William John, Nechells, Birmingham.
Cowie, Andrew J., M.D. Penn., 127 Ladbroke Grove, W.
Davy, David Henry, Oakleigh Park, N.
Day, William White, Tadcaster.
Douglas, Arthur Latham, 5 Cowley Street, S.W.
Fardon, Edward Ashby, Middlesex Hosp., W.
Gillam, Thomas Henry, Great Northern Hosp., N.
Gillies, Niel, M.D. Kingston, 142 Lambeth Rd., S.E.
Hebert, P. Z., M.D. McGill, 142 Lambeth Road, S.E.
Hetherington, George Haynes, St. Mary's Hosp., W.
Hine, Alfred Leonard, 8 Oakley Street, S.W.
Hope, Edward W., M.B. Edin., 18 Chesham Place, S.W.
Jones, James Robert, M.B. Toronto, London Hosp., E.
Kittson, E. G., M.D. McGill, 142 Lambeth Road, S.E.
Lesslie, R. B., M.D. Toronto, 2 Storey's Gate, S.W.
Lofthouse, John, Rochdale.
McSwain, Angus, M.D. Mass., 142 Lambeth Road, S.E.
Osborne, James, Southwell, Guy's Hospital.
Pardington, George L., St. Bartholomew's Hosp., E.C.
Porter, William Smith, Broomhill, Sheffield.

**College of Physicians in Ireland.**—At the last examinations the following obtained the licences in Mecidine and Midwifery :—

MEDICINE.—Patrick Francis Coghlan, John David Collier, Peter Frederick Newland, John Dominick Quin.
MIDWIFERY.—Peter Frederick Newland.

**Hospital for Sick Children,** Great Ormond Street, London.—The twenty-seventh anniversary festival of this charity took place on Thursday last, at Willis's Rooms, under the presidency of the Bishop of Winchester. The hospital was founded in 1851, and is the largest institution for children in the kingdom. It now contains 120 in-patients, in addition to 52 children at Highgate, and during last year the number admitted was 927. In speaking to the principal toast, the right rev. Chairman warmly praised the work carried on by the hospital, and advocated in expressive terms its claims upon the attention of the charitable. The subscriptions announced during the evening amounted to about £2,275. The banquet was largely attended, and was graced by the presence of a number of ladies of distinction.

# Medico-Parliamentary.

## HOUSE OF COMMONS—FEB. 20.

### NOXIOUS VAPOURS.

IN answer to Viscount Newport, Mr. SCLATER BOOTH said he had a measure prepared for the purpose of dealing with the nuisance arising from smoke and noxious vapours and he hoped before long to lay it before the House.

### THE MEDICAL OFFICER OF CLERKENWELL PRISON.

Mr. CROSS informed Dr. Kenealy that he had no objection to lay on the table the report of the Commission appointed to inquire into the case of John Nolan, who died in Clerkenwell Prison, and concerning whose death the coroner's jury returned a verdict that his death had been accelerated by repeated punishments on bread and water ordered by the governor, and sanctioned by the medical officer.

### VACCINATION.

In reply to Mr. Hopwood, Mr. SCLATER-BOOTH said he had no reason to doubt that Joseph Abel, of Farringdon, Berks, had been convicted twenty-five times, and subjected to costs and fines amounting to £35 17s. 6d., for refusing to have his children vaccinated, and he had heard from Mr. Abel quite recently that he had been served with a fresh summons for the same offence. His opinion generally speaking on the impolicy of too frequently repeated prosecutions was very well known to the House, and therefore he need not repeat it. At the same time he must say that the guardians were exercising a discretion in dealing with Mr. Abel which the law imposed upon them in the way they did. The hon. and learned gentleman asked whether he (Mr. Sclater-Booth) was prepared to ask Parliament to interfere with such proceedings. Judging from the debate and division which took place last year, he not only had no intention to apply to Parliament for such power, but there was no reason to suppose that the House of Commons would be willing to acquiesce in any relaxation of the existing law.

### THE GENERAL MEDICAL COUNCIL.

Mr. WADDY asked the Vice-President of the Council whether the Government had received from the General Medical Council the Report on the working and constitution of the Council promised in July last; if not, whether the Government had any hope of soon receiving it, and would consent (in deference to the wish for a change in the constitution of the General Medical

Council) to postpone legislation for amending the Medical Acts till this part of the subject could be included.

Lord G. HAMILTON said: The Government have not received at present any communication from the Medical Council on the subject of the working of the Council. The Medical Council referred the subject to its executive committee, and since that time there has been no meeting of the Council. The amendment of the Medical Acts as regards education, foreign diplomas, education of midwives, and other important matters contained in the Government Bill of last year, can proceed without prejudicing the subject of the Medical Council; but, as before stated, the Government desire to obtain further information before coming to a decision, and propose to institute an inquiry into the subject of the constitution of the Medical Council.

MONDAY, FEBRUARY 24TH.

THE MEDICAL ACT, 1858.—Mr. A. Mills gave notice that on Wednesday he would ask for leave to introduce a Bill to amend the Medical Act of 1858.

OUTBREAK OF DIPHTHERIA.—Mr. SCLATER-BOOTH, in answer to Sir C. Dilke, said there was no objection, if the hon. baronet would move for it, to lay upon the table the report made by Mr. W. H. Power, F.R.C.S., on the cause of the late outbreak of diphtheria in the north of London.

THE SMALL-POX.—Mr. SCLATER-BOOTH, in answer to Dr. Cameron, said that the Report of the inquiry instituted last year by the Department over which he presided into the causes of the great prevalence of small-pox in the metropolis had not yet come to his hands, but he had no doubt that important information had been obtained which would be found to lead to a useful amendment of the law, and also as to the small-pox arrangements now being made for the more carefully carrying out the Act.

## MEDICAL REFORM PROSPECTS.

WE read with sincere gratification the statement of the Duke of Richmond that it is his intention to re-introduce the Medical Acts Amendment Bill in the early days of the current week—probably before these lines are in print. His grace's declaration is a grateful relief, for we had been apprehensive that the Medical Reform Bill might have shared in the general postponement of domestic legislation which, it was supposed, would have resulted from the foreign complications of Great Britain. This apprehension was strengthened by the reply of Lord George Hamilton in the Lower House some weeks since, which spoke of the need of further information, and was redolent of procrastination. But we derive from the Duke of Richmond's early introduction of the Bill the gratification not only of the prospect of immediate consideration of the question—but that arising from the belief that the Bill is intended to pass, and that the Government have determined to throw the Medical Council overboard. Indeed, we have reason to believe that the duke is thoroughly disgusted with the tergiversation of that body, and thoroughly convinced that the indictment against it on the part of the profession is founded on reason and on fact, and is, therefore, determined to go forward towards Medical Reform without troubling himself to drag the Council along with him. Of course the Bill will commence where it ended last year, with the clause restored to it which preserves to the Licensing Bodies their tenure of existence, and with the compromise which—it is hoped—will satisfy the insatiability of the ladies' greed for doctoring. Of course the Scotch Corporations and the Queen's University will obstruct to the utmost of their power, but we are confident in the hope that that obstruction will avail nothing and that the Bill will pass. If so we shall have a Conjoint Examination and an end to the competition of corporations one against the other, and the principal object of medical legislation will have been secured.

But this advantage will bear but little and but half-ripe fruit, if, as we fear it may, the Government decides to adjourn the question of the reconstitution of the General Medical Council. To decree that medical education and examination shall be reformed is well, but of what value can such a decree be either to the profession or the public, if the realisation of it be entrusted to a body which is directly interested, and, by tradition, hostile to any such reform? It is conceivable that the Duke of Richmond will frustrate the purpose of his legislative work by placing the carriage of it in the hands of a Council for whom the initiated entertain no sentiment but those of profound distrust and contempt? We cannot discredit the Government by believing it possible, and we know that the medical profession will never accept as satisfactory a scheme of reform, which in the hands of the Medical Council, would turn out delusive and disastrous. Lord George Hamilton tells us that the educational parts of the Bill will be proceeded with, while the reconstitution of the Council is to be the subject of an inquiry. We ask when, and into what is Parliament to inquire? Is there any difference of opinion in any, even the most insignificant, section of the profession, as to the need for reform of the Medical Council? Will there be found a single witness to defend the *status quo* before such commission? Is there any material difference of idea as to how the Medical Council should be reconstituted?

We rather think not. As far as public journalism is concerned, the Medical Council had but one sympathiser, and even that friend has, this week, declared its disgust with the proceedings of the Executive Committee; and, as for the medical profession, we assert, without hesitation, that the Duke of Richmond will seek, with some care, before he finds one of its members outside the Council to advise that the body shall be left alone.

It is, however, manifest that the whole influence of the profession must be directed to prevent the postponement of this question. We cannot receive with cordiality a reform which would be no reform; and this the Duke of Richmond would give us if he gives us an educational Bill, omitting to provide for its effectual execution.

# Obituary.

## EDWARD LEDWICH, F.R.C.S.I.

THE death of the Master of one of the chief Schools of Medicine in Ireland would be a momentous event, even if Dr. Ledwich was nothing more. But he was, in addition, a man of much influence in the profession in Ireland—the professional pastor of many a medical man throughout the provinces; the senior surgeon of a leading hospital of the Irish metropolis; and an author of some note; and his demise is, therefore, an event which calls for special notice in our columns.

The "Original School of Medicine" in Peter Street, Dublin, was founded by John Kirby, nearly seventy years since. To its management his lieutenants, Thomas and Edward Ledwich, succeeded nearly half-a-century since, and, upon the death of the former, the school fell within the sole charge of Dr. Edward Ledwich, who has just departed. For very many years he was an indefatigable teacher of anatomy, and upon this science he left his mark by his authorship of the manual which bears his name. He was one of the oldest councillors of the Royal College of Surgeons, and the Senior Surgeon of Mercer's Hospital for about a quarter of a century, and was more intimately associated with the teaching and qualifying than, perhaps, any man in Ireland.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

IGNORAMUS.—In reply to your query as to why the coroner of your district withheld for the period of six months the fee earned by the medical witness at the inquest, the grand jury may have omitted to avail themselves of the powers vested in them by the 29th sect. of 9 & 10 Vict., cap. 37, which "empowers the grand jury to present you at each assizes, or presenting term, such sum or sums of money as may be necessary to meet the expenses incident to the holding of inquests till next ensuing assizes." The county treasurer takes charge of this money, and it is obvious that the intention of the legislature was, that the coroner should be empowered to pay at once all expenses "incident to the holding of inquests." A grand jury may possibly omit to present for the sum till the inquests are first held, in order to enable them in examining the coroner's account to refuse, if they can, certain charges, such as medical witness fees, the grand jury considering themselves in a better position to do so before the sums are actually paid, than if they were disbursed by the coroner when the inquests were held. On some occasions cheese-paring grand juries were taught by the going judge of assize that they have not the power to refuse payments in this way, made by the coroner, as the law vests in him the right to summon, if "he deem it necessary, a medical witness," and to pay him for his services according to the schedule of fees set down for the guidance of the coroner. The law also gives the coroner the right of holding an inquest if he deem one necessary.

EULENBERG AND GUTTMANN'S SYMPATHETIC SYSTEM.—Dr. Napier calls our attention to a typographical error which appeared in our last number under the heading "Literary Notes and Gossip," which we hasten to correct. For "errata of 155 lines," read 55 lines, &c. Dr. Napier adds, "The book in question is simply a literal reprint of a series of articles which appeared in a well-known journal devoted to nervous diseases; probably your critic, with a fine feeling of sympathy, will see in this fact some explanation of the inaccuracies which seemed to have pained him so much." Whilst thanking our correspondent for his note, we cannot but think that the very fact of the book being a reprint from type which had already appeared in another form makes it all the more inexcusable that it should be issued with such a string of errata a second time; errors being much more readily rectified in type than in MS.—ED.

Dr. MACDONALD.—The subject was referred to at length about three months back.

J. S. M.—The department do not look favourably upon men who write in favour of reform; it has often proved a bar to promotion. You had better take matters as you find them, it is the "order of merit" in the service.

MR. H. D. W.—Thanks, we are well supplied with translations just now; a little later on we shall be most happy.

A PROVINCIAL will find what he requires in our last week's advertising columns.

CLINICAL SOCIETY OF LONDON.—On Friday, Feb. 28, at 8½ p.m., Mr. Bryant, "A Case of Acute Intestinal Obstruction; laparotomy; Removal of large impacted Gallstone from the Ileum; Death from Peritonitis." Mr. Barwell, "Two Cases of Left Lumbar Colotomy." Mr. Bellamy, "A Case of Intestinal Obstruction treated by Gastrotomy." Mr. Lawson, "A Case of successful Tracheotomy in the last stage of Diphtheria." Mr. Pugin Thornton, "A Case of successful Tracheotomy in the last stage of Diphtheria." Mr. Heath, "Foreign Body (end of a Silver Catheter) in the Bladder; Median Lithotomy; Recovery. Mr. Morrant Baker will exhibit a Case in which a large Rodent Ulcer of the Scalp has been removed by Operation.

### CLINICAL THERMOMETERS.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—I am a long way from an instrument maker, and the register of my favourite thermometer has passed up into the bulb at the top of the instrument and resists all my attempts to get it down.

How can I get it down? If you can tell me how I may avoid the delay and risk of sending it to a maker you will confer a boon on

Middelburg, Cape Colony, Jan. 21, 1879. ONE WHO KNOWS NOT.

[*** If the index is at the top of the instrument a sharp jerk will generally bring it down; if mixed with the mercury, it should be carefully heated in a spirit-lamp. If the heat be too great, or too suddenly applied, the tube will probably burst. Our correspondent could obviate the difficulty in future by using the improved thermometer of Arnold's make, or that of Weiss, in both of which the index cannot change its position.—ED.

X. Y. Z.—We regret we cannot comply with the request of our correspondent. It is our rule not to make selection amongst medical advisers in particular diseases, though we are often asked to do so.

NINCOMPOOP.—M.R.C.S.E. (or Eng.) means Member of the Royal College of Surgeons of England. The Edinburgh surgical diploma is indicated by the letters L.R.C.S.Ed. There is no such title as L.R.C.S.L.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday), and on Friday, Feb. 28, at 4 p.m., Prof. Parker, "On the Evolution of the Vertebrata."

QUEKETT MICROSCOPICAL CLUB.—On Friday, Feb. 28, at 8 p.m., Dr. Matthews, "On a Mode of Displaying Objects by the Microscope, irrespective of their Size (the Micro-megascope)." Dr. C. T. Hudson, "On the Rotifers by dark-field Illumination, illustrated by Transparencies."

THE ROYAL MEDICAL BENEVOLENT COLLEGE.—All applications for admission of pensioners or foundation scholars in May next must be made at the office, 37 Soho Square, London, before March 5th.

HUNTERIAN SOCIETY.—This evening, at 8 o'clock, Introductory Address by the President, Dr. J. Braxton Hicks. Mr. F. W. Corner, "On the Hyperdistension of Abscess Cavities by Antiseptic Fluids."

### VACANCIES.

Celbridge Union, Maynooth Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, March 3.

Central London Sick Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to the Board, at the Highgate Infirmary before March 3.

Dunfanaghy Union, Dunfanaghy Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, March 8.

Isle of Thanet.—Medical Superintendent for the Sanatorium, near Ramsgate. Salary, £150, with an allowance of £1 11s. 6d. per week for board. Applications to the Clerk, Board Room, Minster, near Ramsgate, before March 1.

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications to the Chairman of Committee before March 12.

Magherafelt Union, Draperstown Dispensary.—Medical Officer. Salary £115, with fees, and £15 as Sanitary Officer. Election, March 5.

Maynooth College.—Medical Attendant. Election, June 24. (See Advt.)

Ripon Dispensary.—House Surgeon. Salary, £100. Applications to the Hon. Secretaries.

Sunderland Union.—District Medical Officer. Salary, £100, exclusive of fees. Applications to the Clerk to Guardians before March 10.

Tipperary Union, Cappagh Dispensary.—Medical Officer. Salary, £110, with fees, and £20 as Sanitary Officer. Election, March 15.

Victoria Hospital for Children, Chelsea.—Assistant Surgeon. Applications to the Secretary on or before March 3.

Westmoreland Lock Hospital, Dublin.—Surgeon to the Institution. Salary, £100. Also a Resident Apothecary and Accoucheur. Salary, £80, with allowances. Elections, March 1.

Wexford Union Workhouse.—Medical Officer and Consulting Sanitary Officer. Salary, £125, and £1 a case as Consulting Sanitary Officer. Election, March 1.

### APPOINTMENTS.

BENINGTON, R. C., M.R.C.S., L.R.C.P., L.S.A., Assistant House Physician to St. Thomas's Hospital.

BIRCH, E. A., F.R.C.S.E., L.R.C.P.L., a Surgeon-in-Ordinary to the Chorlton-on-Medlock Dispensary, Manchester.

CASTLE, H., M.R.C.S., L.S.A., House Surgeon to St. Thomas's Hospital.

CLARKE, T., M.D., C.M., Medical Officer to the East Dispensary, Liverpool.

COLENSO, R. J., M.R.C.S.E., House Surgeon to the Royal Infirmary, Windsor.

DAVIES, D. S., M.R.C.S., L.S.A., Assistant House Surgeon to St. Thomas's Hospital.

DAVIES, E. E. C. C., M.R.C.S.E., a House Surgeon to the London Hospital.

FETHERSTONHAUGH, C., M.B., C.M., L.R.C.S.I. & L.M., Assistant House Surgeon to the East Dispensary, Liverpool.

GAYTON, F. C., M.R.C.S.E., Assistant Medical Officer to the Cornwall Lunatic Asylum, Bodmin.

HASLAM, W. F., M.R.C.S., L.S.A., Assistant House Physician to St. Thomas's Hospital.

HAYNES, P. O., M.R.C.S.E., an Assistant House Surgeon to the South Dispensary, Liverpool.

HIGGINS, S. McCulloch, L.K.Q.C.P.I. & L.M., Medical Officer to the North Dispensary, Liverpool.

HODMES, C., M.D., L.R.C.P.L., M.R.C.S.E., a Surgeon to the Chorlton-on-Medlock Dispensary, Manchester.

IRWIN, Fitz-John R., M.B., L.R.C.S.I., Medical Officer to the Workhouse and Fever Infirmary, and No. 1 Dispensary District of the Kilkeel Union.

LAMBERT, W. F., M.B., C.M., Medical Officer, Medical Officer of Health, &c., for the Abby Dispensary District of the Tuam Union.

MACDONNELL, M. A., M.D., C.M., a Medical Officer to the North Dispensary, Liverpool.

PITTS, B., M.B., C.M., F.R.C.S.E., Resident Assistant Surgeon to St. Thomas's Hospital.

PROCTOR, Dr. R. F. S., of Aberdeen, Medical Officer for the Parish of Belhelvie.

SANDWITH, F. M., M.R.C.S., L.R.C.P., House Physician to St. Thomas's Hospital.

SMITH, H. U., M.B. Lond., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

STEELE, C. E., M.R.C.S.E., a Medical Officer to the North Dispensary, Liverpool.

TAKAKI, K., M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.

## Deaths.

BROWN.—Feb. 15, at Lady Lane, Waterford, Samuel William Brown, L.K.Q.C.P.I., aged 33.

CARTER.—Feb. 13, at Deal, George Redsull Carter, M.R.C.S., aged 68.

CROSSING.—Feb. 13, at Stoke, Thomas Crossing, M.R.C.S.E., aged 81.

HOUGHTON.—Feb. 12, at Dudley, John Hyde Houghton, F.R.C.S.E., aged 63.

LAYCOCK.—Feb. 19, at Willesden, Elizabeth Mary, wife of William Laycock, M.R.C.S., aged 60.

LEDWICH.—Feb. 18, at Dublin, Edward Ledwich, F.R.C.S.I., aged 65.

MERCER.—Feb. 12, at Wadhurst, William Mercer, M.R.C.S., aged 39.

QUINLAN.—On Feb. 17, at Leinster Road, Rathmines, Dublin, John Peter Quinlan, L.R.C.S.I.

SCORESBY-JACKSON.—On Feb. 9, at Edinburgh, Elizabeth Whyte, widow of the late R. E. Scoresby-Jackson, M.D., F.R.S.

WHITE.—On Feb. 13, John White, L.R.C.P.Ed., of Rich Hill, co Armagh.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

REPORT of the proceedings of the Committee of Council during the four months ending 21st of January, 1879, read adopted at a meeting of the Council, held the 21st of January, 1879.

Dr. PURCELL, Chairman of Committee, presiding.

MR. CHAIRMAN AND GENTLEMEN,—During the period of four months now ending, the Committee of Council held eleven meetings.

Dr. Spencer, whom you appointed assistant secretary on the 8th October, entered upon his duties at once, and the services of the late clerk were discontinued as soon as possible.

### VACCINATION PROSECUTIONS.

It will be remembered that the circular of the 31st August, 1876, issued to the justices of petty sessions, instructing them to certify for payment of "a reasonable sum, *not as a fee, but for his expenses*, to the dispensary medical officer, if he should be required to give evidence" in prosecutions of defaulters under the Compulsory Vaccination Act, was brought under the notice of the Local Government Board, who, in reply, stated that the circular referred to was originally issued by the Lord-Lieutenant. The effect of that peculiarly ill-timed circular was very unfortunate, for since its issue the justices, who appeared almost unanimously to consider that it deprived them of the power of certifying for payment of *a fee* and expenses to the medical officer for his evidence, have, in nearly every instance since, refused to consider the claim of any medical officer for the amount of the expenses he had actually incurred, much less the fee is entitled to, at their discretion, under the 13th section of the Compulsory Vaccination Act.

The Committee of Council therefore addressed a letter to the Chief Secretary for Ireland setting forth that the effect given by the justices to the circular in question discouraged the reporting of defaulters, and so tended most seriously to frustrate the intentions of the Legislature with regard to vaccination. They therefore requested that the matter might be brought under the notice of His Grace the Lord-Lieutenant, and expressed a hope that the circular referred to might be cancelled, and that new instructions might be issued without delay to the justices.

A copy of the whole correspondence on this subject between the Committee of Council and the Local Government Board was forwarded to the Chief Secretary, who in reply stated, by direction of the Lord-Lieutenant, that "the subject is under consideration with a view to improving the position of the medical officers by legislation," and that "the circular of 31st August, 1876, was *intended to assist the medical officers in their applications to the justices for the allowance of some more reasonable compensation* than the amount of their actual expenses."

The following is the correspondence:—

Irish Medical Association,
Royal College of Surgeons, Dublin,
24th day of October, 1878.

SIR,—By direction of the Council of the Irish Medical Association, I have the honour herewith to forward to you a copy of a letter on the subject of remuneration of dispensary medical officers for their evidence in cases of prosecution of defaulters under the Compulsory Vaccination Act, which has been recently addressed by order of the Council to the Local Government Board for Ireland, and also a copy of the reply thereto received; and I am instructed to request that you will have the goodness to submit them to His Grace the Lord-Lieutenant.

The Council have directed me respectfully to point out that the circular referred to in the reply of the Local Government Board cannot fail in its effect to produce a very considerable increase in the proportion of unvaccinated persons, whilst the instructions contained in it virtually deprive the magistrates of the discretion conferred upon them by the 13th section of the Compulsory Vaccination Act, and are not only impolitic, but if persisted in, must prove at no distant time disastrous to the public health. To that policy, in a great measure, the Council attribute as much the extension, as the sad results of the epidemic of small-pox which at present exists in many parts of Ireland.

That it is neither the duty of a dispensary medical officer under any circumstances to act as a prosecutor, nor as has been suggested is it his interest, even if paid for his evidence, to act as a witness against defaulters, can hardly be questioned; nor can it be denied that in consequence of the increase in the number of persons unprotected by vaccination which will assuredly occur, extreme danger to the public health must naturally result from the positive discouragement given to those officers in carrying out one of the most important and beneficial provisions, from a sanitary point of view, ever enacted by Parliament.

The Council have directed me further to submit that it is not merely a hardship, but manifestly unjust, that the dispensary medical officers should be called upon to attend at court and give evidence without remuneration, whereby they incur considerable inconvenience, resulting from interference with their official duties, and even actual loss as regards their private practice, inasmuch as it was neither contemplated nor imposed upon them as a duty by the Medical Charities Act or the regulations of the Local Government Board; whilst on the contrary the 13th section of the Compulsory Vaccination Act distinctly provides that remuneration may, at the discretion of the magistrates, be obtained for that special service.

The Council trust that, in view of the beneficial results to the community which would inevitably follow the judicious enforcement of vaccination, his Grace will be pleased to reverse the instructions to magistrates contained in the circular referred to, and direct that the

dispensary medical officers shall in future be fairly remunerated for the service indicated, and also be encouraged in every legitimate way to carry out punctually and effectively the intentions of the legislature with regard to vaccination.

I have the honour to be, Sir,
Your obedient servant,
JOHN WILLIAM MOORE, M.D.,
Honorary Secretary to the Council.

To the Right Hon. James Lowther, M.P.,
Chief Secretary for Ireland.

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(Copy Letter to Local Government Board.)

Irish Medical Association,
Royal College of Surgeons, Dublin,
13th September, 1878.

SIR,—I am directed by the Council of the Irish Medical Association to request the attention of the Local Government Board to the subject of remuneration of dispensary medical officers for their attendance and evidence in cases of prosecutions of defaulters, under the Compulsory Vaccination Act; and to observe that the Council have received very numerous complaints, especially of late, from dispensary medical officers, chiefly those of country districts, to the effect that they have been either directed by the Guardians, or formally summoned *subpœnâ* by the magistrates, to attend and give evidence at the hearing of cases of prosecution for the default referred to; and that, having complied, and immediately afterwards having sought to obtain from the magistrates the necessary certificate to enable the Guardians to pay them reasonable remuneration, their applications have been refused—sometimes on the ground that it was part of the duty of the dispensary medical officers so to attend and give evidence *gratuitously;* occasionally that as paid officers of the Union they are not entitled to remuneration; but most frequently, that the 13th Section of the 26th and 27th Vict., cap. 52, allows payment *only of the expenses actually incurred by the medical officers*, and does not authorise payment of *fees* for such services. The Council regret to have observed from a recent newspaper report of the proceedings of the Guardians of Ballinasloe Union that the Local Government Board appears to have arrived at the conclusion that the last cited argument is correct, inasmuch as the Board is reported to have informed the Guardians that "in all cases of proceedings brought before the Bench by direction of the Guardians for non-compliance with the Vaccination Acts, under the 13th Section of the 26th and 27th Vict., cap. 52, the justices, before whom the prosecutions are heard, may and ought to certify for payment out of the rates of any expenses incurred in such proceedings; and in ascertaining the amount of such expenses, to allow a reasonable sum, *not as a fee, but for his expenses*, to the dispensary medical officer if he should be required to attend as a witness."

And the Council are confirmed in their view of the opinion of the Board on this subject by the fact that Mr. Pelly, one of the auditors of the Board, informed the Guardians of the Cahirciveen Union, on the 11th Dec., 1877, that in future any payment made by way of fee to a dispensary medical officer for giving evidence at vaccination prosecutions would be subject to disallowance; at the same time stating, as his reason for adopting such a course, that he did not consider the 13th Section of the Compulsory Vaccination Act contemplates payment of *fees*, but merely authorises the *expenses necessarily incurred by a dispensary medical officer* to be allowed by the justices at their discretion, the auditor having evidently fallen into the error of supposing that the expenses specified are those incurred by the *witnesses*, instead of those *incurred in the proceedings*, as defined by the Act.

The Council of the Irish Medical Association, having submitted a case for the opinion of counsel—viz., Mr. Gerald Fitzgibbon, Q.C., (*a*) Solicitor-General for Ireland (whose opinion has very recently been supported by another eminent counsel), are advised—

1. That a dispensary medical officer is not bound either by the Medical Charities Act, the Vaccination Acts, or the Board's Regulations, to prosecute defaulters, or even to give evidence at vaccination prosecutions;
2. That neither the Local Government Board nor the Guardians have authority to direct him so to do;
3. That the Local Government Board has no power to deprive him of his office for not doing so;
4. That in addition to the expenses actually incurred by him, he is *entitled to be paid a fee for his evidence*, if such be certified for by the justices; and
5. That the 13th Section of the Compulsory Vaccination Act most clearly permits the payment of a *fee* to a dispensary medical officer for his evidence, as a *part of the* "*expenses incurred in such proceedings*," in the same manner as the fees of a lawyer or solicitor, if engaged in such cases by the guardians, should be paid upon the certificate of the justices.

The Council are also informed that the Local Government Board has expressed an opinion to the effect that the dispensary medical officers ought to give their evidence in such cases gratuitously, because they are interested in the success of vaccination. If, however, from this it is to be inferred that the interest a dispensary medical officer has in vaccination is of a pecuniary kind, the Council have directed me to observe that as the rate of remuneration for the trouble and time necessarily involved in each successful vaccination is very inadequate, it would rather appear to be the interest of the medical officer, from a pecuniary point of view, to have as few public vaccinations as possible to perform. And it must be borne in mind that as all the defaulters do not avail themselves of gratuitous vaccination at the dispensary, the medical officer consequently has no interest whatsoever in giving evidence against those who do not. And, further, that the mere fact of his having given evidence against defaulters almost invariably creates ill-feeling towards him, which, on the part of those who are dispensary patients, leads to a desire for retaliation—hence the frequent occurrence of harassing, even though frivolous, complaints; whilst those who were his "private patients" almost invariably resent his appearing as a witness against them by depriving him of his private practice in their families, and endeavouring (often successfully) to make their friends do likewise.

I may here call the attention of the Board to the reply given in the House of Commons, during the last session of Parliament, by Mr. Sclater-Booth, President of the Local Government Board for England, to a question put by Mr. Gray, M.P., relative to the remuneration given to public vaccinators in Ireland, when the President of the English Local Government Board stated that he "could not say what was the remuneration given for vaccination in Ireland, nor could he answer for the defects of the Irish system, but by some means or another the payment for each successful vaccination in *England* amounted to about *half-a-crown*, and he considered the money *well spent*."

I am further directed to point out that if dispensary medical officers be not fairly remunerated for giving evidence in vaccination prosecutions, it is only natural to expect that—if, instead of being rewarded for their zeal in reporting defaulters, they are to all intents and purposes severely punished for so doing—they will, as far as possible, avoid the future detection of defaulters; the certain result of which must be that even a much larger proportion of unvaccinated persons than at present existing will remain undetected throughout the country—a result which the Council, although they would deeply deplore it, nevertheless cannot fail to foresee as certain to occur. The Council, therefore, consider it a duty incumbent on them,

(*a*) Now Lord Chief Justice of Appeal in Ireland.

in the public interest, to urge that every possible means should be exercised by the Local Government Board to carry into full effect the beneficent intentions of the Legislature with regard to vaccination, whereby it was unmistakably, and most wisely, intended that every person should be, as far as possible by vaccination, protected against small-pox ; and the Council have directed me to submit that unless the dispensary medical officers are fairly remunerated for their evidence at vaccination prosecutions, it is futile to imagine that full effect will be given to the provisions of the Vaccination Acts ; and they therefore trust that the Local Government Board will promptly exert itself by representing to the justices and boards of guardians the advisability of encouraging in every legitimate way the dispensary medical officers to report punctually every instance of default—not the least of which would be to ensure payment to them for the special and extra service above referred to.

In conclusion, I am directed to add that the Council are deeply impressed with the opinion, that if the remuneration for public vaccinations in Ireland were made equal to that given in England, and the suggestions now offered were carried out effectively, no such formidable epidemic of small-pox as that which exists at present could possibly occur again in Ireland.

I am, Sir, your obedient servant,

JOHN WM. MOORE, M.D.,
Hon. Secretary to the Council.

To the Secretary,
Local Government Board for Ireland.

*(To be continued.)*

## THE HEALTH OF IRELAND IN 1878.

*Births.*—During the year 1878 there were registered in the Dublin Registration District, 9,513 births, being equal to 30 per 1,000 of the population. The average annual number for the preceding ten years was 28 per 1,000.

In London the number of births registered during the year 1878 was 129,182, being equal to a rate of 36 in every 1,000 of the estimated population ; in Glasgow, 36 per 1,000 ; and in Edinburgh 33 per 1,000 of the estimated population.

*Deaths.*—9,269 deaths were registered in the Dublin Registration District during the year 1878, being equal to 1 in 34, or 29·5 in every 1,000 of the population, against an average death-rate of 26·2 per 1,000 for the previous ten years ; in the year 1877 the death-rate was 28·0 per 1,000.

Omitting 302 deaths, which being those of persons admitted into public institutions from localities outside the Dublin Registration District are not properly chargeable to the district, the death-rate for last year is 28·5 per 1,000 of the population, the rate for the city being 30·7 per 1,000 (29·1 on the North side and 31·9 on the South), and for the suburbs 20·8 per 1,000. The rates for the several Registrars' districts range from 13·2 the rate for Blackrock, to 39·6 for No. 1 South City (Meath Street) District.

Of the 9,269 deaths in the entire district, 2,460 were registered in the first quarter of the year, 2,380 in the second, 2,008 in the third, and 2,421 in the fourth, the weekly average being 178.

The deaths registered in Belfast during the year afford a rate of 28 in every 1,000 of the population in 1871 (allowing for the probable increase in the population since that year the death-rate yielded by the deaths registered in Belfast is 23 per 1,000) ; in Cork the rate afforded by the number of deaths registered was 27 per 1,000 of the population in 1871 ; in Limerick it was 27, in Londonderry 20, in Waterford 32, in Galway 28, and in Sligo 20.

The deaths registered in London during the year 1878 amounted to 23·4 in every 1,000 of the inhabitants ; in Glasgow 24·8 per 1,000 ; and in Edinburgh 22·0 in every 1,000.

*Diseases — Dublin Registration District.* — The 9,269 deaths registered last year are 1,039, or 12·6 per cent. in excess of the average annual number for the previous ten years. An analysis of the table shows that four-fifths of the increase occurred in deaths from the two groups of causes, zymotic diseases and affections of the respiratory organs, the deaths in the former group numbering 2,065 against an average of 1,708, and those in the latter amounting to 2,046 against an average of 1,559. The deaths tabulated under the other divisions in which the causes of death are classified do not present any material difference, either of increase or decline, as compared with the average mortality in the ten years, 1868-77.

The death-rate represented by the 2,065 deaths from zymotic diseases registered during 1878 is 6·6 per 1,000 of the population ; the average rate for the preceding ten years was 5·4 per 1,000. Omitting 51 deaths of hospital patients admitted from without the district, the deaths last year from the seven principal diseases of this class amount to 1,695, or 5·4 per 1,000 inhabitants, the rate for the city being 6·1 (5·0 on the North side and 7·0 on the South), and for the suburbs 2·7 per 1,000. The rates for the several Registrar's districts vary from 1·9 per 1,000 in Blackrock to 10·0 per 1,000 in Number 1 South City (Meath Street) District.

Five hundred and fifty deaths, or more than 26 per cent. of the mortality from zymotic diseases, resulted from small-pox, which, in the preceding five years. or from the close of the epidemic of 1871-2, caused only 67 deaths.

The disease was most fatal in the South City Districts, where it caused 400 deaths ; 107 deaths occurred in the North City Districts ; 14 are chargeable to Rathmines District, 7 to Donnybrook, and 1 to Blackrock, and the remaining 21 were hospital cases admitted from without the Dublin Registration area. Fifty-seven of the deaths were registered in the first quarter of the year, 212 in the second, 165 in the third, and 116 in the fourth. These figures would indicate a gradual subsidence of the disease since the summer months, but it is to be regretted that the returns for the closing weeks of the year are not as favourable as had been anticipated.

Weekly returns of the cases of small-pox treated in the various Dublin hospitals have been received during the last eight months. From these it appears that on Saturday, 27th April, 231 patients were under treatment ; between that date and Saturday, 28th of December, 1,835 new cases were admitted, 364 patients died, and 1,58 were discharged, leaving 122 in hospital at the close of th year. It will be seen that of 1,944 cases during the above period, the respective results of which were determined, 1,580, or 81·3 per cent., made recoveries, and 364, or 18·7 per cent., ended fatally. In proportion to the number of cases, the disease was more fatal in the December quarter than in the earlier months. The highest weekly number of cases admitted during the eight months was 106 in the week ending 18th May, and the lowest 11 in that ending 2nd November ; 48 cases were admitted in the last week of the year.

During the year 333 deaths from the several forms of continued fever were registered, viz. : 98 from typhus, 189 from typhoid, and 46 from simple continued fever ; the average annual number of deaths from fever in the ten years 1868-77, was 310.

Whooping-cough caused 281 deaths, or double the average number ; scarlet fever, on the other hand, caused only 132 (67 of these were in the last quarter), against an average of 337 ; 305 deaths were ascribed to diarrhœa, being 54 over the average ; 116 deaths, 75 of which were registered in the first quarter, resulted from measles and its complications, which caused 461 deaths in the year 1877 ; and among the remaining deaths from zymotic diseases are 100 from croup, 29 from diphtheria, 20 from dysentery, 51 from erysipelas, &c.

The deaths from diseases of the respiratory organs, which, as stated above, amount to 2,046, consist of 1,479

from bronchitis, 347 from pneumonia, 17 from pleurisy, 7 each from laryngitis and asthma, and 189 which were returned as from "lung disease," &c. The deaths from these causes form 22 per cent. of the total mortality, and are equivalent to 6·5 per 1,000 of the population, against an average rate of 4·96 per 1,000 for the preceding ten years. Deaths from diseases of the respiratory organs were much more numerous in the latter half of that decade than in the earlier years; thus the average yearly number for the five years, 1868-72, was only 1,422 ; while the average for the five years, 1873-77, amounted to 1,697 ; the number in 1877 was 1,889. The deaths last year from these causes were registered as follows :—660 in the first quarter, 470 in the second, 230 in the third, and 686 in the fourth.

Deaths of children from convulsions, though somewhat over the average, are a few less than in 1877 ; they number 618, being equal to 22·6 per cent. of all the deaths of children under five years of age.

Heart disease caused 396 deaths, pericarditis 12, and aneurism 18.

One hundred and eighty-nine deaths were attributed to paralysis, 134 to apoplexy, 75 to cephalitis, 39 to epilepsy, 8 to insanity, 2 to chorea, 104 to brain disease unspecified ; 9 to hepatitis, 16 to jaundice, 106 to liver disease, 2 to spleen disease ; 58 to Bright's disease, 13 to cystitis, 8 to diabetes, 5 to nephritis, 2 to stone in the bladder, and 71 to kidney disease unspecified.

In the year 1877 the mortality from "Constitutional Diseases" was above the average, but last year the deaths in this class, although numerous, were slightly under the average; they amount to 1,575, or 17 per cent. of the deaths from all causes, and are equivalent to 5 per 1,000 of the population; they include 945 from phthisis (against an average of 980), 174 from mesenteric disease, 168 from hydrocephalus, 39 only from scrofula, 143 from cancer, 11 from gout, &c.

Two hundred and seventeen deaths caused by accidents or negligence, 12 cases of homicide, and 11 of suicide were registered.

*Ages.*—The increase in the mortality last year, as compared with the average for the preceding decade, was distributed over all the age periods.

Of the 9,269 deaths, 2,733, or 29 per cent., were of children under five years of age, and 2,161, or 23 per cent., were of persons aged 60 years or upwards, including those of 1,063 persons aged 70 years and upwards, of whom 44 were stated to have been nonagenarians, and 6 (3 men and 3 women) were returned as centenarians.

*Provincial Town Districts.*—The respective death-rates, represented by the deaths from the seven principal zymotic diseases, registered during the year in the seven provincial town districts included in the weekly returns are :—Belfast, 4·3 per 1,000 of the population, according to the Census of 1871 (or, allowing for increase since that year, 3·4 per 1,000) ; Cork, 2·8 per 1,000 of the population in 1871 ; Limerick, 2·6 per 1,000 ; Londonderry, 1·4 ; Waterford, 5·2 ; Galway, 6·1 ; and Sligo, 2·0 per 1,000.

The high zymotic rate in Galway is owing principally to the prevalence of small-pox in the second half of the year. This disease caused 85 of the 559 deaths registered during the year, and fever caused 25. In Waterford, measles during the first quarter, and whooping-cough in the first and second quarters, led to the comparatively high rate ; 71 deaths from the former disease and 52 from the latter were recorded during the year, but no death from small-pox was returned.

In Belfast, where the deaths from all causes numbered 5,152, there were 776 from the seven zymotic diseases—viz., 36 from small-pox, 204 from scarlatina (100 of which were recorded in the last quarter), 199 from fever, 209 from diarrhœa, 69 from whooping-cough, 52 from measles, and 7 from diphtheria. No deaths from small-pox were registered in the last quarter.

There were no deaths from small-pox registered in Cork during the year; the deaths from the six other zymotic diseases named above are : 75 from diarrhœa, 61 from measles (49 of which were in the March quarter), 59 from whooping-cough, 58 from fever, and only 1 each from scarlatina and diphtheria ; the number of deaths from all causes registered was 2,464.

Four deaths from small-pox were registered in Limerick, and 1 each in Londonderry and Sligo.

Forty-four per cent. of the deaths in Limerick occurred in public institutions.

## MOUNTMELLICK UNION.

WITH reference to the resolution of the board refusing to pay a fee of two guineas for examining a dangerous lunatic, the Local Government Board wrote calling the guardians' attention to the Acts of Parliament on the subject, and adding—"Where the justices made an order under their hands and seals for the remuneration of the medical officer, the guardians are bound to pay such amount, provided it does not exceed in the whole, the sum of £2." In the case under notice the justices made an order for £2, and the guardians decliined to give more than £1.

Mr. Cobbe now remarked that he knew justices who refused to sign those certificates, because they considered the people quite able to pay themselves.

Mr. Millner—I know about three weeks ago, Mr. Phillips and myself were called on in one of those cases. When we were done, the man's family applied for an order for the payment of two guineas to the doctor, which we refused to give, as we thought they were able to pay themselves.

Chairman—I do not think, as a rule, the justices exceed the guinea, except under peculiar circumstances. I know that in Maryborough in one case the doctor had to attend twice on the person, and we allowed him two guineas.

No order was made on the Local Government Board's communication.

It is obvious that the Mountmellick Guardians don't know what they talk about. The fee for examination of lunatics is restricted to those cases in which "the person shall be brought before any two justices, and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing some crime for which, if committed, such person would be liable to be indicted."

For the examination of harmless lunatics there is no provision in law. The medical officer, if served with a ticket, must see them, and prescribe, if he sees fit, but it is not his duty to certify their lunacy unless paid by the friends. If he does so the magistrates cannot order, and the guardians cannot pay him.

But in the case of a dangerous lunatic, the friends cannot be made to pay, and if the magistrate certify for a fee, the guardians *must* pay.

## DR. JOHN P. QUINLAN.

WE regret to announce the death of Dr. John Peter Quinlan, which took place at his residence, Leinster Road, Rathmines, on the 17th inst., in the fifty-fifth year of his age. Dr. Quinlan was a Licentiate of the Royal College of Surgeons, Ireland, of 1848, and for over twenty-one years medical officer of the Borrisoleigh Dispensary, Thurles Union, Co. Tipperary, from which he retired in 1875 on superannuation.

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 5, 1879.


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## LETTSOMIAN LECTURES. (a)

### LECTURE II.

### BRONCHIAL CONGESTION, AND THE PATHOLOGICAL RELATIONS OF ASTHMA.

(*Concluded.*)


By JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Physician to Victoria Park Hospital for Diseases of the Chest, and to the West London Hospital.



(*Continued from page* 139.)


ASTHMA due to, or associated with, bronchial congestion usually soon gets speedily bad when the patient lies down at night.

A small boy, æt. 9, was under my notice in 1873, who never knew anything of asthma till at the age of 4, when he passed through an attack of scarlet fever. He had no anasarca, as I was informed, but ever after the scarlet fever he remained liable to asthma, which was always worse when he lay down in bed; was relieved often by sneezing, as well as by coughing up mucus. The urine was normal, save excess of lithates. The inspiration was attended with a few sonorous sounds. A dry, bracing air did more good than any medicine in this case.

Dr. Blackley, in his observations upon himself when affected with hay catarrh, found that if he lay flat on his back he could easily bring on all the distress of a true asthmatic attack. Blackley considers congestion the sole factor of the asthma. Here, as I need not tell you, I do not agree with him. The congestion causes dyspnœa, but true bronchial asthma requires, for its production, that muscular spasm be added to bronchial congestion.

Illustrations of muscular spasm, induced by contiguity of inflamed membrane, are often brought before us. I may instance spasm of the laryngeal muscles coming on suddenly as a most dangerous complication in laryngitis. Already I have referred to bronchial spasm and asthma as a secondary neurosis resulting from bronchitis; and I may instance the case of a member of our profession, who while travelling about to get rid of a persistent bronchitis, suddenly, while passing a night at Gibraltar, was taken with spasmodic asthma; and so severely did this asthma keep its hold, that when consulting me in August last, this gentleman informed me that for 340 nights out of 365 he had had to sit up for two hours or more fighting for breath, "and you may judge what that is," said he, "to a man actively engaged in practice during the whole day." The means by which this physician was eventually much relieved will come before us again presently.

In another case, the course of events tended to a different issue, and a brief narration of the case will bring me to the question of emphysema in connection with asthma.

The patient was a clergyman of ample means, who, in consequence of very troublesome bronchitis, was sent many years ago to Madeira, whence he returned with dysentery, as an unwelcome addition to his bronchial inflammation. He told me he knew nothing of asthma till he went to Torquay, and there he was seized quite suddenly at night, and he learned that five people of his acquaintance at Torquay had all experienced severe asthmatic attacks during that same night. The case of this clergyman, referred to, I find, by Salter in his table of cases, was instructive, and illustrative of the course of many cases of asthma connected with bronchitis. First, the poor man had troublesome bronchial inflammation, which appeared to irritate the nerves from the pulmonary plexus, which Remak has shown to be distributed to the bronchial muscles. Then under some peculiar atmospheric exciting cause this muscle was thrown into spasm, and the patient surprised by a fit of asthma; and from that time bronchitis and asthma clung to him for the rest of his life. Gradually the spasmodic seizures became less severe, while very marked atrophous emphysema of lungs came on, expiration being notably difficult and prolonged. It seemed, there-

(a) Delivered before the Medical Society of London. Erasmus Wilson, F.R.S., President, in the Chair.

fore, as if spasm and inflammation together had worn out the strength of the bronchial muscle, and during the latter years of this patient's life, his distress was from over-distended lungs, impeded expiration with paralytic and wasted condition of bronchial muscle.

Few will dispute the proposition that the establishment of an atrophous emphysema of lung materially compromises the permanent recovery of an asthmatic patient. In my last lecture I laid stress on prolonged and laborious expiration as a sign that emphysematous distention of the air vesicles either was, or soon would be, developed; while, on the other hand, I also stated that where the attack of bronchial spasm was sudden, though severe, inspiratory distress marked, the patient young and free from any antecedent inflammation of his bronchi, that then we might look for a complete recovery, a statement confirmed by one or more authorities to whom I make reference.

Now, with respect to emphysema as a concomitant of asthma there is something to be said, for I am sure I have on occasions over-estimated the degree of emphysema present in the lungs, and given an unwarrantably bad prognosis of the case in consequence. Some of the latest observations published by Dr. Salter in the *Lancet* make me think he, too, was conscious of having fallen into the same error. The causes of the mistake I believe to be a want of due recognition of the causes and forms of emphysema in the first place; and, in the second place, want of attention to the way in which the diaphragm is acting. Of the forms of emphysema, first it may be a mere mechanical distention of lung, due to impeded expiration; and it is in the lung apices we notice the emphysematous signs first, as these parts suffer first from expiratory pressure. This was shown in the case of M. Groux, the man who had a congenital fissure in his chest wall, through which the movement of the lung could be observed. During forced expiration the lung came forward into this sternal fissure as a long tympanitic tumour.

Von Ziemssen, too, had the opportunity of seeing the case of a robust man, æt. 45, in whom there existed a congenital deficiency of the pectoralis minor, and of the entire sternocostal portion of the pectoralis major, so that the muscles of the four upper intercostal spaces were covered only by skin. On quiet inspiration a considerable sinking in was noticed in these situations, which was succeeded in expiration by a filling out of the same spaces; and on forced expiration these intercostal spaces were powerfully puffed out and disturbed.

When the intercostal muscle was made to contract over the space by galvanism applied, then the bulging was not observed in that one space during expiration.

The obstructed expiration due to an attack of bronchitis we know to cause a temporary over-distension of lung—an acute emphysema subsiding with the subsidence of its cause, just as the temporary emphysema of whooping-cough subsides as the neurosis itself passes away.

Salter says he is convinced that he has seen emphysema of lung come on without any antecedent bronchitis, and in this I agree, though I do not hold that emphysema unconnected with bronchitis is always a mechanical affair, and independent of nervous influence. I believe that imperfect innervation through the vagus nerve may lead to defective expiration and emphysema; indeed, experiment has shown that section of the vagus will cause slow breathing, prolonged expiration, and emphysema of the lungs. Emphysema of centric nervous origin may develop with great rapidity, as in a case recorded by Dr. Walshe, where well-marked vesicular emphysema was found in the lungs of an infant that only survived its birth by two hours. No form of bronchitis, pneumonia, or atelectasis of lung was present, "but," says Walshe, "almost immediately after birth this infant was seized with extreme difficulty of breathing, probably of cerebral origin," and so died.

In a case recorded by my former colleague at Victoria Park Hospital, Dr. Baumler (Path. Trans. xxiii.), where an aneurism pressed on and paralysed the right pneumogastric, the lungs after death were found large and emphysematous. A former distinguished President and Lettsomian Lecturer of our Society, Dr. Habershon, has paid attention to the effect of pressure on the pneumogastric nerve, and he has observed that first this pressure leads to paroxysmal and spasmodic contraction of the muscles of the larynx; secondly, to diminished muscular power, with paralysis and wasting of the laryngeal muscles; and, thirdly, to pulmonary congestion.

Dr. George Johnson has reported a case of death from an aneurismal tumour pressing on the left pneumogastric and recurrent nerves, and here the lungs were found "very œdematous," and the muscular structures of the larynx notably atrophied.

From these statements we may, I think, infer that emphysema may be developed in the lungs under defective innervation, as well as under the influence of mechanical distention of the air vesicles.

Provided the nerve failure be not due to any organic cause, these cases of emphysema, prolonged expiration, and dyspnœa may, and do, improve wonderfully often, under the influence of a tonic and bracing air, if the condition of general atony be marked; or under a pure soothing air, where intercurrent spasm comes on, and there is reason to suspect a lurking bronchitis. The way in which patients, who have been for months in a constant state of chest distension and oppression, very rapidly improve, so as to be able to run up hills in Cornwall, Ventnor, and other places, makes me believe strongly in defective innervation as a great cause of their emphysema and breath troubles. Time forbids me to quote a few cases that have impressed me much, but when I come to the medicinal treatment of these cases, I shall hope to have time to mention the excellent effects exercised by nux vomica as a medicine for them.

The really bad cases are those of atrophous emphysema. Here we find, as in the clergyman's case already reported, a history of bronchitis to weaken the bronchial muscle; next, bronchial spasm to strain and stretch the air cells; then gradually spasm gives way to paralysis, the lungs waste, air stagnates in them, the blood is badly oxygenated, the heart suffers, and, like the air cells, becomes either fibroid or fatty, and death by syncope often closes the scene. The clergyman, who was so typical an example of this sad course of events, I was told, died at last of syncope.

These are the cases where expiratory dyspnœa is characteristic and marked. Often I have heard the patients say that they want to get the air *out* of their chest; and one intelligent man remarked spontaneously, that it seemed as if a door existed, by which air was let in, but then it would not re-open to let the air out. In this man's case, chest distension was well seen, the lower chest not retracted, and the diaphragm obviously depressed.

The class of case approximates to those singular cases of asthma described by Wunderlich, where a gradually increasing dyspnœa culminates at its maximum in two or three days, with chest motionless, and hyperesonant with pent-up air, heart and liver both pressed down, the former by distended lung, the latter by distended lung and depressed diaphragm. This condition of chest is a truly distressing one to witness, and differs pretty evidently from the severe bronchial asthma, with retracted epigastrium, seen in young persons. If not relieved the patient becomes livid, and complains of twitching and jumpings in his limbs, due to the circulation of carboniferous blood through the system. The diaphragm here is deeply concerned, being depressed, and apparently in a semi-paralytic condition, and when things are thus the case is, in my experience, a most unpromising one. "That paralysis of the diaphragm is incompatible with the duration of life," as once stated, is not absolutely true, for Duchenne has clearly proved that life may hold on without serious disturbance, so long as the accessory muscles of respiration and the lungs remained unaffected, though the diaphragm be as a matter of demonstration, completely paralysed. In

a work on asthma (*a*) which I published some years ago, I have made reference to this diaphragmatic palsy and inertia as greatly adding to the intractability of emphysematous asthma; and as experience has grown, I am but confirmed in my belief. I see cases of persons with no great amount of bronchial spasm, who are always short-breathed, have weakness of voice, often tendency to vomiting, both on full and empty stomach, and whose chest and abdomen are distended, prominent, and motionless. When no actual spasm is on, the chest is almost noiseless, little air movement can be heard, and expiration is feeble and long. These are about the most intractable cases one can meet with in practice. If there be a remedy, it must be sought in climate rather than in physic.

Galvanisation in the course of the phrenic nerve has been suggested, but I have no experience to bring before you as to its success.

This peculiar condition of diaphragm has been observed in saturnine asthma, as a result of lead in the system. The importance of recognising this depressed state of the diaphragm in cases of emphysema, with or without asthmatic complication, I observe to be alluded to in the very recent work of Dr. Headlam Greenhow, on Chronic Bronchitis; and I there learn that thirty years ago Dr. Stokes, of Dublin, drew a distinction between those cases of emphysema, or, as he terms it, dilatation of the air cells, in which the diaphragm is displaced downwards, and those in which it is not so displaced.

Stokes gives the case of a young man, who had distended chest and emphysematous lungs, but yet presented no evidence of depression of the diaphragm. This young man did not suffer from difficulty of breathing in the intervals when he was free from bronchitis, and was able to take very active exercise; having, shortly before entering the Meath Hospital, walked a distance of 40 miles in one day. His chief inconvenience was the frequent occurrence of bronchitic attacks.

In the case given by Dr. Greenhow himself of a man who made well marked improvement from a condition of emphysema, complicated with asthma as a secondary neurosis (253, 254), it was observed that the abdominal muscles were in unusual activity, and so much hypertrophied that the situation of the linea alba and lineæ transversales was marked by distinct furrows, indicating the powerful nature of the expiratory effort to press up the diaphragm, and empty the lungs of stagnant air.

I trust I have thus exemplified the important part taken by the diaphragm in connnection with emphysematous dyspnœa. Till I learned fully to appreciate this, I often wondered why some cases of dyspnœa, not characterised by any well-marked attacks of bronchial spasm, were so much more incurable than other cases, where bronchial spasm was a prominent cause of complaint on the part of the patient; and I soon found that in these intractable cases there was not only evidence of lung distention and emphysema, but also very imperfect action of the diaphragm, and marked over-fulness of the lower chest. Nux vomica and strychnia, remedies so very useful in pure emphysema, were quite powerless in this condition of diaphragmatic inertia. It is worth while always to seek for a small zone of congested capillary vessels, which at times may be found on the surface corresponding to the line of the diaphragm.

Being desirous in this lecture on the Pathological Relations of Bronchial Asthma to say a few words on the true degenerative changes of lung tissue that may result from prolonged asthma, I am obliged to omit the consideration of the pathological relations of heart disease, renal disease, and gout, and proceed to degeneration of pulmonary tissue.

The question before us is, Will prolonged attacks of bronchial spasm lead to phthisical or tubercular disease in the lungs, as well as to emphysematous distension and degeneration of the pulmonary muscles?

Bronchial spasm is a disorder of function; phthisis and emphysema are diseases of tissue, and as a general rule prolonged disorder of function, sooner or later, leads to structural tissue change. While, as I have already shown, bronchial congestion may become a determining cause of bronchial spasm; so we have the reverse condition often brought to our notice, where severe attacks of bronchial spasm, relieved by inhaling burning nitre paper, exist for years before any signs of cough and bronchial congestion become apparent; a well-marked example of this course of events I have now under observation.

A man had typical seizure of bronchial spasm for years, and then began to have cough, and slowly developing symptoms of emphysema and bronchitis as a secondary effect. In seeking into these secondary effects of bronchial spasm, by far the most common is vesicular emphysema of the lungs; and some cases that have come under my notice, where persons who have been long asthmatic have eventually become phthisical, seem to me to have been examples of the extension of atrophous emphysema into a destructive process involving the lung substance. For the victim of spasmodic asthma to become really tuberculous, and die with genuine grey tubercles present in the lungs, appears a most rare event. One case I have found reported from the German, where a young student, who was liable to most intense attacks of spasm with great drawing in of epigastrium, eventually died; and a post-mortem examination showed the lungs full of grey tubercles. My own experience fails to afford any similar case; and of the cases that I have noted of patients who have died of genuine acute tuberculosis, I do not find any note of asthmatic attacks as features in the history of these cases. In a well-marked case of miliary acute tuberculosis, given by Dr. Peacock, where a young lady, æt. 22, fell ill on May 14th, and died on June 1st, there was dyspnœa, aggravated in the recumbent posture as a prominent symptom, together with great acceleration of the respirations; but I do not find any antecedent history of asthmatic seizures, and auscultation revealed nothing more than harshness in the respiratory murmur. There seemed no auscultatory evidence of bronchial stricture. Post-mortem—both lungs were more or less airless, and filled with small miliary tubercles, none of which had undergone any softening process.

I do not find any evidence to associate miliary tubercles with attacks of bronchial spasm, though we can conceive the possibility of the conjunction of the two affections in certain cases, from what we know of the causation of bronchial spasm by bronchitis and bronchial congestion.

That protracted asthma should lead to a phthisical destruction of lung, is not a common event, and yet I can find illustrations of this occurrence from my own experience, as well as from that of others.

In Salter's table of 223 cases of asthma, there appear 49 in whom there is a distinct account of emphysema of lungs, and of asthma existing in some of the members of the patient's family. In 14 cases we find history of phthisis as a hereditary disease affecting parents, brothers, sisters, uncles, or aunts, and in about half of these 14 cases the physical signs as recorded were such as would suggest the possibility of phthisis, but I only find one mention of hæmoptysis among them.

Looking over my own notes of cases where asthma has issued in phthisis, I find the termination certainly an uncommon one, and I find hæmoptysis nearly always recorded among the symptoms.

The cases prone to go into phthisis are those of persons approaching to, or fairly in, middle life, who have been for some time asthmatic, who come of an ancestry liable to pulmonary disease, and in whom the physical signs of atrophous emphysema of lungs are well marked.

The presence of small fibrinous casts of the minute bronchi in the expectoration always makes me expect a phthisical termination of the case, and there used to be in our museum at Victoria Park Hospital a most characteristic fibrinous branching cast of some of the twigs of

(*a*) "Notes on Asthma." Third Edition. J. and A. Churchill.

the bronchial tree that had been coughed up by a gentleman, who, having been for many years liable to asthma, eventually died of pulmonary phthisis.

In atrophous emphysema there is feeble nutrition, wasting of the coats of the bronchi, and the fibrinous casts formed tend to irritate and destroy the weak bronchial membrane, and so is set up ulcerative destruction of the lung. A natural inherited weakness of the bronchial membrane and air vesicles may constitute the hereditary element in the case, and such a weakness may be derived from parents affected with any form of pulmonary disease. Of three cases where I was able to get full and complete notes of asthma turning to phthisis, in one the fibrinous sputum was noted, and this was in the case of a man who died late in life, and when young had suffered much from gout.

Of my two other cases, one was that of a gentleman, æt. 60, who for years was liable to very severe spasmodic asthma, gradually spasm passed off, dyspnœa became constant and abiding, blood appeared at intervals on the expectoration, moist crepitation became distinct at right lung apex; temporary benefit followed on the use of cod-liver oil and hypophosphite of soda, but in about three years death, with all the signs of phthisis, took place.

My second case was that of a lady, æt. 21, whose father was living, and a great sufferer from bronchial asthma. The daughter, during her childhood and early youth, had also suffered severely with fits of asthma, usually relieved by inhaling the smoke of burning nitre paper. When I saw her in September, 1876, these spasmodic attacks had passed away, but she had a pulse of 120, copious purulent expectoration, at times streaked with blood, and abundant sub-crepitant râles over upper third of left lung, and hoarseness of voice. She improved more than I expected on pills of creasote and syrup of hypophosphite of lime; but rather more than twelve months after I first saw her, I heard of her death from phthisis at her home in the country.

# Original Communications.

## EXCISION OF ELBOW AND SUBSEQUENT AMPUTATION. (a)

By B. WILLS RICHARDSON, F.R.C.S.I.

WERE this Society the repertory of the histories of successful surgery only, its value as a didactic body would be very small indeed. It appears to me very much to be regretted that those who make communications, at the meetings of our societies, of the early stages of their cases, too often forget that they are incomplete by the omission of final results.

Having recently had under my observation a case in which unsuccess followed an excision of the elbow, I have here this evening the bones resected in the operation some months ago, in which disease re-appeared after the operation, ultimately necessitating amputation of the arm. They illustrate one of the difficulties with which the surgeon has to contend, and one which too often defeats his efforts—namely, the scrofulous diathesis.

The following condensed particulars of the case were prepared for me by our resident surgical pupil, Mr. Richard Sawyer:—

Margaret Johnstone, æt. 17, was admitted to the Adelaide Hospital on April 27, 1878. Both her parents are dead, and of seven brothers all are dead except one. Of the dead brothers, one died of pulmonary phthisis. She has one sister suffering from glandular enlargements in the neck. When she herself was but 9 years old the glands in her neck also enlarged and suppurated, and ulcers formed on her legs and chest.

In June, 1877, the right elbow became swollen and painful, and in April, 1878, the joint having gone from bad to worse, she entered the Adelaide Hospital for treatment.

Being a tolerably fat girl, a couple of leeches were occasionally applied over the joint whenever it was unusually painful, and gave transitory relief. Neither they, however, nor moderate counter-irritation, combined with alterative internal remedies, prevented suppuration, abscesses having formed, which contracted into sinuses leading to carious bone. At last a period arrived that operation could no longer be postponed, and I excised the joint on August 24, 1878, taking every care to cut the bones well beyond the carious surfaces.

Apparently matters progressed favourably under antiseptic treatment, until September 18, when an old abscess in the forearm recommenced discharging. Other abscesses formed in front of the excised parts, and on October 24, four sinuses had formed, and the cicatrix of the operation which was nearly complete, re-opened here and there. Injections of various kinds were tried with the sinuses and the frequent use of carbolic spray to the surface, but none were of any avail, except that they insured cleanliness. During November and December, 1878, and January, 1879, the pain gradually increased, and was so persistent, that she willingly submitted to my amputating the arm on Tuesday, February 11. The operation, I should observe, was performed under carbolic spray, and the antiseptic treatment is being carried out.

An examination of the portions of bones removed in the amputation will show you that considerable advance had taken place in the formation of a new joint, a strong band of dense fibrous structure uniting the radius and ulna to the humerus, and the radius and ulna to one another.

In the band uniting the humerus to these bones there is a nodule of cartilage and a piece of bone, but whether this is calcified cartilage I cannot speak positively. At the lower end of the humerus there is an ostitis disease nest, which formed part of the wall of an abscess that discharged itself through the sinuses. The surface of this nest was covered with a pulpy structure, and itself was the probable cause of all the mischief.

The specimen, for this reason alone, is of vast interest, for it shows the capability of a small disease nest in bone to baffle the most assiduous attention of the surgeon, and the conservative efforts of the soft structures at the seat of an excision.

(a) Read before the Surgical Society of Ireland.

## ABDOMINAL SECTION FOR INTUSSUSCEPTION. (a)

By ANTHONY HAGARTY CORLEY, M.D.

MR. PRESIDENT AND GENTLEMEN,—It requires no small amount of moral courage to bring before a Society like this the details of an unsuccessful operation, but the task becomes an obligation, when the operation is one not before done in this country. In determining to elicit an expression of opinion from the Surgical Society on a question not heretofore submitted for its consideration, I am fortified by the result of a similar proceeding occurring in the past. Nearly ten years ago, I had the temerity, in spite of the established Irish surgical canons, to perform the operation of tracheotomy in croup. In my case life was prolonged, but not saved, and the disease, unchecked, proved fatal. My paper in this Hall was subject to the most adverse criticisms, and every hostile expression of opinion was received with a favour denied to the views which I supported. Since that time I have seen them brought forward, again and again, by abler advocates, and I have seen many of the hostile critics won over—some to acquiescence, some to approval, and some to the doing likewise. If this paper be followed by like results I shall be well satisfied.

(a) Read before the Surgical Society o Ireland. The discussion will be found on page 187.

I have named my paper "Abdominal Section for Intussusception," and the case I shall detail bears out the title, but I trust I shall not be out of order, if I am obliged, in making my remarks on it, to take in a wider field and embrace the consideration of other conditions of obstruction than the one named.

W. S., æt. nine months, in excellent health, although thus late only beginning to teeth, and a fine, well-grown child, not yet weaned, was laughing and crowing on his mother's knee, at 3 o'clock on Wednesday, the 21st of August last. He was suddenly observed to grow pale and very faint, and after a little time he vomited. As he was teething the indisposition was set down to that source, and did not at first cause his parents much uneasiness. As, however, the symptoms did not diminish and as the vomiting returned after every attempt to feed him, he was brought to me at 10 o'clock that night. I observed the faintness and pallor, but as the vomiting was not a very marked symptom, and as his bowels had been moved more than once, I took the same view as his parents did; lanced over a projecting incisor where the gum was red, swollen, and tender, prescribed a little wine, and ordered a poultice to be applied to the epigastrium in case the vomiting should continue. I believed his condition was that of reflex cerebral anæmia due to dental irritation. Next morning I saw him again, and was told that there had been more vomiting, that the weakness had increased, and that a slight movement of the bowels had occurred, with traces of blood on the napkin. The symptoms of collapse were more marked, and I fully recognised the gravity of the case, although its exact diagnosis did not strike me. As I had to leave town for some hours that day I recommended that Dr. Kidd, who had attended the mother in her confinements, should be called in. He, at once suspecting the true nature of the case, made a rectal examination. As the anus and rectum were large and easily distended the finger passed readily up, and an invaginated portion of the gut was detected, between two and three inches from the anus.

*Ex post facto* reasoning may make some think that the diagnosis was easy, but I, who saw the case from the first, do not think so, and am the more ready, in confessing my own failure, to render due credit to the trained observation and *tactus eruditus* which in this, as in most other cases, have given Dr. Kidd's judgment such a weight with his professional brethren. As soon as I returned to town in the evening, I called on him and learned the result of his examination. He told me that he had not thought insufflation worthy of trial as the sphincter was a remarkably loose one, and as regards operation, the great collapse of the child contra-indicated even its discussion: though he thought if reaction set in it would be a fair case. I immediately saw the patient and found Dr. Kidd's diagnosis easily established. The child was no worse than in morning, and I made up my mind that if any improvement in pulse or strength came on I should, with Dr. Kidd's approval, propose to operate in the morning, and on consultation he agreed.

On the next morning there were some signs of reaction, and accordingly at 9 o'clock, just forty-two hours after the onset of the symptoms, I proceeded to perform abdominal section, or as it is called by our Transatlantic brethren, laparotomy. Ably assisted by Dr. Kidd, by my colleague Mr. Stokes, who fully agreed with our views, and by Mr. Hetherington, who administered chloroform, and my resident pupil, Mr. Campbell, who took charge of the spray apparatus, I opened the abdomen, from below the umbilicus to about an inch above the pubis, but subsequently had to enlarge the opening upwards. We were then able to explore the cavity. The immediate results of that attempt were anything but satisfactory. The small intestines bulged forward very much, and I sought in vain for some time for the invagination. At first we could discover no large intestine, and the lower part of the ileum stretched like a tense cord out of a thick roll or lump situated in the pelvis. This we found was the whole of the large intestine, and on raising it a little out of its position, it was seen to be an irregularly conical roll, with the ileum disappearing into the middle of its base. There was certainly a very complete invagination, but there were no signs of mischief beyond congestion. We next endeavoured to disengage the invaginated portion, and here we had very great difficulty. Whilst Mr. Stokes held the ileum (which was tense and quite immovable), and upper part of the lump, I endeavoured to draw the lower portion downwards, and had to apply my fingers to roll after roll, in a manner that suggested very much the reduction of a very tight paraphymosis. At length, after an amount of traction and force, much beyond what we thought would have been necessary, we unrolled the whole length, and, mark this, the termination of the ileum was the last portion to make its appearance. On examination, the invaginated mass was found congested merely. The intestines which had bulged out through the ventral opening were replaced with some difficulty, and the edges of the wound brought together with catgut sutures introduced by round needles. For about an hour after the operation I expected a successful issue. There was no return of vomiting, the pulse improved, and he took the breast well, but soon after he began to fail. I was inclined to suspect internal hæmorrhage, as there was paleness of surface, gasping, and jactitation. At 2 o'clock he died.

At the post-mortem examination the suspicion of hæmorrhage was removed. There was no gangrene, no ulceration, and no effused blood; but there was congestion extending from about two inches above the cæcum, to the upper third of the rectum, and, in the cavity of the peritoneum, there were about two ounces of reddish serum. The case then, was one of what have been termed ilio-cæcal intussusception and, as what I conceive to have been the mechanism of the accident, has not been given before so as to explain this case, I shall dwell on it for a few minutes, and illustrate my views with diagrams.

I observed that the ileum was the last portion to emerge from the roll; which plainly showed that it must have been, as in all reported cases, the first to have become invaginated, and it may be fairly allowed that if the abnormal process had been permitted to proceed uninterruptedly, the ilio-cæcal valve would soon, as in recorded examples, have appeared at the anus. But at the operation it seemed as if only a couple of inches of the ileum were included in the roll, and the post-mortem examination proved that such was the fact, as evidenced by the amount of the gut marked by congestion. Now, if a regular and uniform invagination had taken place, by the time the end of the ileum would reach the anus exactly one half of the entire length of large intestine would be invaginated, and of course, the same length of ileum would be included within the invaginated portion, instead of the limited piece we found. My reading of the conditions found at the operation as well as shown by the post-mortem is, that it commences as an ilio-cæcal intussusception, and that there was a series of invaginations following—thus explaining the shortness of the tumour, the small amount of ileum involved, and the difficulty of reduction. That an intussusception may occur, it is required to have a contracted portion of gut and immediately succeeding it a dilated portion. The proportional relations of the ileum and cæcum as to calibre give this, and whilst forming an anatomical predisposing cause, explain the commencement. The sacculated natural state of the whole of the colon down to the sigmoid flexure give a succession of similar causes. The involved portion of ileum passing through the cæcum is carried for some distance through the ascending colon, producing contraction, by its pressure, of the containing bowel on the contained, but in order to proceed, the tract beyond the intruding portion must remain for a while dilated. This dilated portion is large enough to contain, not only the piece of small intestine and its immediate covering, but also the outer and, as yet, only enveloping folds of large intestines.

Another intussusception then occurs. Two tubules are first involved and subsequently four, and then six—thus eventually would be formed a hard, short mass contain-

ing a small piece of ileum in its centre, and having the large intestine in irregular lengths of concentric double rolls surrounding, as it were a kind of telescoping.

I believe this is the way in which my case occurred, and the diagrams will serve to explain my meaning. They will also explain the difficulty of reduction and give a reason for Jonathan Hutchinson's remarks, quoted further on. As regards the cause of death, I can attribute it to shock, but will presently quote a high opinion on it. The exposure of intestines, in addition to the force necessary for reduction, were too much for a child of such a tender age, already shaken by forty-two hours' suffering. An earlier operation, of course, would have held out more hopes, but Dr. Kidd and I were perfectly in accord as to its inadvisability, owing to the collapse present.

It is quite plain, too, that any other means must have failed, and it is to be remarked that the intussusception reached the rectum in, at the most, twenty-one hours, and possibly before that.

As there was no ulceration or rupture of blood vessels, I can only account for the subsequent effusion of the reddish serum by assuming that many of the minute blood vessels in the invaginated intestines were obliterated, and that increased blood pressure in the remainder resulted in dilatation, with thinning of their walls, and consequent effusion.

This view of the mechanism of my case of intussusception, and probably of others, is one that can be tested in the future by observation during operation, and the result of post-mortems where no surgical interference has been attempted.

Since I wrote this description, I read a case reported by Mr. Hutchinson in the 59th volume of the "Medico-Chirurgical Transactions." It resembles mine in almost every particular, and the explanation of it, as far as I can understand, is probably the same. One point he dwells on which I did not particularise, namely, that when we tried to draw on the ileum it seemed quite fixed—thus he had to unroll from below upwards, and with the intention of bringing this mechanical part of the subject before the Society on another occasion, I leave it now. I wish for a discussion on the merits and results of abdominal section for obstruction, especially intussusception, and shall offer a few observations justifying this procedure, asking a trial for it in suitable cases. That very able surgeon, Mr. J. Hutchinson, has laid down a number of conditions influencing us in considering the subject, and has been accused of erring on the side of caution. When I shall quote his words, it will be seen that the particular case I operated on is that in which he says, "no other treatment than that of operation holds out any hope of success," and that opinion from him is enough in justification. When I add that, amongst the few operations recorded, there have been some successful cases, I think there is inducement enough to interfere even at the earliest period, especially in cases like the present, in which nothing short of an operation gives the patient a chance.

As has been rightly remarked, the cases of obstruction naturally divide themselves into two classes—chronic and acute. I shall not attempt to give an exhaustive list, but shall name the most important. The former includes obstruction from impaction of intestinal contents—be they what they may—malignant and other strictures and tumour. The latter comprise intussusception, volvulus, internal hernia, or constriction by bands, appendices, or diverticula. I exclude the ordinary forms of surgical hernia, because, although there may be some cases in which abdominal section may have to be considered (see Mr. Annandale's case, *British Medical Journal*, Feb. 8, page 194), the majority are to be treated on accustomed principles. About the chronic cases we have time for consideration. Purgatives, &c., including the free use of belladonna, opium, galvanism, and large enemata, present themselves as modes of treatment. What is looked on as the comparatively mild measure of colotomy will cure or prolong life in the more severe cases, but in chronic cases the question sometimes arises, Is the patient to be allowed to die without an effort to make sure of the cause? and possibly to remove it. But the acute cases are those that more immediately concern us. We have to ascertain, as far as possible, the cause. We are to learn from experience how far we can trust Nature to remove them, and next we must have a sufficient number of recorded operations, with their results, to form a just estimate of their danger and their value, as compared with masterly inactivity. I honour the man who, in the days before antiseptic surgery, had the hardihood to propose, and the courage to attempt, cutting into the abdomen for acute obstruction. Even up to my own student days the general peritoneum was a sacred structure, to touch which, except in the case of ascites, we were taught to hold almost a profanation. But the success of ovariotomy, as it became established, began to encourage the idea that when necessary, that membrane might be freely incised. In order to give proper value to the advantages of operation, it is necessary to dwell for a moment, first, on the frequency of cases of obstruction, and next, on the probability of a natural cure.

The statistics collected by Lichenstern, from the mortality returns of England, Geneva, Vienna, and St. Petersburgh, for a period of six years, show that out of every 100,000 inhabitants, from five to 10 die yearly of intestinal obstruction (excluding hernia and malignant disease). The English returns give one death out of 260 to this cause. As there are differences of return, the writer contents himself by assuming one death in 300 to 500 as indicative of its frequency. Independent reasoning makes me think the English return is nearer the truth. Of the various causes, according to the same authority, intussusception stands first. Out of 1,363 cases collected by him from every cause, and these are many, no less than 442, or 32·4 per cent., were cases of intussusception. My principal reason for thinking the higher figures correct is, that I believe, from personal experience, many cases die undiagnosed, and post-mortems in private are rare. The next question is, What are the chances of such cases when left to Nature? Lichenstern says, "There is no cause of acute occlusion of the intestine which cannot spontaneously disappear as well as originate. An intestinal knot can loose itself, an incarcerated or strangulated loop can become free, an invagination can become disengaged, twisting or dislocation of the intestine with angular bend can straighten itself;" . . . . but "the number of these spontaneous cures is exceedingly small, when we compare them with the mass of cases that have ended fatally, and we must describe the prognosis of internal occlusion of the intestine as in *the higher degree unfavourable*, and ileus as—to use De Haen's words a '*morbus terribilis, creberrime letalis*,' . . . the most common termination of occlusion of the intestine is fatal peritonitis with or without perforation." "Death," he says, "in cases of occlusion of the intestines, whether general peritonitis precedes it or not, is, in most cases, due to arterial anæmia of the brain (often associated with cerebral œdema), and to consecutive paralysis of the heart and respiration." "This duration," he continues, "is on the average six days, and varies from eight hours to 13 days." These are the words of one who is, on the whole, an opponent of operative interference.

It is true that recoveries may, and do take place, when we have diagnosed complete obstruction, but in all of them, except one, is not the termination open to the objection that the diagnosis might have been an error, and that, in the absence of post-mortem proof, we refuse to accept it? This exception I have alluded to is intussusception into rectum, or when after the discharge of a piece of intestine, the patient recovers. I grant that there are many cases of this kind on record. Many have been recorded in this city, and I have seen one myself. If we refuse to operate, even in cases of intussusception, what other course is open? Allowing the use of insufflation, large enemata, position and taxis, in the latter cases, and

summing up all the advice as to treatment, even in Leichenstern's exhaustive essay, we are practically told to rely on opium and expectancy.

But is a natural cure a termination to be relied on, or is it an *ignus fatuus* that lights us away from the only certain one—viz., removal of the cause? To borrow an illustration from my obstetric friends, is it like that spontaneous evolution by which Nature has occasionally effected a delivery in cross-birth, but which, were the medical attendant to trust to alone, or even principally, he would, indeed, justify the quotation "*rusticus expectat dum defluxid amnis.*"

In certain cases we have no choice but to wait, but even when by sloughing, the separation of the occluded portion is accomplished, much danger immediate and remote remains. I should certainly like to know more of the subsequent history of the cases which have recovered after this process, and it is a most important fact to remember that the earliest age, according to Meigs and Pepper, at which this *mode of cure is recorded is thirteen months; a case reported by Marage.*

Now as regards operation. Without going as far as Mr. Teale, whose words I shall presently quote, I think it will be allowed that within the last few years, our ideas as to the danger of opening the peritoneum, have been very much modified, and an amount of success has been obtained in operations involving this procedure almost unexpected.

Mr. Teale says, "exploration of the abdominal cavity is, to my mind, justifiable on two cardinal grounds. Firstly, the mere opening of the peritoneal cavity is not necessarily a dangerous operation. Secondly, there are many cases of obstruction of the bowels which must prove fatal unless relief can be given which can *only be rightly directed by the exploration* of the *abdominal cavity.* As to the impunity with which it may be opened, I need hardly remind you how constantly this is proved in operation for hernia. We think nothing of pulling out and handling coils of intestine" (from this I beg leave to dissent). He then goes on "it is a common saying that it is not the operation which proves fatal, but the delay in operating, in other words, the damage to the bowel by delay, not the damage to the peritoneum by the operation." He then relates his own cases, one of which in an adult was successful, although the obstruction was a cancerous stricture of the sigmoid flexure, for which he was obliged at once to perform left lumbar colotomy.

Dr. Clifford Allbutt, of Leeds, in commenting on Mr. Hutchinson's objections to the exploration of the abdomen, says "there we can reach the issue between Mr. Hutchinson's canons and the teaching of the Leeds surgeons, and I cannot hesitate to support the practice of my colleagues in this matter. Let us, I repeat, make our diagnosis certain, and if we do this, and for the most part we can, by close attention to the history of the case, the signs, the symptoms, and the age of the patient; then I say the indications for operation will be as clear as in the case of strangulated hernia. To deny operation to a case of internal hernia is, in my opinion, to deny the patient some fair chance of life. Mr. Teale's views represent those of Mr. Wheelhouse, Mr. Jessop, and Mr. Atkinson. "I may further refer to the two admirable papers in the second volume of the New York Pathological Transactions, and to the successful cases reported by Drs. Hutchinson, Marsh, Sands, and Howse; that of the last being almost identical in history with my own. It is right to say that the foregoing observations of Dr. Allbutt, chiefly refer to what Mr. Hutchinson says of abdominal section in obscure cases. As regards the operation in intussusception, Mr. Hutchinson speaks thus: "My own opinion is, however, definite, and in any such case, enemata, insufflation, and other measures, having had patient and repeated trials, I should not hesitate to open the abdomen. I have done this in two cases, and in one of them with perfect success; and successful cases have also been recorded by Mr. Howard Marsh, Mr. Howse, and other surgeons. In the peculiar form of intussusception, beginning at the cæcum and advancing until the inverted ilio-cæcal valve presents at the child's anus, I should suspect that an *operation will always be required,* for I know of no reliable record of the recovery of such a case either by gangrene or by the measures to which we may apply the name of rectal taxis."

May we not hope that in these days of careful antiseptic surgery cases will arise which the surgeon may fairly at once diagnose as irremediable except by operation, and that he will no longer be debarred from interfering.

In conclusion, let me say, sir, that I feel that I have done but scant justice to the subject of my paper. The limit of time allowed me must be my excuse. In good truth I have gone over piles of literature, and I could have dwelt at much greater length. I trust we shall have the subject brought before the Society again and again, with recorded cases of operation more successful than my own. (*a*)

# Clinical Records.

## HOSPITAL LARIBOISIERE, PARIS.

*Intra-Peritoneal Hæmorrhage in a Woman pregnant eight months and a-half.—Sudden Death.—Cæsarian Operation—Extraction of a Living Child.*

By M. M. C. MAYGRIER.

Under the care of M. FEREOL.

MARIE PHILLIPE, æt. 31, was admitted May 3rd into the above hospital. She had worked for more than twenty years at the making of hats, and was constantly exposed to mercurial absorption, and presented manifest signs of mercurial poisoning, as excessive general trembling, tremulous voice, ginivitis, suppuration of gums, loss of teeth, &c. These complications were of ancient date, the patient often being compelled to absent herself from the workshop. For the past eighteen months the symptoms had increased in intensity. There was no syphilitic, alcoholic, or paludian poisoning. Ten years previously she had been pregnant, and went on to full time, the child dying some months after birth. She is now *enceinte* for the second time, and about seven months advanced. The child is living, though the *battements des cœur* are weak.

During her sojourn in hospital the mercurial trembling diminished, and the state of the gums improved, under the treatment by tonics, iodide of potassium, and sulphur baths; but a considerable degree of œdema of the lower limbs, extending even to the abdominal walls, came on. At the same time a little ascites existed. Urine free from albumen. Nothing particularly noticeable about the other organs.

On the 16th June, at six in the evening, whilst on duty we were called to this patient, who was in a state of syncope, which almost immediately terminated in death. Auscultation revealed that the child was alive, the heart-beats being clear. On examining the neck of the uterus it was found impossible to dilate it without great sacrifice of time, and as the pulsations of the fœtal heart were becoming feeble, Cæsarian section was performed. This was done about ten minutes after the death of the mother. Scarcely was the peritoneal cavity opened, than there was an escape of blood, mingled with serosity and numerous clots. The uterus was opened in the median line, and a male child extracted. The heart was beating, but insufflation had to be practised for an hour and a half to completely establish life.

The autopsy was made on the following morning. The

(*a*) Amongst other recent papers consult, 1. "Medico-Chirurgical Society's Proceedings," vols. 57 and 59. *British Med. Journal,* January 26, 1878, August 31, 1878, January 11, 1879, February 8, 1879. "Guy's Hospital Reports," 1868. "New York Pathological Transactions," vol. ii. Meigs and Pepper, "Diseases of Children."

thoracic organs were healthy, the heart was in syncope and did not contain one drop of blood. The abdominal cavity was filled with blood and clots.

We were struck by the excessive size of the spleen and the smallness of the liver, the former weighing about 1,500 grammes, the latter 900 grammes. The splenic vein was very dilated. At the top of the hilus of the spleen, it bifurcated, one branch following the normal track of the splenic vein, the other, enormously dilated, anastomasing as it passed behind the stomach with the emulgent vein of the right side. The latter was enormous, and received the right utero-ovarian vein.

The walls of these veins were in places very thin, and the hæmorrhage probably occurred from this cause. The left renal vein was of ordinary size, and the inferior vena cava was of normal calibre.

A microscopical examination of the liver was made by M. Ch. Sabourin, and showed there was no cirrhosis. The tissue of the spleen was normal, though hypertrophied. Finally, the kidneys were healthy. This case is interesting on many grounds.

1st. On account of pregnancy arriving at term in a woman suffering from chronic mercurial poisoning.

2nd. As Cæsarian section was performed *ten minutes after death of mother*, allowing the extraction of a live child.

3rd. On account of the excessive volume of the spleen and the presence of intra-abdominal veinosities, which led to frightful hæmorrhage, either through mechanical rupture, or alteration of the venous walls.

# Transactions of Societies.

## EPIDEMIOLOGICAL SOCIETY OF GREAT BRITAIN.

### THE PLAGUE IN RUSSIA.

A SPECIAL meeting of members of this Society was held last week in the Council Room of University College, Gower Street, London, Surgeon-General JOHN MURRAY, M.D., the President, in the chair, when two papers were read bearing upon the plague in Russia.

The first paper was read by Mr. J. NETTEN RADCLIFFE. The communication was entitled—

### OBSERVATIONS ON THE REAPPEARANCE OF PLAGUE IN EUROPE,

and in the course of his remarks the author said :—The great drama enacted by the plague for over a thousand years (to use the words of August Hirsh) closed in Europe in 1841 ; in the Levant generally in 1844. A century and a half of freedom from the disease in this country, and in the greatest part of Western Europe, had not effaced the popular terror of it when the malady disappeared from all its most ancient haunts, and Europe and the Levant believed themselves to be freed from an evil which had scourged their populations for many generations. They believed, however, doubtingly, as is shown by the retention of their laws against plague unmodified, and by the state of preparedness maintained with regard to them. Moreover, certain prescient physicians held that the disappearance of plague gave no warrant for its permanent extinction. Among this group of far-seeing men our venerated member and former president, Dr. Gavin Milroy, stands pre-eminent. In 1853, ten years after the disappearance of plague from its familiar haunts, the disease showed itself anew in the East ; and in the course of the twenty years 1853-72 a series of outbreaks occurred of interest, as it first seemed, rather to the epidemiologist than to the international hygienist. Outbreaks occurred in Western Arabia, 1853; the district of Bengazi, Regency of Tripoli, North Africa, 1858-59 ; Persian Kurdistan, 1863 ; Mesopotamia, 1867 ; and Persian Kurdistan again, 1871. The outbreaks occurred in localities widely separated from each other (not even excepting the two in Persian Kurdistan), and they were curiously circumscribed ; but the information we possess with regard to them leaves no reasonable doubt that they were outbreaks of bubonic (true) plague. In the winter of 1873-74, and spring of 1874, a new phase of development, so to speak of the resuscitated plague began. Within this period the disease broke out in three different countries of the East, all of which had suffered from the malady in the earlier period of its reappearance. These manifestations occurred practically contemporaneously in Mesopotamia, Western Arabia, and in the district of Bengazi, North Africa. The outbreaks in Western Arabia and Bengazi affected, more or less, the localities in which the disease had prevailed in 1853 in the former country, and in 1858-59 in the latter ; and they were as circumscribed as those of the years last named. The outbreak in Mesopotamia occurred on the verge of the locality which had been the scene of the outbreak of 1867, and in its progress included that locality. But this outbreak of 1873-74 proved to be the beginning of a prevalence of the disease, which continued throughout the years 1874, 1875, 1876, and 1877, the area of diffusion extending each year until 1876, when it included the whole of Turkish Arabia (Arak-Arabi) bordering upon the rivers Euphrates and Tigris, and extending between the Euphrates and the Syrian Desert. In the first year of prevalence, 1876, it is estimated not less than twenty thousand persons in the infected districts were killed by plague. The loss of life in Bagdad from the disease during the years 1866-67 probably exceeded five thousand. While this diffusion in Mesopotamia was in progress, and in the year 1876, plague broke out early in the year in the Shuster district, Khuzistan, South-west Persia, killing there about two thousand five hundred people. Later in the same year the disease showed itself in one of its former haunts among the Himalaya mountains, North-Western India, namely, in the district of Kumann, and prevailed there several months. About the same time cases of plague in isolated instances or in groups, were recorded in Northern Persia, in more than one locality of the province of Astrabad ; and in the spring of 1877 the malady declared itself in the province of Ghilan, attacking more especially the capital town, Resht, and the surrounding district, where it is estimated to have killed some four thousand people before the close of the year. The same year cases of plague probably occurred at Baku and other places on the Caspian littoral of Caucasia ; and it has recently been made known that the disease, also in the same year, was scattered widely in European Russia—thirty-two cases of the malady were reported to the Medical Department of the Imperial Government as having occurred in the south-western province of Tchernigew, and forty-one cases in the north-eastern province of Viatka, the total cases officially reported in the empire numbering two hundred and forty-one. An official telegraphic report from Tsaritszin, on the 17th ultimo, stated that the plague had ceased throughout the infected district. Nevertheless measures were being actively carried out to enclose it with a sanitary cordon, which it was hoped to complete by the 27th ultimo. The extraordinary measure has, moreover, been taken, under a ukase, dated February 13th, 1879, of declaring the infected district in a state of siege, that is to say, under military law ; and a governor-general has been appointed over the provinces of Astrachan and the neighbouring provinces of Saratov and Samara, with exceptional powers (that of proclaiming any part or the whole of these provinces in a state of siege among others), in order to secure the greatest promptitude and efficiency in the execution of any measures which may be deemed necessary against plague. Eight villages or districts are reported to have suffered especially during this outbreak, six on the right bank and two on the left bank of the Volga. All the places lie between Astrachan and Tsaritszin, and the infected area appears to extend about a hundred and fifty miles along both banks of the river. The data as yet received do not admit of any general

statement being made of the number of persons attacked and the loss of life.

The second paper was contributed by Dr. E. D. DICKSON, physician to the British Embassy in Constantinople, and was read by Mr. T. THORNE, one of the hon. secretaries of the Society. The paper was entitled,

ON THE CHARACTERISTICS OF PLAGUE IN MESOPOTAMIA IN 1876 AND 1877,

and in the course of it Dr. Dickson said—The sudden and alarming announcement of an outbreak of plague in Asiatic Russia, the possibility of this scourge extending into Europe, the conflicting opinions that seem to be entertained concerning the nature of the malady, and the precautions necessary to ward it off, have prompted a brief sketch, derived almost entirely from notes taken and kindly given me by Dr. Giovanni Cabiadis, as the result of his observations at Hilleh and Bagdad during the outbreaks of plague in 1876-77. Two or three months previous to the manifestation of plague in Mesopotamia, glandular swellings free from fever prevailed in that country. They showed themselves in the groin, armpit, or neck, and were not accompanied by other symptoms. They began to appear amongst the inhabitants about the end of autumn, and continued through the winter; but towards the end of it plague broke out, and reached its acme of intensity in the spring, and died out suddenly during the summer season, when the great heat declared itself, and the thermometer rose to 45 or 50 deg. of centigrades scale. During the prevalence of the plague the thermometer ranged between 5 deg. and 30 deg.; and when it rose to 30 deg. the disease had reached its maximum of intensity. As the temperature increased from 30 deg. to 45 deg., the epidemic began to diminish; and as soon as the thermometer got up to 45 deg. it ceased abruptly. On the cessation of plague, apyretic glandular swellings reappeared again, precisely similar to those which had preceded the outbreak; and they continued to manifest themselves for about two months longer. The symptoms that characterise plague are of two orders—local and general. In severe cases the general symptoms precede the local manifestations. The patient is suddenly seized with high fever, which in some instances is ushered in by a prolonged shivering fit; the pulse beats 130, or even more; and the temperature of the body rises to above 42 deg. centigrade. In some cases, however, this febrile condition is hardly appreciable; while, on the other hand, alarming complications indicate the severity of the attack by perturbations connected with the nervous centres, or with the circulating system or assimilative organs. The nervous agitation which sometimes ushers in an attack of plague is a very remarkable symptom, and one that Dr. Cabiadis had never met with before. He describes it as a prolonged regular shake, lasting from six hours to three days. While the patient is suffering from it he does not complain of cold, nor does the thermometer indicate a lowered temperature. The pulse is small, short, and quick, and the temperature of the body remains in nearly its normal state. This tremour is always followed by profound coma, during which the patient rapidly sinks. Dr. Beck and a few other physicians, basing their views on the intercurrent phenomena manifested in some cases of plague, imagined that this disease might be merely a variety of the pernicious fevers engendered by the malaria poison. But Dr. Cabiadis cites three facts which conclusively subvert this hypothesis:—Firstly, no intermission has ever been observed in the symptoms of plague, not even in those intercurrent phenomena which arise from complications of the nervous, circulating, and assimilative organs; secondly, there is no instance on record of an attack of plague having been cut short by the administration of sulphate of quinine; thirdly, the striking difference which marks the expression of the countenance and the general aspect presented by a person suffering from an attack of pernicious fever and that of one suffering from the plague. On coming up to a patient suffering from an attack of pernicious fever, you are struck with the gravity of his case and the danger threatening his life. The very reverse of this meets your eye when you see, for the first time, a case of plague. Even the worst instances of this malady are apt to deceive an inexperienced physician, and make him fancy that the case is free from danger, when in reality the patient has only a few hours to live. With regard to the debated question of contagion, I beg to draw attention to the conclusions arrived at by Dr. Cabiadis, and which are derived from a careful study of the facts that came under his observation during the two last outbreaks of plague in Mesopotamia. Dr. Cabiadis neither attempts to deny the contagious properties of plague, nor does he accept unconditionally the assertion of those who pretend that you must keep at a distance, say of six metres, from the patient, in order to avoid contracting the disease. The experience acquired by him during the epidemic outbreaks of Hilleh and Bagdad has convinced him that no great risk is incurred in touching persons with the plague, provided you avoid exposing yourself for any lengthened period to the atmosphere of the apartment occupied by him. As a proof of this doctrine, he says, that those persons who lived in the same house with a plague-smitten patient, but who avoided touching him or his clothes, through fear of catching the infection, generally did get the plague; whilst those who lived in houses exempt from the malady, but who visited plague patients, and handled them freely, without remaining long in the same room with them, hardly ever caught the disease. When plague entered a house it seldom spared its inmates, and often carried them all off within a week's time. In noting these facts, Dr. Cabiadis was careful to take into account the various tenets of the different religious sects of the people of Bagdad. For, while the Mahometans, discarding all sanitary precautions, lived with and handled plague patients, the Jews and Christians, on the contrary, firmly believing in its contagious properties, very seldom touched them. Yet all of them equally caught the disease if they lived in the same house with the plague patient, but were safe if they quitted the house the moment a case of plague occurred in it. Dr. Cabiadis quotes another remarkable fact in support of his theory. With one exception, none of the physicians, surgeons, or assistants who daily attended on plague patients caught that malady, and he himself handled nearly two thousand plague-smitten persons without suffering any inconvenience from it. To this it might be objected that the immunity enjoyed by them was owing to their contact with the sick being a momentary one. But Dr. Cabiadis remarks that if this be true with respect to the physician, it cannot be so with regard to the surgeon and assistant, whose duties obliged them to prolong their stay near the patients for the purpose of opening abscesses, washing and dressing sores, &c. The exception alluded to above was that of an assistant who actually died of the plague. But in an epidemic outbreak affecting a whole population, one death amongst an entire corporation would rather indicate the law that governed the general mortality at the time then the exceptional liability of that body for coming into contact with the diseased. Dr. Cabiadis says that he considers the atmosphere which surrounds a person affected with plague as the true medium of transmission. Apart from this, he has also met numerous instances in which he believes the clothes and bedding of plague patients communicated the malady to sound persons living beyond the sphere of the epidemic outbreak. Such articles were made of wool, cotton, flax, or hemp. He ignores whether these materials in a raw state would have given the disease as well, since he has not met with any fact to enlighten him upon the subject. The origin of plague and the causes that bring it into activity are utterly unknown. Some persons have conceived the idea that a marsh-miasm might be the exciting cause of this pestilence; but Dr. Cabiadis refutes this idea by quoting the immunity from plague enjoyed by Bussorah and Kerbela, two of the dampest cities in Mesopotamia, and both of them surrounded by marshes. Some persons have fancied that eating diseased camels' meat might have caused the outbreak in Mesopotamia. In order

to find out whether there were any truth in this assertion, Dr. Cabiadis made a careful inquiry, but failed to discover any evidence in corroboration of it. He, therefore, infers that diseased camels' meat, like that of any other diseased animal, might predispose to an attack of plague, but not engender the malady. The most palpable and evident of all the causes which predispose an individual to an attack of plague during an epidemic outbreak is poverty. No other malady shows the influence of this factor in so striking a degree; so much so, indeed, that Dr. Cabiadis styles the plague *miseria morbus*. In his experience, he found that the poor were seldom spared; the wealthy hardly ever attacked. Cholera also has a preference for the poor; but, at the same time it spares not the rich; whereas plague attacks exclusively the poor. The most effectual means for the protection of a community against the propagation of plague are—the isolation of the sick; the destruction by fire of their clothes; and the white-washing with lime and free ventilating of the domiciles in which cases of plague occur. The plague reappeared in only one, out of 350 houses which had been whitewashed after an outbreak of plague in them; whilst its reappearance in houses that had merely been abandoned for a time, after an attack of that disease, but which had not been whitewashed, was of frequent occurrence. The other disinfectants tried, such as sulphur-fumigations, lighting fires, and throwing a solution of sulphate of iron into the drains, gave no decided results, except when associated with the whitewashing and airing of the infected house. Dr. Cabiadis believes that *cordons sanitaires*, properly enforced, are extremely useful in checking the extension of an outbreak of plague. The greatest vigilance, however, is required to render them efficient, because the persons put to guard these cordons often allow passengers to evade them, either through neglect of their duties, or through the persuasive influence of bribes. He strongly condemns, however, the practice adopted at one time in Bagdad of shutting up persons smitten with the plague in their houses, and placing guards round them to prevent communication with the rest of the population. The fear of this harsh and unreasonable measure caused the inhabitants to conceal the existence of the malady, and even to bury inside the house those who succumbed from it; thus deceiving the authorities, and helping to intensify and propagate the evil it was intended to mitigate. Dr. Cabiadis can offer no sugggestions worthy of trust as to the best mode of treating plague. The remedies chiefly tried at Bagdad and Hilleh were:—Leeches and mercurial frictions to the swellings, combined with the internal administration of phenic acid or sulphate of quinine. In some cases these remedies were thought to do good, while in others they proved useless, if not detrimental; and Dr. Cabiadis is convinced that we know as little about the cure of this disease as we do about its essence. He concludes his interesting notes on this subject by expressing astonishment and regret that no public hospital exists in Bagdad, an extensive city of 150,000 inhabitants. A large military hospital was built there by Midhat Pacha on a fine and a healthy site, but no use has been made of it. He therefore suggests that the Government should turn it into a civil hospital for the benefit of the people of Bagdad.

Sir Joseph Fayrer, M.D., remarked that, while he approved of every sanitary precaution being taken, he hoped that one effect of the paper which had just been read would be to dissipate the irrational fear of contagion which existed in many quarters, and to disperse the panics which sometimes occurred in regard to the plague. He coincided with a high authority in Egypt who once told him that he had no confidence whatever in the idea that plague was extended by contact, and that *cordons sanitaires* were perfectly useless. He did not think that any amount of dirt or insanitation would ever generate the disease; but he believed that dirt and insanitation might encourage, foster, and intensify its development. He regarded the plague as being a low form of fever, something akin to typhus.

Dr. Caddy, R.N., had no doubt that there was a general desire among Orientalists to disguise the actual facts of the case. He could easily fancy that Oriental dirt and Oriental clothing constituted fertile sources of spreading the disease, which was said to be one that arose from poverty, privation, and filth, and which allied itself with acute febrile illness.

Dr. Lawrence Hamilton remarked that lying in these matters had been reduced in Russia to a scientific system. Omission and suppression of facts was carried on in that country to an extent which was almost inconceivable to the mind of an honest Briton. He looked upon the plague as a description of low typhus fever, which only manifested itself when a country had been devastated, scourged, and weakened by previous diseases.

Mr. Radcliffe observed that they must wait until the plague came within reach of some of the larger towns where hospitals could be established, with proper staffs attached to them, before attempting to approach the disease from a pathological point of view. Still, they had extremely valuable information on the subject; and the results of experience supported the conclusion of the Commission of the French Academy that there was no evidence to show that the plague was the result of direct contact with the sick patient,—the idea on which our quarantine laws were based; but that it was the result of an infection in the air and in the surroundings of the patient. There was, likewise, a concurrence of testimony in regard to the fact that a prime condition in connection with outbreaks of plague had been the poverty of the people who were attacked, and the misery and wretchedness in which they lived. So far as we are concerned, he believed that the ordinary administration of public health in this country—our ordinary arrangements—were adequate for our protection, and quite sufficient to enable us to deal effectively, thoroughly, and completely with any cases of plague which might be introduced into England. Even if a few cases did occur they could be encountered without any serious danger of extension, except under conditions of neglect and panic so scandalous that he declined to entertain a thought of them. We had been able so to cope with typhus that, save under circumstances of very exceptional destitution, we need not now look forward to an epidemic of that disease; and what was true in regard to typhus ought to be true with respect to the plague. If the Government were to act in the spirit which his remarks indicated, and were not to interfere with any nonsense about quarantine, cases of plague in this country would be simply pathological curiosities.

The Chairman remarked that a knowledge of the fact that Government were aware of the danger, and were prepared against any attack, could not fail to engender that confidence which was the best possible antidote to the panic which a severe epidemic was so likely to produce.

Votes of thanks were accorded to the authors of the papers for their contributions.

## SURGICAL SOCIETY OF IRELAND.

Session 1878-79.

Friday, February 14th, 1879.

The Sixth Meeting of the Session was held in the Albert Hall of the Royal College of Surgeons,

Dr. Edward D. Mapother, Vice-President of the College, in the Chair.

Mr. Richardson, (hon. sec.), read the minutes of the previous meeting, which were signed.

Mr. B. Wills Richardson made a communication on

EXCISION OF THE ELBOW JOINT—RECENT SPECIMEN.

which will be found at page 180.

Mr. CORLEY read a communication on

ABDOMINAL SECTION FOR INTUSSUSCEPTION

which will be found at page 180.

Dr. KIDD—Dr. Corley has mentioned my name in connection with this case. I was indebted to his kindness for seeing it in the first instance; and I was fortunate enough to establish a diagnosis. As the part I took was chiefly in regard to the diagnosis, perhaps before members address themselves to the question of the operation, I may be allowed to say a word or two as to the diagnosis. I believe it is only the second instance in my life in which I recognised a case of intussusception. Whether I may have overlooked cases before or not, I cannot say. The first case was not proved to be one of correct diagnosis, neither by the operation nor by the post-mortem examination. But I am quite as well satisfied in my own mind that the diagnosis was correct, as I am in this case, in which the correctness of the diagnosis was proved. The first case was that of a child, aged 5 months, of a lady residing at Killiney; it was a beautiful, well-nourished, thriving child. In the middle of the day the lady was nursing her infant, and having handed it back to the nurse, she noticed that it became pale, fainted, and afterwards appeared in pain. After trying the usual domestic remedies, she at once got into the train, came to Dublin, and brought the child to me; within, I believe, four hours of the time it first appeared to be ill. It was lying in the nurse's lap, exceedingly pale, and very weak; it had vomited two or three times, and passed a small, feculent motion from the rectum. It made constant straining attempts to pass more from the bowel; but on each occasion blood exuded. When I saw the blood it was quite red and fresh, but mixed with a small quantity of mucus. It has long been an established rule with me, if I see a patient suffering much, and find them passing red blood from the bowel, that I examine the rectum. We all know if blood issues down from the upper portion of the intestinal tract, it is altered in its appearance. If it is bright and red, we may be pretty sure it comes from the lower portion of the canal. I, therefore, examined the rectum, passed my finger in, and at once found a peculiar, sausage-like or conical roll, formed of the intussuscepted intestine; I thought I could even recognise the opening of the ilio-cæcal valve. It was somewhat pear-shaped, like the small end of a pear, a little curved, as it were, turned to one side; which, I thought, was probably the result of the attachment of the mesentery to it. But the feeling of it was so characteristic, I at once pronounced my opinion that it was a case of intussusception. I think the rule of always examining the bowel, either in a child or adult, where you have red blood from it, with any degree of constitutional irritation, would save us from a great many oversights, as I am sure it did me in that instance. Mr. Porter, Dr. Cruise, and others, saw the child with me; and we all agreed that it was a case of intussusception. The features of the case were—the sudden collapse, sickness, scanty feculent evacuation, straining efforts, and exuding of blood mixed with mucus; and then on passing the finger into the rectum we found the intestine. That was before Hutchinson's paper was published. We treated the child with opium, and made many attempts to return the intestine; but all failed, and the child died after some seven days. The next case, which Mr. Corley has detailed, was under similar conditions; the child in perfect health, the sudden collapse, sickness of stomach, a quantity of feculent discharge from the rectum, and then straining and exuding blood. When I saw it, there was fresh blood coming from the lower portion of the bowel. I passed my finger in, and found the coil of intestine. In the first case, I believe I saw the child within four hours of the time the invagination or intussusception took place; in the second, I believe it was about twenty hours from the commencement of the symptoms; and the intussuscepted portion of the intestine was as easily felt in the case I examined after the expiration of four hours, as in that I examined after twenty hours. So I believe that the process is one that takes place rapidly, passing down quickly into the rectum. As to the question of the operation, whatever responsibility attaches to it, I fully share with Mr. Corley. We were quite in accord in recommending the operation as the only chance the child had of being saved. Perhaps in the face of the statistics adduced by Dr. Brinton, it is rather hazardous to make this assertion. Of 42 or 43 per cent. of cases of acute obstruction by intussusception, he states that some 30 per cent. or more recovered. That is a very startling statement. But if it be true that Dr. Brinton's diagnosis of cases of intussusception was formed on seeing an escape of a portion of the intestine, we need not be startled. His diagnosis was, that if a patient evacuated a portion of the intestine after a certain number of days, it was a case of intussusception; and a large number of those patients recovered. I believe the escape of a portion of the intestine in adults is not by any means so uncommon as in children. In children the disease runs a much more rapid course. There are very few instances on record of the escape of the intestine in children. In the appendix to Jonathan Hutchinson's first paper, he has given a large number of cases, in all of which the diagnosis was established by evacuation of the intestine; and so the number of recoveries was very much less than Dr. Brinton records. In very few, where the patients were children, did the intestine slough off, and the child recover, though there are some few cases of it. Dr. Hutchinson remarks that all those cases may be fairly divided, as cases of hernia are, into two classes—cases of intussusception where the intestine is strangulated, and cases of intussusception where it is simply irreducible. Where it is strangulated it shows the collapse is extreme, and as a rule, death results; but where it is simply irreducible, symptoms of collapse are not so great, and straining and vomiting not so severe, and if the child survives the condition, the prospect of the intestine sloughing off is less than if it was strangulated. That you can easily understand. It has been suggested that the hæmorrhage which occurs in those cases should be taken as a proof of strangulation. That has been found to be an error. Hæmorrhage is not a test of strangulation, but rather that the tumour is not strangulated. Intussusception strangulates the veins of the part; the artery resists the pressure; the arteries go pumping the blood into the intussuscepted portion; the vessels give way, and hence we have the hæmorrhage occurring. So it is rather a proof that it is not strangulated. In very few cases in which post-mortem examinations have been made, has there been any peritonitis found. That is one of the most important features, perhaps, in connection with it. The cases of strangulated intussusception are, of themselves, very rare. The majority are of the other class—the irreducible. Where you have the irreducible form, peritonitis is not set up until the very last stage, if even then. It has been made an objection to the operation, that an early effect of the intussusception would be to set up peritonitis and adhesions; but if you examine the records of the cases in Mr. Hutchinson's tables, where the state of the bowels, either on operation or at the post-mortem examination, is fully detailed, you will see his remark is entirely confirmed, that peritonitis and adhesions are very rarely found indeed. I think that is a very important point in favour of the operation. In some of our class-books it is made an objection that the parts are adhering; and in attempting to draw the invaginated portion out, you require to tear the adhesions, and set up hæmorrhage and fresh inflammation, which may be sure to be fatal. However, the points that I have tried to put in reference to this operation, are that in the majority of cases sloughing does not occur, and yet there will be fatal results; and that in the majority of cases adhesions do not occur, notwithstanding the closeness of the restriction; and that in the large majority of cases all other attempts except the operation fail. Hence, I do not see how we can hesitate to operate. It seems to me to be a case similar to that Spencer Wells records in "The History of Ovariotomy:" When an eminent surgeon asked him "how could he dare to open that woman's peritoneum?" his reply was "how could he dare to stand by and let that woman die unaided?" It comes to this, therefore, that if we have a case of intussusception in a healthy infant, and death is inevitable, I do not think that a surgeon with the present knowledge of abdominal surgery, would dare to stand by and see the child die unaided.

Mr. STOKES.—As I was present at the operation that has been so well described by Dr. Corley, I may be permitted to make one or two remarks. Dr. Corley has mentioned the opinions of two very eminent English surgeons, Mr. Jonathan Hutchinson, and Mr. Teale, of Leeds. Both are diametrically opposed to one another, one holding that we are not in our present state of knowledge justified in performing this very serious operation unless we are satisfied that we can make an accurate diagnosis as to the cause of the obstruction; the other, Mr. Teale, being of opinion, as we have just heard, that owing to the introduction of improved methods of operation, we may undertake it in cases even where we cannot form an accurate diagnosis. I think that, though my experience may be very limited in this operation, we can hardly accept

either of these views. I think that we are perfectly justified in performing the operation even when we cannot make an accurate diagnosis; and I maintain that in most of those cases it is, in our present state of knowledge, wholly impossible to make an accurate diagnosis as to what the exact nature of the obstruction may be. In the case of that rare form of intussusception, or that ilio-cæcal form, which Dr. Corley treated, it is quite clear that no other method of treatment could possibly have been of any avail but that adopted, for, as Jonathan Hutchinson has well pointed out, there is no record of any similar case having been cured by Nature. By no method of abdominal or rectum taxis, or medical treatment, could reduction have possibly been effected; and therefore, though the case has terminated fatally, there is nothing to regret—but quite the reverse—in the operation having been undertaken and performed. My experience of abdominal section is limited to two cases I have operated on, and in both of these I am sorry to say the result was unsuccessful. In one of those cases the diagnosis could be made distinctly; in the other it could not. The first was that of a patient in the Richmond Hospital admitted with symptoms of strangulated hernia, and he had strangulated hernia. In the absence of any of the surgeons, one of the pupils, with more zeal perhaps than discretion, proceeded to reduce the hernia, and the symptoms not having been thereby ameliorated or improved, I was sent for, and found the patient still suffering with all the symptoms of strangulated hernia. A consultation was called, and we all agreed that what probably had taken place was that the hernia had been reduced *en masse*, and that the obstruction still existed in the abdomen. I accordingly performed laparotomy, and discovered the obstruction and succeeded in reducing it; but, as I said, the result of the case was not favourable. In the second case the diagnosis could not be satisfactorily made. It was the case of a gentleman, æt. 55, on whom I operated last autumn. He had some time previously been suffering from habitual constipation. Having been under the care of Dr. Gordon and Dr. Speedy, I need hardly say that everything that medical skill could do for him was done. Finally, no amelioration in his symptoms taking place, I had had an opportunity of seeing him, and I agreed with Dr. Gordon that the only chance for the patient was to perform abdominal section. No tumour could be distinctly felt, nothing could be felt by the rectum, but he had all the symptoms of abdominal obstruction. Before operating I had the advantage of a consultation with Dr. Robert McDonnell and Dr. Thornley Stoker; and I made frequent careful examinations of the case. Among other plans, we adopted passing our hands into the rectum. Dr. Stoker and I endeavoured to pass the hand and arm up into the colon. I was able to do so, but could not get farther than about two inches beyond my wrist, and yet I could not feel any distinct tumour, or determine from the examination what was the cause of the obstruction. I think the result of his examination also was very similar to mine. I performed colotomy. It gave some immediate relief as far as the evacuation of the bowels was concerned, but the patient after twelve hours died from apparent exhaustion. This was a case in which no apparent diagnosis could be made; and I regret that no post-mortem examination would be allowed, so that I cannot really say what was the cause of the obstruction. There was another case in which I operated, and I regret I did not perform laparotomy. It was a case of hernia under my care many years ago in the Richmond Hospital, whilst my late colleagues, Professors Smith and Adams, were there. The man came in with symptoms of strangulated hernia, and on examining the left groin I found a small tumour there, but there were none of the local signs of tumour about it. We were not satisfied that this was a hernia tumour at all, and we considered it desirable to make an exploratory operation, which I did, and found it was a piece of omentum. This was reduced, the symptoms of strangulation continued, and the man died. I found there was a mechanical obstruction in the abdomen caused by a cord-like fibrous band crossing the intestine. There was a dilated portion of gut on one side, and a thin, attenuated portion on the other. Had laparotomy been performed, it is quite possible the obstruction might have been removed, and the patient's life saved. I cannot endorse what Mr. Teale has said, for we cannot look upon it in any light to be as trivial an operation as he would make it, while he institutes a comparison between laparotomy and ovariotomy. The condition in both is totally different. In one case you have more or less diseased intestine; and in the other, the intestines are not necessarily affected at all. It is true, the peritoneum is, in both cases laid open, but in the one you very often have acute inflammation present, and in the other acute disease of the intestines. Therefore they are totally different, and the two should not be in any degree contrasted one with the other. Although antiseptics have done much to render the peritoneum more easily dealt with and handled, and operated on than before, they will never diminish the enormous risks of the operation of laparotomy or abdominal section. Therefore, I think it should only be undertaken after mature and grave consideration, and after everything was done that could possibly give a chance of the patient's life. I shall only say in reference to the very ingenious theory put forward as to the mechanism of this peculiar form, that in my opinion it bears all the evidence of extreme probability as to the way in which it occurs.

Dr. HENRY KENNEDY was struck with the number of infants in whom, on post-mortem examination, he found intussusception. There was nothing more common than to find, not one, but several intussusceptions in the same child. Intussusception did not, however, exist to the same extent, nor was it probably the formidable disease Dr. Corley had brought forward, but it was intussusception to all intents and purposes—½ inch to 1½ inch—and four or five occurred in the same child. There was a peculiar tendency in children to the disease. He concurred in Dr. Corley's description of it. Six or seven cases of intussusception that he had seen would have been fair cases for operation, there having been in each the sudden collapse of a healthy child, from vomiting, and above all, the appearance of blood. None of the cases survived the disease a third day from the moment of attack, exhibiting symptoms exactly as Dr. Kidd described. He regretted that in bygone years he had not had the same knowledge of treating the disease as at present, for he thought that no medical man, whether physician or surgeon, would be justified in passing over a case of the kind without giving the patient a chance by an operation.

Mr. BENNETT observed that he had recently brought before the Pathological Society the record of a case bearing on the question of diagnosis. The facts were these: A young man, æt. 25, a painter, who previously suffered occasionally from colic, was, nine days before his admission to hospital, seized with intense pain in the abdomen, a pain on the right side of the mesial line below the umbilicus; and from that moment, vomiting and obstruction followed. He had no motion from the bowels for many days before his admission. Having been seen first by a practitioner in town, and subsequently by Mr. Porter, the latter admitted him to hospital, where he was received late in the evening. His condition of depression was such that he was reported to be dying. When I was asked to see him it was stated that he was *in articulo*. His condition was not very much removed from the description given; but still the man had suffered somewhat from the collapse of moving in a cab. He was a thin and spare man, and of small-sized limbs; but his whole abdomen was distended to such a degree that if a pin were pricked against it it would burst. There was a coil of intestine passing along in a way that he could hardly hesitate to think the colon was distended, and I said at once the obstruction was somewhere near it. I passed my finger into the rectum without any result at first; but with a little more exertion I found, as the patient strained, both the sphincter and the anus, and all the muscles of the abdomen within reach of my finger, a body which had all the characteristics of intussusception so-called—a sausage-shaped tumour depression in the extremity, divided to the side, but it presented from the right side and downwards to the level of the hip on the left side. Thinking it was an intussusception high up, not turning towards the back, I attempted to pass a catheter into it to verify my conjecture. Failing this I used a polypus forceps. I caught hold of it lightly, and was then able to determine the fact that it was outside the rectum, as I felt it through the wall of the rectum. I then made up my mind that it was a case of intussusception high up. The condition of the man was such that no surgeon would operate on him at the time, and I determined to leave the case over till morning, treating the collapse as well as possible. The man's breathing was so embarrassed that he would fail to breathe much longer with the pressure of the diaphragm; and with the finest aspirator needle I penetrated the colon, as I thought, and for twenty minutes or more I had to stand by whilst a stream of gas escaped from its opening. There was great relief, and the man said, after five or ten minutes, if he were let be quiet he would go to sleep. Opium was administered and the needle

withdrawn as soon as the air ceased to flow; and I waited till morning, with the intention then to explore by direct incision into the abdomen, if the man's condition were suitable. The patient was dead in the morning. The post-mortem examination revealed the fact that the tumour was not intussusception. There was a stricture of exceptional character, which destroyed the entire cæcum, and the pressure caused thereby, combined with the pressure of the small intestine, produced the obstruction. In making the post-mortem examination I evacuated a quantity of free gas through the cavity of the abdomen. There was peritonitis older than the date of the puncture with the needle, to which therefore it could not be attributed. Had either colon outside the peritoneum been opened I should have failed, and the obstruction could not be reached except by a direct incision into the abdomen. This pointed to the fact, passed over by the previous speakers, except by Mr. Stokes, that the diagnosis was of extreme difficulty. Whatever the facility of diagnosis in a child under the conditions mentioned by Dr. Corley and Dr. Kidd, I do not think they were very forward in diagnosing the nature of the obstruction in the adult. My experience would incline me to be cautious as to operating hastily. I had details of three cases in which complete obstruction in the adult existed, and with as great distention as in the case mentioned, though the patients had not sunk so low, and after 15 days in one case, and 11 in another, the patients recovered without any operation. While I was perfectly willing to open the abdomen as an extreme measure, I should be slow to adopt the operation hastily.

Mr. CORLEY replied. A good many points had been mentioned, especially by Dr. Kidd, showing that the subject was an extremely large one. He thought Dr. Kidd would have related his experience in another case bearing on the opinion quoted from Hutchinson and Teale. Anyone misunderstood him who thought he had represented Hutchinson as objecting to the operation. What Hutchinson warned surgeons against was an exploring operation when the diagnosis was not certain. The case he expected Dr. Kidd would have mentioned was that of an operation performed by Staff-Surgeon Johnston for obstruction, the precise nature of which was not known. There was no obstruction found. The cæcum was opened and an artificial anus established, which was afterwards cured, and the woman recovered and lived a couple of years afterwards. What Dr. Kennedy stated was a well-known pathological fact as to the discoveries by post-mortem examinations in intussusception, and these conditions were, he believed, especially frequent in cases of hydrocephalus. At the close of his observations Mr. Bennett had said he was cautious in recommending an early operation. He did not wish anyone to think that he (Mr. Corley) would perform the operation heedlessly or without a full sense of responsibility. The truth very fairly lay between Teale and Hutchinson on the subject. When the patients were stupefied with opium, stercoraceous matter may be drawn into the lungs, giving rise to a form of pneumonia, which was an additional element of danger. This was a fact which was new to him.

The Society then adjourned.

THE rates of mortality in the principal foreign cities, according to the most recent weekly returns were in Calcutta 42, Bombay 30; Paris 26; Geneva 20; Brussels 32; Amsterdam 29; Rotterdam 33; The Hague 27; Copenhagen 26; Stockholm 25; Christiania 15; St. Petersburgh 48; Berlin 25, Hamburg 27, Dresden 22, Breslau 28, Munich 31; Vienna 32, Buda-Pesth 41; Rome 27, Turin 29, Venice 26; Alexandria 45; New York 27, Brooklyn 23, Philadelphia 23, and Baltimore 23 per 1,000 of the various populations. Small-pox caused 47 deaths in St. Petersburgh and 18 in Buda-Pesth.

AT the last examination of candidates for the Licence of the Royal College of Physicians, London, there were twenty-four candidates, all of whom passed. Such a fact has, we believe, never before occurred in the annals of the College, and each member of the batch is to be congratulated upon his part in so happy a consummation.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 5, 1879.

## THE PLAGUE.—III.

IT must not be supposed that the adoption by our Government of preventive measures against the plague is unnecessary, because it is doubtful whether the pestilence, which has already been apparently stamped out of Astrachan, will gain a footing in this country, or because the comparative cleanliness and sanitary condition of our countrymen and their homes, would prevent any serious mortality arising from a few cases being accidentally imported. If, as many contend, and we, for the most part admit, dirt, poverty and overcrowding favour the extension of the disease, there are still hundreds of dirty districts, and thousands of dirty people, in our large towns, that would form a favourable nidus for its development were it once to appear amongst us; and as regards poverty, the Earl of Carnarvon has just reminded the Government that there is at this moment an amount of distress, poverty, and want of food, which is greater than has been known for a long period. Before, however, we briefly detail the measures that should be taken to prevent the propagation of this disease, it will be advisable to mention categorically the chief facts which are known respecting its nature, and to say whether the recent outbreak of pestilence in Astrachan is in every respect identical with the plagues which have in former times visited Europe.

With regard to the nature of plague it may be summarily stated that it is a contagious disease generally prevailing as an epidemic, but sometimes sporadic; that it presents most of the characters of a malignant or putro-adynamic fever, accompanied by certain symptoms of a specific nature; that there is great prostration of the

powers of life, and a great tendency to a dissolution of the crasis of the blood and of the soft solids, the mucous membranes, the cellular tissue, and the capillaries, early manifesting the effects of these changes ; that it is often attended with hæmorrhage from some mucous membrane, generally epistaxis or hæmoptysis, still more frequently with buboes and carbuncles in various parts of the body, and sometimes with petechiæ, vibices, and livid patches ; that in many instances owing to the annihilating effects of the contagion upon the vital powers, the patient is rapidly carried off, without any vascular reaction taking place, without the development of any buboes or any other local symptoms, and without either the gastric or cerebral organs being prominently affected ; that, therefore, although the pestilence has been specifically the same in all ages, and in all countries, there have always been different grades or forms of the disease, the local symptoms, the nervous symptoms, or the gastro-enteric symptoms, being more prominent in some cases and in some epidemics than in others ; that although there are many reasons for believing that it may be generated *de novo*, it is, generally speaking, preserved and spread, and appears epidemically, in virtue of its eminently contagious properties ; that the chief pre-disposing causes of the disease are want of cleanliness, insufficient food, overcrowding and bad ventilation, a moist condition of the air, and a temperature ranging between 35° F. and 75° or 80° F.; and that it is most surely contracted by persons who are exposed to the atmosphere surrounding infected persons, or who come much in contact with them, or with their bedding, clothing, and other infected articles. Such are the most prominent characteristics of the plague, and the question is whether the pestilence which has recently appeared in the Levant, and extended to Russia, is the same disease as that we have been describing.

There can be no doubt that the extraordinary precautions which have been taken by the German and Russian Governments were taken from a conviction that they had to contend with the same bubonic pestilence which had in former times depopulated so many cities in Europe. The descriptions that have been given by eye-witnesses of the Levantine Plague as it occurred in 1877 and 1878 (and some of which will be found in Mr. Netter Radcliffe's 'Official Memoranda') leave little doubt as to the nature of the disease. In the description given by Surgeon-Major Colvill of the plague which occurred in the Province of Bagdad in 1876-77, we have several characteristic features of the pestilence. The symptoms are ushered in by that same dread of approaching evil to which we have already referred. The patient "becomes distracted, tosses about in evident fear of something he cannot describe, and if he is absent from his house runs home like a maniac and throws himself on his bed." There is fever of twenty-four to thirty hours' duration. There is that dull apathetic condition of the patient so often observed in this disease. "He has to be spoken to two or three times before he can understand the questions," or his head "will roll from side to side and his face becomes flushed like that of a drunken man." The tongue is black : the teeth and gums are covered with sordes ; the thirst is unquenchable ; the pain in the epigastrium such as if this region were "full of burning charcoal." That there is vomiting, perhaps of blood, and then that enlargement of the lymphatic glands (buboes), and those carbuncles and petechial spots, which have attracted the attention of all who have had personal experience of the disease. The rapid and fatal progress of the pestilence was also well marked in the epidemic to which we are now referring. "I have known cases," says Surgeon-Major Colvill, "in which the patient apparently in good health has screamed out that he has been stabbed in the groin. In these cases the glands enlarged before the fever set in, and they were quickly fatal." Out of 534 deaths 311 occurred within the first three days, and 126 within the first twenty-four hours. The accounts of the plague in Pesht given respectively by Dr. Castaldi, Ottoman Delegate, by Mirza Mehmet Hassan Khan, and by Dr. Konsyimsky, Physician to the Russian Legation, Teheran, closely correspond with that given of the plague in Bagdad by Surgeon-Major Colvill ; and they all agree in regarding the disease as the true bubonic or Eastern plague. Dr. Castaldi gives the following very graphic description of the physiognomy of the disease : "Ce qui caractérise d'une manière non équivoque la peste . . . c'est une expression particulière de la physionomie des malades qui ne peut pas être confondu avec celles des typhiques, ni des cholériques, et qu'il suffit d'avoir vu une seule fois pour ne plus l'oublier. Les yeux sont retirés dans les orbites, mais ils ne sont pas cerclés, d'azur comme les yeux des cholériques, le regard est hagard, mais il n'a pas la fixité de celui, des typhiques, les muscles de la face participent du relâchement des autres muscles et ne présentent pas les rides et les contractions des muscles des malades atteints de typhus ou des maladies cérébrales. L'expression de la figure des pestiférés est celle de l'apathie. Bref, la paste, a une physionomie particulière et la démarche chancelante des pestiférés imprime à l'ensemble de leur attitude un cachet caractéristique." Dr. Castaldi concludes by saying that the symptoms, the progress, and the special physiognomy of the disease do not leave on his mind a shadow of doubt as to the epidemic he witnessed being the true plague. The other observers bear similar testimony ; while in illustration of its fatal and contagiousness Mehmet Hassan Khan mentions one family, seven members of which were carried off in eight days. The German Sanitary Commission was therefore justified in saying that the Russian authorities had "to deal with an outbreak, very limited in extent but intense in character, of the plague, and indeed of the so-called Indian or Asiatic plague."

Now, with respect to the prevention of this pestilence we shall confine our remarks to a few points about which there appears to be some difference of opinion, namely, the question of contagion, the question of quarantine and the influence of filth upon the propagation of the disease. Formerly, there were not wanting people who did not believe in the contagiousness of the plague. This is not the opinion held at the present day, but according to a paper recently read by Mr. J. Netten Radcliffe before the Epidemiological Society, Dr. Cabriadis concluded from his experience of the plague at Bagdad, that no great risk was incurred in touching persons

affected with the plague, provided a person avoided exposing himself for any lengthened period to the atmosphere of the apartment occupied by the patient. If this is the case it would follow that the plague is not nearly so contagious as some of our own infectious diseases, such as scarlet fever or small-pox, and that the stamping out of a pestilence that can only be contracted by actually living with the infected, ought not to be a matter of much difficulty. Unfortunately, however, the opinion of Dr. Cabiadis is opposed to that of all the most experienced writers on this disease, and of all those who witnessed the dreadful outbreak of the disease in Europe in the latter part of the last and in the beginning of the present century, and therefore it would be unsafe to act upon that opinion unless it were supported by further evidence. Dr. Bancroft, who was present with the English army in Egypt, while the plague was raging in that country, states "that the facts which prove the necessity of actual contact with some infected person or thing to communicate the disease are so numerous and notorious that it is unnecessary for me to enter upon a detail of them, after what Dr. Russell and others have published . . . it was shown that all those who avoided contact invariably escaped the disease, while those who did otherwise in suitable conditions were very generally infected . . . nor was there, so far as I have been able to discover, any instance in the French-Egyptian army of a communication of the disease without contact." Similar views were held by Sir James M'Grigor, and many able observers, who had the opportunity of witnessing far more terrible epidemics of this disease than have fallen to the lot of Dr. Cabiadis. While this physician contends that the atmosphere about the sick is "the true medium of transmission," he believes —and who does not believe?—that the clothes and bedding of the sick may transmit the disease. But how can a person come into contact with a plague-stricken patient without coming into contact with his clothes or bedding? or without breathing the air which surrounds him? The fact is, this attempt to revive the old distinction between the terms "contagion" and "infection," is neither scientific nor politic. In all infectious diseases it is difficult to say how much the infection is due to actual contact, and how much to being exposed to the atmosphere of the sick room, as exposure to one medium of infection generally introduces exposure to the other. Dr. Cabiadis contends that the plague is very infectious and not contagious, and only very infectious when there is constant communication between the healthy and the sick. But he admits the clothes may, apart from the patient, transmit the disease, that is to say, a person may become infected without coming into communication with the patient, and without breathing the same air! Hence, this physician's opinion is not only at variance with that of most writers on the subject, but may be regarded as rather paradoxical. The fact is, for all practical purposes it is sufficient to know that plague is a contagious disease in the modern sense of that term, and that either the atmosphere about the sick, or his clothing, and other fomites, may be the media of its transmission. Hence it follows that *isolation* and *disinfection* are the two great measures that should be depended upon for its prevention. It is these principles which have guided the Russian Government in its dealings with the plague in Astrachan, which should guide the action of our Government should the disease threaten to visit this country, and on which the propriety of some form of *quarantine* can alone be defended. In other words, quarantine is only advisable in so far as it enables sanitary authorities to thoroughly carry out the system of isolation and disinfection. Of course, the old plan of keeping passengers on board a ship for thirty or forty days, because they have come from a plague-stricken port, is out of the question at the present day, when, in most places, the sick can be successfully isolated, and everything in the ship disinfected, under what is now called the "system of medical inspection," which involves a detention of only two or three days, or even less. In the case, however, of such a terrible pestilence as plague, a quarantine of observation of five to ten entire days, either in a lazaret on shore, or on board of a troop-lazaret, might, in some instances, be deemed necessary. This plan has been resolved upon by the French Government with respect to the Mediterranean Ports; while, as regards their Channel Ports, they have ordered a quarantine of three to five days either on board, or in a hospital; the disinfection of wearing apparel, and of the vessel itself being also obligatory. But we should hesitate before saying, as some have done, that quarantine should be wholly given up, as other precautionary measures cannot be taken without some form of quarantine being practised. It may, indeed, be said that "isolation" is nothing more than a species of quarantine, whether in respect of a single individual, or of a whole district. Some sanitarians, as for instance, the International Sanitary Conference which met a few years ago at Vienna to consider what precautions should be taken against cholera, think that quarantine by land is useless and impracticable, but that it should be adopted by sea. The members of the conference were unanimous in recommending that quarantine, especially in the Red and Caspian Seas, should be carried out in as complete and satisfactory a manner as possible. But with regard to plague, it appears that even Dr. Cabiadis is not opposed to inland quarantine, for "he believes that *cordons sanitaires* properly enforced, are extremely useful in checking the extension of an outbreak of that pestilence." At all events, the Russian authorities have been pretty successful in stamping out the plague in Astrachan. We doubt whether they would have been so successful if they had been guided in their action by the doctrines of those who do not regard plague as a contagious disease, and who talk of the "nonsense of quarantine." We are not surprised, therefore, that the Duke of Richmond and Gordon, and the Earl of Carnarvon, questioned the propriety of the remarks made by some of the members of the Epidemiological Society, and that the former resolved, "to do all in his power to see that quarantine is effectually carried out." The temperate adoption of quarantine will be the best means of keeping the plague from this country, while strict isolation and disinfection are the only means of preventing its extension should it ever gain a footing. We have, therefore, little to fear from the disease, provided our sanitary authorities and the public likewise, take these precautions against it.

# Notes on Current Topics.

## Changes in the Irish Local Government Department.

A SERIES of departmental changes, which are of extreme importance to Poor-law medical officers in Ireland, are either accomplished or pending within the Local Government Board for Ireland. Mr. O'Brien, a most popular and efficient Inspector in the service, and one whose severance from it is felt to be a loss, has been transferred to office under the new Prisons Board. His place in the metropolitan district will be taken by Dr. MacCabe, the Inspector now in charge of the Cork district, and the profession feel that no more judicious selection could have been made. As a dispensary medical officer for some years, Dr. MacCabe has known what it is to follow the plough—as Resident Physician at the Waterford District and Dundrum Central Criminal Asylums, he acquired a valuable administrative experience, and since he entered the service of the Local Government Board he has won the confidence of both his masters and those with whom he had to deal.

Dr. Brodie, the inspector for Galway, leaves that district to replace Dr. MacCabe at Cork, taking with him the best wishes of those with whom he had worked there for so many years. His successor is Mr. Power, son and ex-Secretary of Sir Alfred, the well-known head of the Local Government Department in Ireland.

The most interesting change in office is that which has been rumoured for a long time, but which is now considered likely to be realised, to wit, the abdication of no less a potentate than Sir Alfred Power himself. The rumour has been so long in the public ear that we may not be considered presumptive or indiscreet in mentioning it. It is said that Sir Alfred has long been anxious about the future of his son, but—his mind being now set at ease on that score—proposes to retire to a well-deserved rest from his labours. But who is to follow him? The whispers oscillate between the Hon. David Plunket, M.P., and Mr. Henry Robinson, formerly himself an inspector under the Local Government Board, and now Assistant Under-Secretary at the Castle. The tide of opinion sets very decidedly in the latter direction.

Whether these rumours are or are not the shadows of coming realities, we cannot but feel an almost breathless interest in the change. The throne of the Local Government Board is, with respect be it said, of more direct interest to the people of Ireland than that of the Lord Chancellor, or even of an Archbishop. The efficiency of the sanitation and poor-law administration of every parish and every village in the country is, every day in the week, directly influenced by the Local Government Board, and while on the one hand an industrious, intelligent, and capable leader of the department would out-value a prince in its relation to Ireland, so on the other hand an indecisive, dull, or impracticable President of the Local Government would be a living calamity to the country.

## Killed in the Streets.

ONE of the most estimable and kindest-hearted members of our profession, Mr. John Oakeshott, of Highgate, was brutally knocked down and killed in the streets of London in the early part of last week. It appears from the evidence of an eye-witness, a passing cabman, that as Mr. Oakeshott was quietly standing on the shelter that occupies the middle of the roadway at the Strand end of the Northumberland Avenue, one of Taylor's ginger beer vans was seen to be driving at a furious pace towards him. The driver, it appears, was racing, and to avoid the other van drew his horses towards the spot where the unfortunate gentleman stood, and swerving a little, the pole caught him and threw him down under the horses' feet; in an instant the wheels of the van passed over him and fractured his skull in a most frightful manner. It is almost needless to point out that this is one of the most dangerous crossings in the whole of the metropolis, and certainly the Commissioner of Police would show his regard for the lives and limbs of Her Majesty's subjects by stationing one or two members of the force at this particular spot, for the purpose of protecting foot-passengers from the increasing danger of being knocked down and run over by the reckless class of drivers one constantly encounters about this much frequented thoroughfare. Mr. John Oakeshott, who has thus met with a sudden and cruel death, received his education at University College Hospital some fifty years ago, and the greater part of his life has been spent in Highgate. He was medical officer of health for Hornsey, and filled other posts of responsibility in the district. He was greatly and widely respected in Highgate by rich and poor, where his loss will be severely felt and deplored by a numerous circle of friends. It is some consolation, although a miserable one, to know that the driver of the van stands committed for trial on the charge of manslaughter.

## The Ladies and the College of Physicians.

As an illustration of the anxiety which characterises the female mind to gain an entrance to the hallowed portals of our medical colleges, we may mention that as soon as the announcements were made last week that medical practitioners would be admitted on presentation of their cards to the Goulstonian Lectures at the Royal College of Physicians of London, the ladies at once put in their claims. The very idea of a troop of petticoats being marshalled in like girls to a boarding school, was too much for the equanimity of the authorities of this venerable institution, and in order to avoid the possibility of such a contingency the announcements were at once altered to *gentlemen* being members of the profession, &c.

## Brown Bread v. White.

PROFESSOR A. H. CHURCH contributes an article in the current issue of *Nature* on the subject of the dietetic value of wheaten bread. In a former article, published some two months ago, Professor Church exposed the fallacy of supposing that brown bread possessed a *directly* higher nutritive value than the ordinary bread made from white flour. Though the latter contains actually less nutrient material than the former, still the ready digestibility of its flesh-formers, as contrasted with the indigestible nature of the excess of nitrogenous matter in the brown bread, makes it a preferable article of diet. The recent report of the committee appointed to inquire into the dietaries of

the prisons in England and Wales, serves Professor Church with a basis for his last communication on the subject, And the concluding paragraph of the article deserves especial notice. He writes: "The committee is clearly right when it urges the desirability of including most of the coarser mill products of wheat in the meal on account of the phosphates thus secured; and the proposed plan is a good one, of making the dough of the finer mill products only at first, and then introducing, when the dough is nearly ready for the oven, the middlings, sharps, and pollard, again kneading the mass as quickly as possible, and then baking it. The excessive solidity and stickiness of most wholemeal bread is thus avoided, since the ferments present in the seed coats of the grain have but little time to exert their action on the starch of the flour."

## Physical Competition in the Army.

THIS subject was brought before the House of Lords on Friday last. At first we were in favour of the proposal that was made by some of the authorities at the War Office, but now we would say that it is neither very practicable nor, on medical grounds, at all advisable. No doubt strength of muscle and agility of limb may be tested by such a physical competition as that which has been recommended, but this physical competition, while it might not, as Viscount Bury said, dovetail in with the intellectual competition now in force, certainly would not test that power of endurance, or that "staying" power which is the best evidence of a strong constitution, and which is of so much value to a soldier. Much as we would encourage the practice of all kinds of physical exercises, not only in the army but among all classes of the community, it should not be forgotten that they are rather a means of invigorating, than a means of testing, the constitution of an individual. A man may be able to run a mile in a fixed time, or jump an immense height, or "throw" one antagonist after another, and yet not have much power for long and sustained exertion, and for undergoing all kinds of fatigue and privation as men who have not half his muscular strength or bodily agility. Now this strength of constitution, and this power of endurance, not only could not be well tested by the proposed physical competition, but do actually in nine cases out of ten go hand in hand with that superior intellectual merit and power for mental work which characterises the successful candidate for an appointment in the army. Hence we are not surprised to hear, on the authority of the Duke of Cambridge, Viscount Bury, and Lord Cardwell, that the men who now enter the army are for the most part as remarkable for their physical, as they are for their intellectual, qualifications.

## Osteological Characteristics of the Andamans.

PROFESSOR HENRY FLOWER will deliver the first of nine lectures to-day (Wednesday), in continuation of the course delivered at the College of Surgeons of London last year, on "The Comparative Anatomy of Man." One of the most interesting portions of this course will be that devoted to a consideration of the osteological characteristics of the Andaman Islanders, and the relation these bear to other races. A series of crania and skeletons have lately been received, which will serve for the demonstration of these special features. Admission to the lectures will be accorded to all who wish to avail themselves of the opportunity they will afford, of following the history of ethnological details, and the demonstrations of them afforded by recent additions to the museum.

## The Plague.

THE latest news from Astrachan is still very favourable, but it appears that the countries bording upon Russia in Europe are not relaxing the rigid measures they have adopted with respect to their intercourse with that province. With regard to the action of the German authorities, Herr Thilenius expressed, at a meeting of the Reichstag held on the 1st inst., a hope that an International Plague Commission would be established, and further that a Council of Public Health would be formed in Germany to act in conjunction with the Sanitary Board. Herr Hofmann also addressed the House, and after giving an account of the recent progress of the plague, and of the measures taken by the Russian Government to stamp it out, stated that no case of sickness had occurred outside the sanitary cordon. He spoke in the strongest terms in favour of every possible precaution being taken to keep the pestilence away from the borders of Germany; and subsequently it was resolved that as regards Russian trade, quarantine and measures for disinfection should be put in force at 18 North Sea ports, and 30 Baltic ports. The German Government also intends to extend the prohibition of importation to bones, manure, and cordage material. No fresh case of plague has, up to the time of our going to press, occurred in the Government of Astrachan, or in the internal Kurgiz district.

## The Hunterian Oration.

IT is the custom of the Hunterian Society to select every year one of their members to deliver an address. The choice of a topic is left to the discretion of the orator. The address or oration (as it is officially termed) for 1879 was delivered on Wednesday, 12th of February, in the Theatre of the London Institution, by Mr. Rivington, F.R.C.S. The main topics of the oration, which was delivered without manuscript, and occupied 75 minutes, were the position of the medical profession in the body politic, and the means of raising it in public estimation. The defects of the preliminary, the scientific, and the professional branches of education and examination, the conflicting regulations of the 19 Licensing Corporations, the over-legislation which burdens students, teachers, and schools were discussed, objections to conjoint examinations were combatted, and an adequate representation of the rank and file of the profession in the General Medical Council, the Medical Corporations, and in Parliament, was advocated. The Orator spoke in favour of the requirements of Greek at the preliminary, of a preliminary scientific examination, the establishment of educational museums in the provinces, an examination at the end of each year of professional study, and the commencement of the professional curriculum in the summer, in order that medical students might learn osteology and ele-

mentary histology, before the commencement of dissection in October. State supervision of all institutions for the distribution of medical relief to the poor, the more accurate adjustment of general and special hospitals to the needs of the population and the requirements of medical education, the elevation and extension of the Poor-Law and Sanitary Medical Services for the purpose of supplying the sick poor with adequate and qualified medical aid, instead of leaving so much to the laws of supply and demand, which fostered empirics and counter-prescribing chemists, were upheld. Having made some stringent remarks upon the want of acquaintance of the public with matters medical, the hostility of the public, and the indifference of the powers that be to the profession as a body, as exemplified in the sorry treatment of medical men engaged in the public services, and the attitude assumed towards scientific research, the speaker concluded with inculcating the necessity for union within the ranks of the profession, and the subordination of individual action to the common good of the professional community. The address was very favourably received, and a vote of thanks to the Orator concluded the proceedings.

## The Registrarship of the London University

HAVING been conferred upon Mr. Milman, the Assistant Registrar, upon the resignation of Dr. Carpenter, the second post is now vacant, for which, probably, a large number of candidates will present themselves. As yet we have heard of but one candidate, Dr. Gillespie, Secretary to St. Thomas's Hospital, who is certainly in every way eligible. He has served under the Crown at home and abroad, in the Army Medical Department; has been superintendent of quarantine in Mauritius, district magistrate, commisioner in lunacy, chairman of Local Board of Health, &c. These offices Dr. Gillespie was compelled to resign, and return to England whilst suffering from blood-poisoning. Having recovered, he has since occupied the post of secretary to St. Thomas's Hospital with satisfaction to the authorities. Dr. Gillespie is yet barely middle-aged, is a good book-keeper, and with such a wide past experience to his credit, should stand a good chance of success, for which he has our best wishes.

## Frauds upon a Dublin Hospital.

THE Adelaide Hospital, Dublin, has been the victim of a very serious defalcation on the part of its secretary, a Mr. Franklin, who has disappeared with about £1,500 of the hospital funds. The police have the business in hand, but have not yet been able to present their compliments to the errant official. The financial management of the institution was, we believe, in the hands of a lay committee, who accepted a security of only £300 from the ex-secretary. The most serious part of the defalcation arises, we understand, in connection with the extensive building contracts with which the hospital is, and has been, engaged.

## Jervis-Street Hospital, Dublin.

DR. WILLIAM STOKER, F.R.C.S.I., has been appointed to the Surgeoncy of Jervis-Street Hospital, vacated by the removal of Dr. Kilgariff to the Mater Misericordiæ Hospital. Dr. Stoker is a Demonstrator in the School of the Royal College of Surgeons, and son of Dr. Edward Stoker, one of the Surgical Court of Examiners of the College.

ACCORDING to the Registrar-General's official returns the rates of mortality per 1,000 last week in the principal cities and large towns of the United Kingdom were :—Portsmouth 17, Leicester 17, Bristol 18, Hull 19, Plymouth 19, Edinburgh 21, Brighton 22, Norwich 23, Birmingham 23, Sunderland 23, Nottingham 23, Newcastle-on-Tyne 23, London 24, Glasgow 24, Bradford 25, Sheffield 25, Wolverhampton 26, Leeds 28, Oldham 35, Liverpool 36, Dublin 38, and the highest rates 39 in Manchester and Salford.

THE death-rate from the seven principal zymotic diseases last week averaged 2·6 per 1,000 in the principal large towns, and ranged from 0·4 and 0·5 in Hull and Bristol, to 4·4 and 5·2 in Salford and Leeds. Scarlet fever showed the greatest fatality in Salford and Sunderland; whooping-cough in Manchester, Leeds, and Sheffield. The deaths from enteric fever were proportionally most numerous in Newcastle-on-Tyne. Small-pox caused 17 more deaths in London, 16 in Dublin, but not one in any of the other large towns.

AT the last competitive examination of candidates for the Indian Medical Service, thirty presented themselves, and all passed. As there were but fourteen vacancies, the question naturally arises, What will become of the balance? Will they go to recruit the much despised Army Medical Service, or wait for vacancies in the Indian?

THE Curatorship of the Irish College of Surgeons, vacated by the death of Dr. John Barker, will be filled up on the 6th of June next, and it will be necessary for competitors to send, for the inspection by the Council of the College, a number of preparations guaranteed to have been made by themselves. The salary to a competent pathologist and histologist, and one capable of doing justice to the museums, will be £250 a year, subject to increase, if his merits deserve it. But—so far as we know—no candidate presenting those qualities has as yet offered himself.

THE following changes have taken place in the medical staff of some of the Dublin Hospitals :—M. J. Kilgarriff, F.R.C.S.I., Surgeon to the Mater Misericordiæ Hospital, vice Mr. Tyrrell, deceased. William Stoker, F.R.C.S.I., Surgeon to Jervis Street Hospital, in the room of Mr. Kilgarriff, resigned. F. A. Nixon, F.R.C.S.I., Surgeon to Mercer's Hospital, vice Mr. McDowell, deceased. Dr. J. M. Redmond, L.R.C.S.I., Temporary Physician to Cork Street Fever Hospital, vice Dr. Gunn, resigned; and W. Crozier, L.R.C.S.I., House-Surgeon to the Meath Hospital.

THE Physiciancy to the county of Dublin Prison at Kilmainham has become vacant, by the resignation of Dr. Rutherford Kirkpatrick, who has held it only a few years. The salary is £100, and the gift of the office is in the hands of the Lord Lieutenant.

## The Election of a Surgeon to the Lock Hospital, Dublin

In the room of the late Dr. McDowell, which had been the occasion of much interest in the profession in Dublin, took place on Saturday last. The appointment lay with the Board of Governors and the salary is £100. Dr. Henry Fitzgibbon, Surgeon to the City of Dublin Hospital, son of Master Fitzgibbon, and brother of the Lord Justice of Appeal for Ireland, was chosen out of eight candidates by a majority of one vote in a Board of fifteen members.

## Dublin Medical Wills.

We understand that the late Dr. John Barker, Curator of the Museums and Examiner in Materia Medica in the Royal College of Surgeons in Ireland, bequeathed to the College the reversion of a sum of about £3,000, with the suggestion that the interest of it should be applied in granting prizes to students for the most skilfully made dissection suitable for preservation in the College museums. A further suggestion is offered that a sum of £10 be granted to the Curator, for the time being, to enable him to entertain the successful competitors for these prizes at dinner.

We also understand that Dr. Ledwich has bequeathed the sum which may be realised by the purchase of his vacated surgeoncy at Mercer's Hospital—probably about £1,200—to the Board of Governors of the Hospital, to be applied by them to building in connection with the institution. But if the vacant surgeoncy be not filled up within three months, the money is to pass to the Adelaide and Meath Hospitals.

Amputation at the hip was performed on Saturday last, the 1st inst, in the Adelaide Hospital, Dublin, by Mr. B. Wills Richardson. Compression of the common iliac artery was made with Mr. Richard Davy's wooden lever passed up the rectum, which so effectually controlled the vessel that the operation was almost bloodless.

# Scotland.

Edinburgh Royal Society.—The sixth ordinary meeting of this Society for the present session was held on Feb. 17, in the Royal Institution. Professor Killand in the chair. The first communication read was one by Mr. J. B. Haycraft, M.B., C.M., on "some Physiological Results of the Temperature Variation." After stating that some seasons of the year were more prolific of births than others, the paper proceeded to give some facts bearing on the question, deduced from the study of the registers of eight towns in Scotland. In these towns there were 3,387 births in April, the largest number, and 2,915 in August, the smallest number. The average number of births, taking all the year round, was 3,127 per month. The number of marriages contracted in January was very high. The number fell through February to March; rose a little in April; fell materially in May; rose to its maximum in June; showed a slight fall in July; fell again in August; and so on with a slight rise in November and December. The other papers read were, on the "Elasticity of the Walls of the Arteries and Veins," by Dr. Reyl; and a "Note on the Distribution of Temperature under the Ice in Linlithgow Loch," by Mr. J. Y. Buchanan.

Ovariotomy in Scotland.—Dr. Thomas Keith has just separately issued in pamphlet form a paper on this subject read on the 10th October, 1878, at the East Surrey District Meeting of the South-Eastern Branch of the British Medical Association. We have much pleasure in directing attention to the paper. No one can refuse to Dr. Keith the credit to which his marvellous success in the performance of a most grave operation entitles him. Strange, however, that one with such good hands should be so stinted in mind as to believe in Mr. Lister's "antisepticism." "A large blood-clot organised in the wound of a compound fracture!" Nature's cycle is never interrupted in this way. Why should not a bit of beef-steak become similarly organised? We are quite prepared to hear of a bit of sponge or a pair of scissors becoming organised under the antiseptic spray. The one is not less dead than the other. The antiseptic fallacy of the nineteenth century has retarded the cause of scientific medicine for two hundred years.

Edinburgh Royal Infirmary—Proposal for furnishing by the Lord Provost.—At the last meeting of the managers of the Royal Infirmary, Lord Provost Boyd stated that, in view of the new buildings being ready for occupation in the course of this year, it would be desirable that attention be directed to the fact that a large quantity of new furniture would be required. He said that the state of the funds showed that a considerable sum of money would still be necessary to open the institution free of debt, and it would be unfortunate if that debt had to be increased by the purchase of furniture. The times, unfortunately, were not propitious for making a general appeal for subscriptions; but he thought several public bodies, if suitably approached, might not be unfavourable to furnishing one or more wards, the cost of each of which, including the rooms connected therewith, would be about £300. In addition to the subscription of £1,000 by the Town Council, towards the erection of the buildings, he hoped they would agree to furnish three wards of the New Infirmary. Then there were, the Royal College of Physicians, the College of Surgeons, and other bodies which might act similarly. Mrs. Buchanan, Moray Place had endowed a ward in memory of her husband.

"Spiritualism."—The tricks of the contemptible delusion termed *Spiritualism* were successfully exposed in the New Public Halls, Glasgow, on the evenings of the 25th and 26th ult., by Mr. Bishop, a young American gentleman, who had just been entertaining and instructing in a similar manner, the Modern Athenians. Mr. Bishop was invited to Glasgow by the University authorities, who mustered in great force on the occasion of both *séances*, if Mr. Bishop will pardon us the use of the word. The proceeds of both meetings were in aid of the funds of the Western Infirmary. Mr. Bishop was ably assisted in his well executed and interesting performances by the learned Professor of the University; and Dr. Gairdner perfectly out-did himself in *his* usual *rôle* of exhausting the forbearance of the audience. When he began to talk of the *minutiæ* of the brain structure, and his own early *history*, the audience could stand it no longer. It certainly was not unnecessary on his part to inform the audience that "personally, he had never been a believer in Spiritualism." Dr. Gairdner considered the whole matter "a diseased condition of the Faculty of Wonder." Well done, Science!

# Medical News.

**Indian Medical Service.**—List of candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination held at Burlington House on the 17th February, 1879. 28 candidates competed for 14 appointments. All were reported qualified.

| | Marks. | | Marks |
|---|---|---|---|
| F. F. Perry ... | 2,340 | C. H. Murray ... | 1,910 |
| C. B. Hunter ... | 2,210 | H. G. L. Wortabet | 1,885 |
| P. W. Dalzell ... | 2,195 | J. C. C. Smith ... | 1,830 |
| S. Little, M.D. ... | 2,185 | R. James ... ... | 1,755 |
| G. H. D. Gimlette | 2,180 | F. Burness ... | 1,771 |
| M. Gaisford ... | 2,085 | E. P. Frenchman ... | 1,705 |
| W. F. Thomas ... | 1,935 | S. C. Sarkies ... | 1,670 |

## NOTICES TO CORRESPONDENTS.

DR. GRIFFITH.—Unfortunately we have been as yet unable to put your MS. in type in consequence of great press of matter; an early proof shall be sent you.

DR. L. JOHNSON.—"On Blood-letting" received.

SANITARY LECTURES TO THE POPULACE.—Mr. T. P. Teale, F.R.C.S., of Leeds, delivered the first of a course of lectures on sanitary subjects under the auspices of the National Health Society, last week in London, entitled "Below the Floors and Behind the Walls in Modern Houses." The lecturer dealt with the commonest dangers lurking in papers, paints, drains, and cisterns, showing by means of diagrams how and where they existed, and how they could be best remedied. We regret that our space is too much occupied to give the lecture in full; indeed, it is more suitable for the lay press, where its publication would do immense good.

DR. S. M. is thanked; he will find the paragraph inserted in another column.

MR. BIRCHENALL, Macclesfield.—"Cases of Cholera and Relapsing Fever" received.

DR. W. H. DAY.—"On some Heart Diseases in Children." The illustrations are in the hands of the engraver.

INDIAN MEDICAL SERVICE.—Notice will be found in our advertising columns that the next examination for candidates in Her Majesty's Indian Medical Service will not take place till August next.

THE GOULSTONIAN LECTURES will be delivered at the Royal College of Physicians of London on March 7th, 12th, and 14th, at 5 o'clock, by Dr. Curnow, the subject being "The Lymphatic System and its Diseases." Members of the profession are admitted on presentation of card.

PSYCHOLOGICUS should read Dr. Stretch Dowse's monograph on the subject, he would there find a complete answer to his queries. The title of the work is "Syphilis of the Brain and Spinal Cord," being the first volume of "The Brain and its Diseases."

THE Medical Society of the College of Physicians of Ireland will meet on Wednesday next at 5 o'clock, when the following communications are set down for reading: Dr. Grimshaw, "On Thoracic Aneurism Simulating Mediastinal Cancer."—Dr. Nixon, "On Lateral Sclerosis of the Cord."

DR. BRERETON, Oughterard.—"Local Fixation during Operation" received,

DR. F. V. MCDOWELL, Baltinglass.—"Case of Ascites complicated with Œdema of Scrotum" received.

THE next evening meeting of the Pharmaceutical Society of Great Britain will be held on this day, March 5, at 8.30 precisely, when the following papers will be read: "The Estimation of Diastase," by Messrs. W. R. Dunstan and A. F. Dimmock.—"Extract of Malt," by Messrs. W. R. Dunstan and A. F. Dimmock.—A special evening meeting will be held on March 19, when Prof. Bentley will lecture on "The Life of the Plant."

OBSTETRICAL SOCCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Specimens will be shown by Drs. Roper and Galabin. Papers: Dr. Wilson, "Notes on a Deformed Fœtus."—Dr. Scholefield. "Difficult Delivery of a Monstrosity."—Dr. Roper, "Report of a Case of Fatal Thrombosis of Right Heart Nineteen Days after Delivery, with remarks."—Mr. Musgrave, "Case of Abortion followed by Septicæmia and Fatal Thrombosis."—And other papers.

DR. MCN. JONES, Cork.—Communication, "On Adenoid Tumours of the Naso-Pharynx," Nos. I. and II., received.

DR. DUKE, Dublin.—Communication received.

HARVEIAN SOCIETY OF LONDON.—On Thursday, March 6, at 3.30 p.m., "Cases to Illustrate certain common characteristics of Chronic Disease," by Dr. Fitzpatrick.—"Some forms of Heart Failure from High Pressure," by Dr. Mahomed.

D. CROFTON, B.A., Dublin.—"On the Therapeutical Effect of the Fumes from Burning Nitre Paper in Asthma" received.

VARIOLA.—It is impossible to answer the question. The period of purification of a small-pox potient depends altogether upon the disinfective processes pursued. A diligent course of Turkish baths, fresh air, and clean clothes may enable a patient to go about safely in a few days, while one of the unwashed could not venture for a month.

ERRATUM.—For "Ordor Psychologicus" in our last issue read "Odor Psychologicus."

### BOOKS AND PAMPHLETS RECEIVED.

Our Services under the Crown. By Surgeon-Major Albert A. Gore. London: Baillière, Tindall, & Cox.

Text-book of Materia Medica and Pharmacy. By W. Handsel Griffiths, Ph.D., and G. F. Duffey, M.D. Dublin: Fannin & Co. London: Baillière, Tindall, & Cox.

Naval Hygiene. Second Edition. By J. Wilson, M.D. Philadelphia: Lindsay & Blakiston.

Opening Address to the Students attending the Aural Clinique at the Glasgow Western Infirmary. By Thos. Barr, M.D. Glasgow: Maclehose.

The Brain and its Diseases. Vol. I. Syphilis of the Brain and Spinal Cord. By T. Stretch Dowse, M.D., F.R.C.P. London: Baillière, Tindall, & Cox.

Diphtheria; its Nature, Varieties, Pathology, &c. By R. Hunter Semple, M.D., F.R.C.P. London: Baillière, Tindall, & Cox.

The Physiology and Pathology of the Sympathetic Nerves. By Drs. Eulenburg and Guttman. Translated by Dr. Napier. London: J. & A. Churchill.

The Anatomy of the Joints. By Hy. Morris, F.R.C.S. London: J. & A. Churchill.

Medical Men and Manners of the Nineteenth Century. Second Edition. London: Baillière, Tindall, & Cox.

Domestic Poisons. By Hy. Carr, C.E. London: Ridgway.

Handbook for Injuries or Sudden Illness. By P. Shepherd, M.D.

Report on the Exhibits connected with Materia Medica, Pharmacy, Chemical Industry in the Paris Exhibition. By Messrs. Paul, Holmes, and Passmore.

Fifty Years Ago. By Hy. Gibbons, M.D.

Are Inebriates Automatons?

The Classified Directory to the Metropolitan Charities for 1879.

On Fracture of the Femur. By E. Borck, M.D.

An Abdominal Shield. By Francis Vacher, M.R.C.S.

A Talk with the Boys about Tobacco.

Brain. Part IV.

Godlee's Atlas of Human Anatomy. Part VIII.

Eleventh Annual Report of the English Anti-Tobacco Society.

The Registrar-General's Quarterly Returns, Oct. to Dec., 1878.

The Local Government Board Blue-Book, 1878.

Report of Medical Officer of Health for Stroud, 1878.

Statistical Report of the Health of the Navy, 1878.

Journal of the Royal Microscopical Society. Vol. II. No. 1.

The Practitioner. Vol. XXII. Nos. 2 and 3.

Bentley and Trimen's Medicinal Plants. Parts 33, 34, 35, 36, 37.

### VACANCIES.

Dorset County Hospital.—House Surgeon and Secretary. Salary, £80, with board. Applications to the Chairman, at Dorchester, before March 19.

Glanford Brigg Union.—Medical Officer for the Winterton District. Salary, £50, with fees extra. Applications to the Clerk before March 12.

Ledwich School of Medicine and Surgery.—Professor of Materia Medica and Therapeutics. Election, March 15. (See Advt.)

Leeds General Infirmary.—House Physician. Salary, £100, with board. Applications to Dr. Heaton, the Infirmary, Leeds, before March 19.

Leith Hospital.—House Surgeon. Salary, £70, with board. Applications to the Secretary, by March 7.

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications to the Chairman of Committee before March 12.

Macclesfield General Infirmary.—Senior House Surgeon. Salary, £100, with £10 extra for the second year, with board. Also a Visiting House Surgeon to visit patients at their homes. Salary, £70, with board. Applications to the Chairman, Macclesfield Infirmary, on or before March 22.

Monaghan Union, Scotstown Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, March 13.

Owens College, Manchester.—Demonstrator and Assistant Lecturer in Physiology. Salary, £150. The Dean of the Medical School will give further information if desired.

Ripon Dispensary.—House Surgeon and Dispenser. Salary, £100. Applications to the Hon. Sec.

Sunderland Union.—District Medical Officer. Salary, £100, exclusive of fees. Applications to the Clerk to Guardians before March 10.

Tipperary Union, Cappagh Dispensary.—Medical Officer. Salary, £110, with fees, and £20 as Sanitary Officer. Election, March 15.

West Ham Union.—Medical Officer for the Walthamstow District. Salary, £120, with extra fees. Immediate application to the Clerk at Leytonstone, E.

### APPOINTMENTS.

ALLEN, J. G., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer and Medical Officer of Health for the Rich Hill Dispensary District of the Armagh Union.

CADGE, W., F.R.C.S., Consulting Surgeon to the Norwich Dispensary.

CLARKE, T., M.D., an Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

COLEMAN, A., L.R.C.P.L., F.R.C.S E., & L.D.S., Lecturer on Dental Surgery and Pathology at the Dental Hospital of London.

CROZIER, Mr. W. G., Resident Surgeon to the Meath Hospital, Dublin.

CULLINGWORTH, C. J., M.R.C.P.L., M.R.C.S., Lecturer on Medical Jurisprudence at Owens College, Manchester.

DUCKSWORTH, R. H. D'Olier, L.R.C.S.I., Medical Officer to the Borris-in-Ossory Dispensary, Donaghmore Union.

EADE, P., M.D., F.R.C.P.L., Consulting Physician to the Norwich Hospital.

## Births.

BURGESS.—Feb. 20, at Coagh, co. Tyrone, the wife of R. B. Burgess, L.R.C.P.E., of a daughter.

DOLAN.—Feb. 24, at 32 North Parade, Halifax, the wife of J. M. Dolan, L.R.C.P., of a daughter.

SANDERSON.—Feb. 23, at Penrith, the wife of T. D. Sanderson, M.B., F.R.C.S., of a son.

## Deaths.

ANDERSON.—Feb. 22, at Glasgow, Dr. William Neilson Anderson, of Irvine, aged 41.

BENNETT.—Feb. 15, at Low Risby, Lucas Marshall Bennett, M.R.C.S., of Winterton, aged 69.

BROWN.—Feb. 21, at Coldstream, Berwickshire, Alex. Brown, L.R.C.P., aged 48.

ELLIS.—Feb. 16, at Prince of Wales Road, Scarborough, William Ellis, M.R.C.S.E., aged 65.

FENTON.—Feb. 26, at San Remo, G. F. Fenton, M.R.C.S., L.R.C.P.Ed., aged 25.

GODRICH.—Feb. 27, at 140 Fulham Road, London, S.W., F. Godrich, M.R.C.S., aged 50.

HARBORD.—Feb. 20, at Margate, William Harbord, M.R.C.S., L.S.A.L. (late of Wainfleet, Lincolnshire), aged 47.

HASLAM.—Feb. 18, at Northampton, James Haslam, M.R.C.S.E., aged 35.

PERRY.—Feb. 19, at Douglas, Isle of Man, John Perry, F.R.C.S.E., of Gillingham Street, Eccleston Square, aged 75.

SHEPPARD.—Feb. 18, at Clifton, William Yeoman Sheppard, F.R.C.S.E.

WEAVER.—Feb. 28, John Weaver, M.R.C.S.E., of Chester, aged 82.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

Local Government Board,
Dublin, 20*th September*, 1878.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 13th instant, requesting, by direction of the Irish Medical Association, the attention of the Board to the subject of remuneration of Dispensary Medical Officers for their attendance and evidence in cases of prosecutions of defaulters under the Compulsory Vaccination Act, in which you refer to a letter recently addressed by the Board to the Guardians of Ballinasloe Union to the effect that in ascertaining and certifying the amount of the expenses incurred in such proceedings the Magistrates ought to allow a reasonable sum, not as a fee, but for his expenses, to the Dispensary Medical Officer if he should be required to attend as a witness; and in reference thereto the Board desire to inform you that the letter to which you refer was written in accordance with the terms of a circular letter addressed by direction of the Lord Lieutenant to Magistrates at Petty Sessions in 1876.

A copy of the circular is enclosed.

By Order of the Board,
B. BANKS, *Secretary.*

To John William Moore, Esq., M.D.

*Copy of Circular to Magistrates at Petty Sessions.*

Dublin Castle,
31*st August*, 1876.

GENTLEMEN,—I am directed by the Lord Lieutenant to acquaint you, for your information and future guidance, that in all cases of proceedings brought before your Bench by direction of the Guardians of the Poor for non-compliance with the Vaccination Act, his Grace is advised that under Section 13 of the 26 and 27 Vic., c. 52, the Justices before whom the prosecution is had may and ought to certify for payment out of the poor rates of any expenses incurred in such proceedings; and in ascertaining the amount of such expenses to allow a reasonable sum, not as a fee, but for his expenses to the Dispensary Medical Officer of the District, if he should be required to attend as a prosecutor or witness.

I am, Gentlemen,
Your obedient Servant,
T. H. BURKE.

Dublin Castle,
19*th November*, 1878.

SIR,—With reference to your letter of the 24th ultimo, conveying the views of the Council of the Irish Medical Association respecting the instructions contained in the circular of the 31st August, 1876, from this Department to Magistrates at Petty Sessions relative to expenses of Dispensary Medical Officers under the Vaccination Act, I am directed by the Lord Lieutenant to acquaint you, for the information of the Irish Medical Association, that the subject is under consideration with a view to improving the position of the Medical Officers by legislation, but that, as the law stands, his Grace is advised that the Executive can do no more than has already been done by the circular of 31st August, 1876, which was intended to assist the Medical Officers in their applications to the Justices for the allowance of some more reasonable compensation than the amount of their actual expenses.

I am, Sir,
Your obedient Servant,
HENRY ROBINSON.

To J. W. Moore, Esq., M.D.,
Honorary Secretary to the Council of
The Irish Medical Association,
Royal College of Surgeons,
Stephen's Green.

Irish Medical Association,
Royal College of Surgeons,
Dublin, 30*th November*, 1878.

To the Right Hon. James Lowther, M.P.,
Chief Secretary for Ireland.

Sir,—I am directed by the Council of the Irish Medical Association to acknowledge the receipt of your letter (No. 19,429) of the 19th inst., relative to remuneration of Dispensary Medical Officers under the 13th Section of the "Compulsory Vaccination Act," from which the Council are gratified to learn that the subject is under the consideration of his Grace the Lord Lieutenant with a view to improving the position of the Medical Officers by legislation.

With reference to the statement therein contained that "the circular of the 31st August, 1876, was intended to assist the Medical Officers in their applications to the Justices for the allowance of some more reasonable compensation than the amount of their actual expenses," I am directed to remark that so far from the intention of the Executive, as now expressed, having been observed by the Justices, the circular referred to was in almost every instance cited by them as the *only reason* for not allowing to the Medical Officers the remuneration they applied for.

The Justices appear to have considered that they were directly prohibited from certifying for the remuneration of a medical officer by the instruction contained in the circular, viz.: "In ascertaining the amount of such expenses to allow a reasonable sum, *not as a fee*, but for his expenses." The Council, however, are greatly pleased to learn that the intention of the Executive was so

widely different from the effect given to the circular of the 31st August, 1876, but nevertheless serious mischief has since resulted to the public interest, and a very large number of Medical Officers have been unjustly deprived of legitimate remuneration, and consequently discouraged in the discharge of their duties; and the Council believe that until the intention of the Executive be authoritatively communicated to the Justices, and acted upon by them, the Medical Officers cannot be expected to bestow the amount of care and attention necessary to prevent unvaccinated—or imperfectly vaccinated—persons passing unnoticed, or trouble themselves to report all instances of default.

The Council therefore trust that his Grace the Lord Lieutenant will see the advisability of issuing new instructions as soon as possible to the Justices, in order that the misconception under which they appear to labour may be removed without delay; and I am to state that if such instructions be issued, and the Council be informed of them, they will lose no time in making them known to the Dispensary Medical Officers, and will take the opportunity of advising that the utmost vigilance on the part of the Medical Officers should be exercised to give a full and thorough effect to the vaccination laws.

The Council have a two-fold interest in the success of vaccination, viz.: the public welfare and the interest of the Medical Officers, the former of which almost entirely depends on the encouragement given to the Medical Officers.

The Council are also gratified at the assurance that new legislation on the subject of vaccination is contemplated; and I am directed to observe that two bills—one to amend, the other to consolidate and amend, the vaccination laws of Ireland—were drawn up by the Council of this Association, copies of which were forwarded to the Right Hon. Sir Michael E. Hicks-Beach (then Chief Secretary for Ireland) in the early part of the year 1876, in the hope that either of them might be introduced in Parliament as a Government measure.

I have the honour herewith to forward a copy of each of these proposed bills for your consideration, and am directed to request that you will have the goodness to inform me, for the information of the Council, whether it is contemplated to introduce either of them as a Government measure in the approaching session of Parliament, or in the event of such not being the intention, whether if introduced as private bills at the instance of individual members of Parliament, either of them would meet with the support of the Government? I am further directed to add that the Bill to Amend the Vaccination Laws has been authoritatively approved by the Council of this Association, the Board of Trinity College, Dublin, the College of Physicians, and the Royal College of Surgeons in Ireland.

*(To be continued.)*

## LIMERICK SANITARY BOARD.

### SANITARY SALARIES.

Local Government Board,
Dublin, 7th Feb., 1879.

SIR,—The Local Government Board for Ireland forward herewith, to be laid before the Limerick Urban Sanitary Authority, a copy of a letter which they have received from the medical officers of the Limerick City Dispensary District, relative to their salaries as sanitary officers; and in reference thereto the Board desire to state that their application for an increase of salary appears to them very reasonable. When the amounts were originally fixed there was considerable uncertainty as to the extent of the duties likely to be attached to the situation, but experience has shown that the duties to be performed are arduous, and they are of the highest importance in a sanitary point of view, and the Board think that the sanitary authorities should not hesitate to make a substantial addition to the small salaries now allowed to the sanitary officers.

By order of the Board,
B. BANKS, Secretary.

Limerick, 1st February, 1879.

Gentlemen,—We, the undersigned medical officers of the Limerick City Dispensary District, wish to bring the following facts under your notice, since our appointments as sanitary officers our duties have been much increased, and again had by being asked to furnish a weekly return under various holdings as you are already aware.

We consider the lowest salaries we ought to receive for the onerous duties devolved upon us should be £50 per annum each.

Signed,
JONATHAN ELMS, M.D.
THOMAS J. GELSTON, M.D.
JOHN HOLMES.
F. W. O'CONNOR, Physician and Surgeon.

Ultimately it was decided that no further increase should be made in the salaries of the medical officers; and it was not deemed necessary that the returns should be sought for.

## CASTLEBLAYNEY UNION.

### LUNACY FEES.

The Clerk read the following letter:—

"SIR,—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of Castleblayney Union on the 5th inst., enclosing a letter from Dr. Anderson, medical officer of Newtownhamilton Dispensary District, relating to the payment of his fee for certifying as to the lunacy of a maniac, and in reference to the guardians' resolution on the subject the L. G. B. desire to state that the justices having certified for a sum of £1 10s. for the certificate of lunacy the medical officer is entitled to receive the sum certified for under the 14, 38 and 39 Vic., cap 67. At the same time the L. G. B. think it is to be regretted that Dr. Anderson did not adopt a more respectful tone in addressing the guardians on the subject.

"By order of the Board,
"B. BANKS, Secretary."

After considerable discussion on the subject, the Board agreed to pay Dr. Anderson £1 1s., what has been paid heretofore in such cases.

### VACCINATION PROSECUTIONS.

"Sir,—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings of the Board of Guardians of Castleblayney Union on the inst., containing an entry of the receipt of the return of defaulters under the Compulsory Vaccination Act in the district of Dr. Clarke, and with reference to the statement that prosecutions were not ordered, as the date of giving the notice under the 8th section of the Act was not given in the return, the L. G. B. has to point out that the return should be sent back to the medical officer for correction, so that the provisions of the Compulsory Vaccination Act may be carried into effect as regards these defaulters.

"By order of the Board,
"B. BANKS, Secretary."

## TRALEE UNION.

### CASTLEISLAND HOSPITAL.

MR. ROCHE said that the occupier of the field upon

which they fixed the site for the hospital, had consented to give them the field.

Mr. Kenny said that being so, he thought the next step was to get the doctors at Castleisland to give an undertaking in writing that they would attend to the patients in the hospital without additional remuneration. He suggested that the solicitor to the board should prepare the document.

Mr. Roche said he thought that was quite unnecessary.

Mr. Kenny—Then for the safety of the board I can tell you it would be no harm to have it done, *lest the doctors should shirk from their promises.*

Chairman—Oh, I think, Mr. Kenny, that once a gentleman promises to do such a thing his word is quite enough.

Mr. Kenny said he merely threw out the suggestion for the information of the guardians and for the safety of the ratepayers.

Mr. Roche said all that was necessary was a formal undertaking in writing to be signed by the doctors, and that would go on the minutes to the Local Government Board.

Chairman—That will be quite sufficient. A gentleman who gives a thing under his hand, there is no fear he will back out of it.

The matter then dropped.

At a subsequent meeting of the same Board the clerk read the following copy of an undertaking :—

I hereby undertake to attend the proposed district hospital in Castleisland as medical officer in conjunction with the medical officers of the Castleisland Dispensary district, during such time as I hold the office of medical officer of the Brosna No. 2 Dispensary District, and to visit same as often as may be necessary, without requiring any remuneration in addition to my salary as dispensary medical officer.

Signed,

RICHARD HARROLD.

Feb. 9, 1879.

Mr. Quinlan—I think Dr. Nolan should have signed this too.

Chairman—I think what Dr. Nolan wants is to attend only to patients he orders in himself. He says he will attend only to those from his own district, but I think he means that he is to admit them himself.

Mr. M'Mahon—Who'll attend to the Brosna patients, then, sir?

Mr. Quinlan—Dr. Nolan says he won't, and Dr. Harrold won't either.

Mr. M'Mahon—Oh, Dr. Harrold will.

Mr. Sullivan—Dr. Harrold promised that he would attend.

The matter then dropped.

[We congratulate the Tralee Guardians on the possession of medical officers who are ready to kiss the whip that scourges them with so much meekness and complaisancy ; but why medical men should undertake the medical charge of a hospital without pay, and should submit—for no reward—to the insult of a doubt of their honesty and truthfulness, passes our comprehension.—ED. M. P. & C.]

## DOWNPATRICK GUARDIANS.

### SANITARY PROSECUTION FEES.

THE Clerk then read the following communication :—

Local Government Board, Dublin,
14th February, 1879.

SIR,—The Local Government Board for Ireland have had before them a minute of the Board of Guardians of Downpatrick Union of the 8th inst., in reference to the claim of Dr. Filson, sanitary officer, for remuneration for his attendance at petty sessions in certain sanitary prosecutions ; and I am to state that unless there was a distinct arrangement made with the sanitary officer on the subject, he is in the opinion of the Local Government Board, under the 258th section of the Public Health Act, entitled to be remunerated for his services above referred to.

By order of the Board,

B. BANKS, Secretary.

Mr. Bowes said that in this case the magistrates gave the fine to the sanitary authority, intending that the doctor should be paid out of it. Under the Act the magistrates were empowered to give the fine to the sanitary authority or to the informer. Dr. Filson, he supposed, was the informer in this case, but the order made was to give the money to the sanitary authority.

The Chairman said that if there was any misunderstanding about these doctors' salaries the best thing they could do was to take the subject into their consideration, and make a distinct bargain with them as to what they are to be paid for these duties. The salary that was originally given was undoubtedly intended to cover all expenses, but by some kind of loop-hole this claim was put in as an extra thing. To keep themselves safe, he thought they ought to take the doctors' salaries into consideration, and make them more distinct, because it was evident from the letter just read they would have to pay in this case.

Mr. Lowry—Unless it was distinctly understood—

The Chairman—Dr. Filson says he did not understand the salary was to cover all.

Dr. Roughan—As far as these fees are concerned, I think you will have to pay Dr. Filson.

Mr. Bowen—The Board will be at no loss, because the magistrates have given the whole of the costs to the sanitary authority. I know the duty these doctors have to perform is a very disagreeable one. I believe Dr. Filson has lost clients by it ; for the people blame him for making reports, and they go to other doctors. He says he would rather not have the office.

The Chairman—I think we had better convene a full board to take the doctors' salaries into our reconsideration in connection with the sanitary duties.

The suggestion was then agreed to, and that day fortnight was appointed for the purpose.

Some conversation then took place as to the amount of fees to be given to Dr. Filson.

Major Nugent moved that he be paid six guineas.

Mr. Lowry—Supposing that the sanitary officer in Downpatrick brings a case before the magistrates, and they adjourn it to the next day, and the next, is the doctor to get two guineas for each day ?

Dr. Roughan—I am afraid he is entitled to it.

The matter then dropped.

## BORRIS-IN-OSSORY DISPENSARY.

THE Committee of the District held a meeting to elect a Medical Officer in room of Dr. White, resigned.

The Secretary read the minutes of the last meeting, and informed the Committee that he had received only one application for the vacant office, that of Dr. Richard Henry D'Olier Duckworth, 11 Pembroke Road, Dublin.

There being no other candidate Dr. Duckworth was declared unanimously elected.

Captain Gibson.—Every gentlemen in the room will agree with me that our business would not be complete to-day without some expression of opinion on the part of us about Dr. White. This is a very suitable occasion to place on record some feeling of regard and some feeling of friendship towards a man who has filled the position of doctor to this dispensary for forty-one years. Therefore I would venture to propose that the committee regret very much Dr. White's resignation from failing health. They express their sympathy with him, and assure him that he will carry

into private life the cordial feelings of esteem and friendship with which he has always been regarded by the Committee. To give tangible effect to our feelings I would suggest that there might be a something else done, and I would propose that a small subscription be opened now, in order to present Dr. White with a purse of sovereigns. If any gentleman likes to move an amendment that a large subscription be opened I shall be happy to second it also. (Hear, and a laugh). Captain Gibson then proposed the following :—"That this Committee desire to place on record their great regret that Dr. White has been compelled from ill health to resign the position of Medical Officer of Borris Dispensary, which he has held for the last forty-one years, and beg to assure him that every member of the Committee entertain for him the most cordial feeling of esteem and regard," which passed unanimously.

## PROSECUTIONS FOR SELLING DISEASED MEAT IN IRELAND.

At Granard Petty Sessions on Wednesday two butchers were prosecuted for exposing for sale in the town of Granard, meat pronounced by the Medical Officer of Health, Dr. Bucknill, to be unfit for human food. Dr. Buckley applied for £2 as his fee for attending to prosecute. The Clerk of the Union produced a resolution of the board limiting the fee of the medical witness in such cases to £1. The magistrates allowed the £2, placing the amount, as costs of the proceedings, on the defendants in the case, and suggested that the matter should be referred to the Local Government Board.

## MONAGHAN GUARDIANS.

### SCOTSTOWN DISPENSARY—PROPOSED REDUCTION OF SALARY.

The minutes of the Dispensary Committee meetings, at which a resolution was passed reducing the salary from £120 to £100 came before the Board for confirmation.

Mr. Fiddes said the result of the reduction would be that—the district being large and the private practice poor—the proper class of medical practitioners would not apply. He did not think the Local Government Board would sanction the proposal.

Mr. Woods also thought that the salary could not be reduced without diminishing the chance of getting a suitable man.

Mr. Pringle said the case was—Some time since the salary had been raised because provisions were dear, and now, when every necessary of life could be had at a very low rate, he thought the salaries should be lowered. Every necessary being now cheaper than at any time during the last twenty or forty years, he did not see, for the life of him, why the same high rate of wages should be now paid. The doctor, besides, had a residence at a nearly nominal rent, and a populous district to work in. Why, he saw five weddings the other day, and that was surely a grand prospect for a new man. (Laughter.)

The question whether or not the salaries should be reduced was put to the vote, when there polled—against the reduction 8.

For the reduction 3.

The salary was then allowed to remain at the old figure, and

The Board soon after adjourned.

At an earlier period of the same meeting a letter was read from the L. G. B. declining to confirm a resolution to reduce the salaries of the Master and Matron.

"The Local Government Board desire to state that they have already declined to approve the reduced salaries proposed for the offices in question, and that it appears to them that the course pursued on the occasion of the recent election was irregular and unusual.

"Under all the circumstances, the Local Government Board are of opinion that a fresh election should take place, and they request that the Guardians will be good enough to take the usual steps at their meeting on to-morrow for that purpose."

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 22, 1879.

| | |
|---|---|
| Total registered deaths in Dublin and suburbs* ... | 227 |
| Ten years average of same week ... ... ... | 192 |
| Excess of mortality above average ... ... ... | 35 |
| 10 weeks' ratio of deaths Rathmines | 27·5 per 1,000 |
| " " " Donnybrook† | 34·0 " |
| " " " Blackrock | 17.3 " |
| " " " Kingstown | 27·5 " |
| " " Entire Dublin District | 37·5 " |
| Comparative Ratios—London ... | 23·8 " |
| " " Glasgow ... | 24·4 " |
| " " Edinburgh ... | 21·2 " |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Although still over the average, the deaths are 110 under the number in the preceding week, and are less than in any week since that ending 7th December last.

Deaths from diseases of the respiratory organs, which, in the preceding five weeks had been respectively 96, 78, 97, 114, and 112, fell last week to 66, of which 49 were ascribed to bronchitis, 11 to pneumonia, 2 to pleurisy, 1 to laryngitis, and 3 to lung disease unspecified. The average number of deaths from these causes in the eighth week of the last ten years was only 45.

Forty-four deaths from zymotic diseases were registered, being 31 less than in the week ending 15th instant, but 9 over the average number in the eighth week of the ten years 1869-78 ; they comprise 16 from small-pox, 8 from fever (1 typhus, and 7 typhoid), 7 from scarlet fever, 3 from croup, 2 each from measles and diarrhœa, 1 from diphtheria, &c.

The deaths from small-pox are 11 less than in the preceding week, and are under the number in any other week for the last two months ; the new cases of the disease admitted into the Dublin hospitals also show a decline, the number for the week being 37, against 62 in the week ending 15th instant. The new cases of typhoid fever and measles admitted into the principal hospitals are under, and those of scarlet fever and typhus over the number for the preceding week, but there were not many cases of any of these diseases.

Fourteen children died from convulsions.

Seven deaths were ascribed to heart disease ; 5 to paralysis, 4 to apoplexy, 1 each to insanity and epilepsy, 2 to brain disease unspecified ; 1 to jaundice, 5 to liver disease unspecified ; and 1 to cystitis.

Twenty-three persons died from phthisis, 3 from mesenteric disease, 5 from hydrocephalus, and 4 from cancer.

Belfast.—Eight deaths from fever, 5 from whooping-cough, 1 each from measles and scarlatina, and 5 from diarrhœa, were registered during the week.

## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 12, 1879.

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## LETTSOMIAN LECTURES. (a)

### LECTURE III.

### TREATMENT OF ASTHMA.

By JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Physician to Victoria Park Hospital for Diseases of the Chest, and to the West London Hospital.

HAVING in my two preceding lectures endeavoured from the observation and history of cases to point out what distinctions we may recognise among the various forms of bronchial asthma, I now seek to show how far the correct appreciation of these distinctions can be made available to guide us in the choice and application of our remedial measures.

Floyer, writing in 1717, says: "Since the cure of the asthma is observed by all physicians who have attempted the eradicating that chronical distemper, to be very difficult and frequently unsuccessful, I may thence infer that either the nature of that disease is not thoroughly understood by them, or they have not yet found out the medicines by which the cure may be effected." Now if physicians have not yet found out the medicine to cure asthma, it certainly is not for want of experimenting with various drugs and preparations, for there seems hardly a known medicine that has not been tried, and I could enumerate a long list for which distinguished success has been claimed by their respective advocates.

Further to pursue the plan of specific-hunting is hardly likely to advance us much towards what is positive and practical, and the more promising course appears to be to seek to turn to account the knowledge we have gained by experiment and observation of the nature and causation of bronchial spasm and congestion. Thus we may discover how to select and apply some of those numerous remedial means with which we are so amply provided.

Experiment has demonstrated how much respiratory action is under the influence of the pneumogastric nerve, and reflection on the wandering course and numerous connections of this nerve will show why it is that our treatment of asthmatic spasms must be very varied, and is not always so precise in its result as we could desire.

To cure asthma we often have to treat other organs than those of respiration, and the way to success may lie in the correct adjustment of a displaced womb, in the administration of a dose of extract of male fern to dislodge a tapeworm, or in a course of Carlsbad waters for one who perhaps for long has been smoking all manner of cigarettes with little further effect than the production of vertigo and giddiness. Did time permit I could illustrate each of these conditions by a well-marked example.

The capriciousness of asthma, with regard to the influence of various agencies is notorious, and a book might be filled with an interesting collection of cases.

What better illustration can I find than a glance at the effect of atmosphere and climate on persons liable to asthmatic seizures. Theory would say, It is very clear that seeing how bronchial spasm, and air stoppage, must have the effect of carbonizing the blood, a pure air is the first requisite for an asthmatic patient. Practice shows this to be often right in cases of congestive asthma and weakness of vessels generally, but to the victim of true spasmodic asthma a pure clear air is often utterly unbearable, and we find them hurrying away from the clear bracing air of places like Margate, Whitby, and Nice, literally in terror of losing their lives if they pass another night in one of those climates.

The late eminent oculist, Mr. Dalrymple, of Grosvenor Street, when summoned into the country, was not uncommonly compelled to hurry back to London without even seeing his patient, in consequence of the terrible spasm in his breathing that came on in the pure air of the country.

Salter has gone carefully into the history of twenty

(a) Delivered before the Medical Society of London. Erasmus Wilson, F.R.S., President, in the Chair.

cases of asthma powerfully influenced by atmosphere; the evidence adduced is of a most opposing character, and of little practical avail. Fourteen out of these twenty cases could respire with comfort only in the smoky air of populous cities; eleven seemed actually cured by London air. Seven others were quite unable to live in cities, and did best in the country. From the perusal of Salter's reports, as well as my own, I cannot find, either in peculiarity of patient, or of atmosphere, the cause of this capriciousness in the way the asthma selects its victims. If it be the dryness of London air that is so wholesome for asthmatic lungs, how comes it that Lord B., as told us by Dr. Ogier Ward, has been obliged to leave London at two o'clock in the morning and drive to Epsom, the intensity of his asthma threatening his life. At Epsom he is said to find immediate ease, and yet the air there is reputed a dry air.

The wonderful relief to breath difficulty experienced by many asthmatics in the close air of a town is continually brought to our notice. One patient of my own, with a most comfortable home in the northern outskirts of London, finds himself glad to quit it and pass a winter in residence at his business premises in Cornhill. Another, who declares that he has vainly tried all the resources of medical art, passed six weeks in Queen Anne Street, Cavendish Square, without feeling a trace of his asthma. On returning home, some few miles south-west of London, he got such a bad seizure, that though well versed by sad experience in his sensations, he was nevertheless obliged to send urgently in the night for his regular doctor. One great sufferer in the country breathed well in London, but wrote me word that on returning home the asthma received him with a most warm welcome. Those who have read Walshe's work on the lungs will remember the case of the man sorely tormented with asthma at Hampstead, for whose relief every known remedy had been vainly tried, and who was cured in an almost miraculous way by changing his residence to the central region of the Seven Dials. To explain why town air suits some asthmatics so well is not easy. Finding that ozone inhaled causes pulmonary irritation, I thought that it might be the absence of ozone that rendered the air of towns sedative to excited nerves in the respiratory passages.

In connection with this question I may refer to the observation of Schönbein, the discover of ozone, who found that when air highly charged with ozone was inhaled it brought on a painful affection of the chest—a sort of asthma with a violent cough, which obliged him to discontinue for a time his investigations. Struck with this, Schönbein got several physicians at Basle to compare their lists of catarrhal patients with his tables of atmospheric ozonometric observations, and he and they were struck by the unusual prevalence of catarrh on the days when the iodine test papers showed that ozone was unusually abundant in the air. The observations of Dr. Carl Haller, of Vienna, prove that catarrhs and pulmonary inflammations rise and fall in frequency, very much in the ratio of the presence or absence of ozone in the air.

Schubler and others experimenting on animals (see Dobell's 3rd volume of "Reports on Chest Diseases"), found that ozone inhaled had an irritating effect on the respiratory organs somewhat resembling the action of chlorine gas. After breathing ozonised air for five or fifteen minutes, catarrhal irritation of the eyes and air tubes came on, the respirations became slow and difficult, and in two or three hours death took place. Post-mortem examination disclosed œdema, and in some cases, inflammation, of the lungs. The discomfort sometimes experienced by asthmatical subjects on a sunny bright day in the neighbourhood of luxuriant vegetation, may be due to the ozone given off by growing plants when exposed to the action of sunshine. That however ozone in the air is by no means necessarily provocative of asthma, is shown by the following facts:—

Dr. Blackley found that he could expose himself to sea air highly charged with ozone, as evidenced by the iodine test papers, and remain perfectly free from anything like asthma and catarrh. A young and bad asthmatic among my own patients was always in great respiratory distress on the sea coast, and naturally enough dreaded a voyage to Australia. He embarked at Gravesend, and while the ship was going down the lower reaches of the Thames he was obliged to resort to his pipe, but once fairly at sea he had no breath difficulty whatever, and wrote to me from Sydney to say the sea voyage had cured his asthma in a way that greatly puzzled him, his own sensations leading him to the impression that the phosphorescence of the sea waves had much to do with the promotion of free respiration. At any rate, the experience of this young man showed that sea-side air may be an effective cause of bronchial asthma in one who fairly out on the ocean in a ship loses every trace of his troublesome disorder. Careful ozonometric observations made during the voyage from Lizard Point to Cape Otway (Victoria), showed that ozone was always present in the air, the amount ranging as from 10° to 3°. If ozone be always in all cases an exciting cause of asthma, one could hardly expect a person eminently subject to the disease to make the voyage to Australia without the least respiratory distress.

I have searched for evidence of asthmatical people becoming attacked after a thunderstorm, when the air is full of ozone. Some there are who are uncomfortable in this sort of air, and among Salter's cases one is mentioned who had asthma complicated with bronchitis, and who was, after a cessation of spasm for some years, attacked unexpectedly and severely after a thunderstorm. When this attack had passed away there was no return for a period of five years.

The facts thus narrated seem to me worth bearing in mind, in hope that increased experience and observation may lead to something more positive in the way of a result than we have a right at present to claim, for as yet we are obliged to say that the climatic treatment of asthma is an experimental affair, and the best practical rules we can lay down appear to be that, if spasm be very pronounced, then probably a town air will suit best. It the attacks are associated with atony of system and loss of vascular tone a dry bracing air seems to me to do most good; and, at all events, if a patient be very bad on a certain soil, or in a certain kind of air, get him away to a locality and air of as different a nature as can be found. A mild, sedative climate, like that of Ventnor or Torquay, will do wonders, I find, for some patients, who suffer greatly with chromo-bronchitis, pulmonary emphysema, and bronchial spasm, when in town, The mild air soothes the irritable muscle, and, causing its free and rhythmical action, allows a more complete aeration of of the blood; hence increase of strength and appetite are among well marked and highly favourable symptoms. In selecting now for consideration some of the very numerous means employed for the relief and cure of asthma, I speak first of the use of certain fuming inhalations that experience has proved valuable in alleviating bronchial spasm. The well-known nitre paper is best made by dissolving 4 oz. of nitrate of potash in a pint of hot water, and in this should be soaked a porous paper of the thickness and consistence of ordinary blotting paper. The paper thus made will be a strong, fiercely burning paper, and should be kept in a stoppered bottle. When used it must be burnt fast and furiously, so as to fill the room, and commonly it is not till the atmosphere is quite thick with nitrous vapours that the asthmatic gets relief. On this point experience leads me to speak strongly. Salter used to say that the more purely spasmodic the asthmatic attack, the more speedy and certain became the relief obtained from the burning nitre paper, and that if any bronchitis was present, then the nitrous fumes might even add to irritation and distress. There is some truth, I am sure, in this statement; nevertheless, a physician, well able to judge, declares that in his asthma and bronchitic cough the fumes of the nitre paper are more effectual than any other remedy in affording relief. The sort

of case to be treated by nitrous fumes is such a one as this. Miss W., aged 20, had asthma since her fourth year. The attacks came and went with great suddenness —evidence, I take it, of their spasmodic nature—and her father, who was himself a medical man, obtained all sorts of advice for her, to no purpose, though when sent to the sea-side she lost her asthma for four months. One morning the state of things stood thus: the young lady was sitting with body thrown forward, shoulders raised, and the noise of the air rushing through the constricted tubes so loud as to be heard in the lower part of the house. A sheet of nitre paper was burnt till the room was filled with a cloud more dense than even a London fog. Scarcely had two minutes passed when, changing her position, she lay back on her pillows, and in ten minutes her delighted father found her breathing as quietly and noiselessly as an infant.

Early one Sunday morning in March, 1870, Dr. Salter, being himself indisposed, asked me to go down into Kent to see a bad case of asthma, to which he had been urgently called. When I got to the patient's house I found him sitting in his drawing-room, feeling pretty comfortable, but his doctor told me that it was not till he had regularly filled the room with a suffocating vapour of burning nitre paper that any relief to the breath was obtained.

This gentleman was sixty years old, and had been asthmatical from the age of twenty. About that time he told me that he consulted a then eminent physician, in Finsbury Square, who, as soon as he saw him, and had heard a word or two of his story, said—

"Little use your coming to me, young man, for I have had asthma all my life, and have it still; if there is anything to do you good, it is strong coffee." This patient lost his asthma while at Ventnor. When he got to his own home, near a river, back it came again, and the fits grew upon him till he became almost black in the face. Dense nitrous fumes surpassed anything else in giving ease to his breathing. I ordered tincture of nux vomica, as a regular medicine, and chloral hydrate to be given when the spasm came on; but the doctor wrote some time after to tell me that calomel pills and decoction of aloes, and nitrous fumes, surpassed any of my remedies in their curative action.

Though experience has taught me the necessity of pretty well smothering a bad asthmatic with the nitrous fumes, still I have come across cases where a small inhalation of a mild nitre paper appears to prevent asthma attaining a climax of severity. The sleeping patient turns and becomes uneasy in his respiration, and then nitre paper burnt near to him may have the happy effect of easing his breath and maintaining a condition of calm repose; if no one is at hand to light the paper, the fit culminates in a wakeful spasm of severe kind, requiring chloroform vapour for its relief.

I cannot ascertain who it was that discovered the value of burning nitre paper to cure the asthma. In the *London Medical Gazette*, of September 4, 1846, there is an article extolling the remedy very highly; and we learn, in the *Lancet* of April 5, 1845, how a friend of Mr. Harrison's tried burning blotting paper that had been soaked in a saturated solution of nitrate of potash, and said he felt the inhaled smoke to clear the passages and open the air tubes; and though he had used this remedy twenty times he had never been disappointed in finding relief in fifteen or twenty minutes.

In America there is a story that an asthmatic man in great distress took out his pipe to smoke, and found he had no tobacco. Feeling that smoke something he must, he lighted his match paper, and stuffed that in the bowl of his pipe. The paper fumed away, and he, as he inhaled the smoke, found it a quicker and better cure than the tobacco had hitherto been.

In Salter's table of 223 cases of asthma, there were 65 to whom nitre paper proved a most valuable remedial agent. Several of these are noted as having emphysema and slight bronchitis to complicate their asthmatical spasm, showing that a slight degree of these two conditions does not invalidate the remedial action of the paper.

*(To be continued.)*

# Original Communications.

## CASE OF ASCITES COMPLICATED WITH ŒDEMA OF SCROTUM.

By FRANCIS VICTOR McDOWELL,
Member Surgical Society of Ireland; Medical Officer Baltinglass District.

A. B., groom, æt. 60, of small stature, consulted me in September last. Until six months previously had been in good health, but had now an unhealthy sallow look. He complained of a "dragging" pain in right side, increased after food; and also of dyspepsia, with inclination to retching; suffers much from general debility, with occasional fits of dyspnœa, especially on lying down.

On examination I found:—Area of hepatic dulness, very circumscribed; considerable enlargement of abdomen; but this did not interfere with his usual occupation. There was not, at this time, œdema of either extremities. The pulse was 95, and compressible; tongue coated.

I advised him to live on plain food, and gave him quinine and podophyllin in pills, and a mixture of nitro-muriatic acid and dandelion.

About a fortnight after this, he came to me again, suffering from violent epigastric pain. I sent him home, telling him to have a warm bath, and giving a chloroform draught, to be followed by a brisk cathartic. By these means he was relieved for a time, but after this attack, jaundice supervened, followed by ascites to an extreme amount, clearly pointing to portal obstruction.

I examined the urine at this stage; the quantity was scanty, and it was loaded with lithates, and an appreciable quantity of bile.

I now saw it was a case for hospital treatment, and, although his friends were anxious to have him placed in a Dublin institution, the inclemency of the weather prevented this. "Time and tide" suffering no delay, they consented to let me operate.

It is unnecessary to describe the condition of patient at this time. He was suffering from the consequences of an enormous accumulation of fluid in peritoneum; accordingly, with one of Fannin's large aspirators, the abdomen was perforated in the usual locality, when six quarts of serum were drawn off. This process, although tedious, was most happy in its results.

After I had secured the opening in abdomen, and having applied a stout bandage, patient said he was "quite well;" he was certainly much relieved.

The case progressed well for six weeks, until œdema of scrotum set in, and kept on increasing to a huge extent. I cannot better describe its appearance than by referring your readers to an illustration of a case in point in Erichsen's "Surgery."

For the relief of this, I used acupuncture needles in four places, which reduced the swelling considerably; but the wounds having healed up, the œdema increased to its former dimensions.

I directed that the under part of scrotum should be supported; but as it became very sore, and as I dreaded sloughing of the parts, I determined to create an opening for evacuation of fluid. I accordingly plunged a very fine silver trochar and canula deep into the pendulous parts, and left the canula in for two days. The result of this also answered my intention, as, at the end of that time, the parts were completely drained and restored to their normal condition without any bad results.

The man is now fairly well; he wears an elastic belt, and, although the diagnosis I formed was chronic and in-

curable disease of liver (probably atrophy), yet I feel sure the progress of the disease has been arrested by the operation.

# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. STAMER O'GRADY.

AMONGST the patients in this service whose cases came to a conclusion during the month of January were the following :—

*Hare Lip (Two Cases).*

Both patients were female infants three months old, and with the deformity on the left side. In one,

A. The separation was very wide, the fissure extending well up into the nostril. The bone also was cleft through its alveolar portion, the intermaxillary being twisted and protruded through the gap in the soft parts. This projecting mass was nipped through at the base, and the opposed surfaces of it and the superior maxillary having been pared, it was forced back and secured in its new bed by interosseous carbolised catgut sutures. The soft parts were then trimmed with the scissors, the cheek and nose required to be freely detached. The lip was unusually deep, and required three hare-lip pins, with a catgut suture at the red margin.

B. Here the cleft was also a deep one, but nearly free from osseous complication, a mere notch in the alveolar border on either side marking the abortive attempt at fissure. The soft parts were dealt with as in the previous cases, two needles being required. No other member of the family could be ascertained to have had hare-lip, though the left side of the nose of the mother was markedly flattened. In both cases collodion was applied at the time of the operation, together with suitable adhesive-plaster straps. In each the needles were removed on the fourth day, and very satisfactory results obtained.

*Amputation of the Leg.*—The patient, a woman, æt. 22, had been the subject of very long standing disease of the right tibia. Numerous cicatrices scattered over the entire length of the limb showed where many pieces of bone had exfoliated. Rather above the middle of the leg an ulcer of large size had remained persistent; through perforations therein the probe led down to an extensively diseased bone-surface. On different occasions local operative procedures were freely had recourse to ; each time such was followed by temporary relief, any repair, however, speedily breaking down again so soon as the limb began to be used. As the case ran on the general health became seriously impaired. The amputation, made as high up as it was possible to do below the knee, was effected by circular anterior and long posterior flap incisions. The vessels were all secured by carbolised catgut sutures. With the exception of slight reactionary hæmorrhage (from other weeping vessels—those secured by the catgut all remained staunched), which was promptly checked on the evening of the operation, progress at first seemed to be favourable. The catamenia, a week over at the time of the operation, appeared again five days after it, but only lasted for some hours. The succeeding night the patient was restless, and did not sleep well. In the morning her temperature registered 104°, with a pulse of 114 ; there was, moreover, tendency to sickness of stomach. The stump, which, heretofore, had looked well, and was in part healed, had now changed its appearance, and the middle of the posterior flap became pale and cold. The after condition of the patient varied much from visit to visit, but continued on the whole, notwithstanding occasional spells of hopeful-like promise, to be steadily downward. Sickness of stomach was so constant that life had to be sustained for several days by nutritive enemata. Both pulse and temperature varied much, but were usually very high. The central part of the posterior flap sloughed ; the soft parts receded and exposed the bone. The sloughs duly separated, and the wound cleaned. For a time, marked local improvement, together with constitutional amendment seemed to be fairly started, but this expectation proved delusive, and the patient sank on the eighteenth day after the amputation. An autopsy was not procurable.

During the period covered in the treatment of this case the weather was excessively cold and severe. Cases of anthrax, paronychia, and erysipelas presented with unwonted frequency in the extern department of the hospital ; still the hygienic state in the house remained satisfactory. Though some severe cases of erysipelas had unavoidably to be admitted, the affection, unless in a couple of very doubtful instances, did not spread, and wounded surfaces generally kept on doing well ; of five other recent limb amputations (two thighs and three legs) simultaneously under treatment with this case in the same service, three of them being in the same ward, and in closely adjacent beds to her, all continued to do well, and recovered satisfactorily.

*Sloughing Ulcer of Penis.—Repeated and Troublesome Hæmorrhages.*—The patient was a harness maker, æt. 26. The disease, situated at the root of the glans on the dorsum, spread very rapidly, and continued to close after the whole surface had been thoroughly treated on different occasions with nitric acid. The hæmorrhage was recurrent, free, and very difficult to control ; nearly the entire glans sloughed away. Part of the mucous membrane of the urethra escaped, and folding out on the healing surfaces, assisted materially to prevent contraction of the urethral orifice. The case had to be retained in hospital for thirty-five days ; during his stay a squamous eruption appeared, which readily yielded to subsequent treatment.

*Fracture of Skull (Two Cases).*

A. Of base, in a man, æt. 30, from falling down a flight of stairs ; there was severe bleeding from the back of the mouth, and from the right ear. The source of the former flw coould not be satisfactorily determined ; that from the ear became serous and subsequently purulent ; except for this, the patient appeared quite well when he took his discharge from the hospital fifteen days after the accident.

B. In a man, also æt. 30, who received a severe blow from a stone in the forehead, which drove in a piece of frontal bone the size of a florin, immediately above the nose. Through a wound in the integument the depressed bone could be distinctly felt by the finger ; this perforation gave vent to bubbles of air, when patient held his nose, and forcibly expired. The fracture was considered to extend above the limit of the sinus, and to implicate the skull proper ; however, there were no symptoms. After a stay in hospital of five days, the patient left, without permission, and has not since been heard of.

*Poisoned Wound necessitating Amputation of Finger.*—Three weeks before his admission to hospital, a man, æt. 50, was bitten by a pig in the ungual phalanx of the left middle finger ; diffuse inflammation of the digit and hand followed ; the proximal phalanx became necrosed. Disarticulation of the finger of the metacarpo-phalangeal joint was necessitated four weeks after the bite. Subsequent repair was very slow, the little wound not being healed for nearly seven weeks.

*Extensive Burn by Box of Matches.*—A drunken plumber fell asleep with a box of matches in his left breeches pocket ; ignition occurred and resulted in an extensive burn, involving upper and outer portions of the region of the thigh and leg. When the slough separated, there appeared to be one vast unbroken ulcer ; however, after some days further, very many specs of incipient cicatrisation showed, scattered freely over the surface, resembling to a nicety the appearance after successful skin-grafting. Owing, he alleged, to some urgent domestic trouble, the patient left the hospital whilst the wound was in this predicament, twenty-five days after the accident.

*Complicated Injury of Foot.*—A lad, æt. 3, run over by a float, smashing the outer toes, splitting the integuments of the entire foot in various directions, and tearing off

large portions of the skin; more than half the anterior portion of the sole sloughed, together with that of a considerable part of the dorsum and outer surface, including the smashed smaller toes. The wound healed in wonderfully. When the child left the hospital, sixty days after the accident, the parts had cicatrised, and the utility of the limb promised to be scarcely impaired.

*Severe Trismus—Recovery.*—A man, æt. 50, was admitted presenting an extremely well-marked instance of the affection. The trouble had existed for a week, but patient could give no account as to the cause; there was no history of injury or exposure. (The weather for some time previously had been exceptionally severe). The teeth were firmly clenched and incapable of the least separation. The sterno-mastoid and abdominal muscles were very tense. Pulse 78, temperature, 99° on admission. The treatment adopted consisted mainly in free administration of bromide of potash and chloral, together with tobacco stupes to abdomen. A nourishing fluid diet was also given. The progress of the case to recovery was most satisfactory. After a stay of little more than three weeks the patient was able to return home, feeling himself in the best of good health, and with perfect use of his jaws. The countenance, however, still bore the tetanic aspect in a marked degree.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 28.

Dr. GREENHOW, President, in the Chair.

### Mr. THOMAS BRYANT

ON A CASE OF ACUTE INTESTINAL OBSTRUCTION—LAPAROTOMY—REMOVAL OF LARGE IMPACTED GALL-STONE FROM ILEUM—DEATH FROM PERITONITIS.

This case was one of a lady, who had been in good health until the day in question, having no symptoms of disease, except indigestion from time to time. On the 8th August she went to bed in health, and awoke at 12 o'clock with sickness and severe abdominal pains. She was thought to be suffering from a bilious attack, but the symptoms persisted. The attacks of pain became more and more frequent, and the vomit first foliaceous, then stercoraceous. During the exacerbations of pain she writhed in agony. The abdomen was everywhere tympanitic and tender, but the centre of distress seemed to be on the left of the umbilicus. The countenance was anxious, and pulse feeble; no external hernia. The diagnosis was that of acute intestinal obstruction, due to a band or twist or internal hernia; but there was no history to confirm any particular view. It being evident that death must ensue without surgical interference, laparotomy was proposed. *Operation:*—A downward incision, 4 inches long, was made in the central line of abdomen, commencing at umbilicus; blood-stained serum escaped, and small intestines were ecchymosed. The coils of intestine were followed, and a hard ovoid body was found impacted, or rather grasped, by the intestine. The body, which proved to be a gall-stone (exhibited before the Society), was removed; the wound in the intestine stitched with carbolised cat-gut, and the bowel returned. The patient never rallied from the collapse, but sank in eight hours. At the post-mortem examination no extravasation from the wound in the intestine had taken place. On the contrary, it was well sealed with lymph. There was advanced peritonitis. The point of impaction was the ileum, one foot above ileo-cæcal valve; the gall bladder was a thickened pouch, about the size of a walnut, and the duodenum was adherent to it, and their cavities continuous. The gall-stone removed weighed 238 grains, and measured 1¼ inch in length, 1⅛ inch in breadth, and 3¼ inches in circumference. Mr. Bryant remarked that the gall-stone must have made its way into the duodenum by ulceration, without any symptoms, more than could be attributed to indigestion. He commented upon the advisability of not delaying operative interference in cases of recognised intestinal obstruction, and mentioned that probably success did not follow the operation in question, because it was performed at too late a period; seventy-two hours of acute obstruction, together with mechanical injury from the passage of the calculus, giving rise to acute peritonitis, which rendered success almost impossible.

### Mr. RICHARD BARWELL

ON TWO CASES OF LUMBAR COLOTOMY.

John D., æt. 39, admitted in Charing Cross Hospital under the care of Dr. Silver, November 8, 1878; had always enjoyed very good health until last harvest, when he had frequent pricking pains in lower part of the abdomen, accompanied by constipation, which culminated in complete obstruction, nothing having passed by the bowel for nine days. The cause of this obstruction was obscure; a hardened mass above the left groin being very possibly either impacted fæces, a tumour, or a thickened bowel. Turpentine stupes, enemata, followed by frequent half-grain doses, seemed to act beneficially for about ten days; then obstruction again set in, and he rapidly became so ill that Mr. Barwell was called in consultation, and proposed immediate lumbar colotomy to relieve the inordinate distension of the bowel; but the man was much exhausted and blue to the finger-tips from difficulty of breathing. The operation was therefore rapidly performed, the colon opened, and a very large quantity of semi-fluid lumpy fæces evacuated. Although very greatly relieved, exhaustion continued; the system made an attempt to rally, but failed, and he died the next day at 5 p.m., about twenty-six hours after the operation. Post-mortem.—The stricture was caused by a ring-shaped epithelioma, about an inch broad, and in the thickest part half an inch thick, situated at the upper extremity of the sigmoid flexure. This was so tight that when the bowel was removed, and filled with water, none ran through. At the place of operation no sign of a wound or any inflammation was to be seen from the abdomenal aspect; the peritoneum having been untouched. Over a great part of the small intestine there was incipient peritonitis, chiefly evidenced by a slight stickiness of the surface. This was probably due to the distension to which the bowel had been subjected.

CASE II.—Leah C., æt. 32, came into Charing Cross Hospital 11th May, 1877, under the care of Mr. Barwell, suffering from almost complete obstruction of the bowels, which had been slowly coming on since a difficult confinement fifteen months ago, and which had been variously treated as habitual constipation and as piles. On digital examination of the rectum Mr. Barwell found that intestine almost occluded by a hard cancerous growth, through which a central opening barely admitted the tip of the finger. After a week of careful treatment the obstruction became more and more complete, and the abdomen greatly distended; and after consultation with his colleagues, Mr. Barwell opened the colon on the left loin. Three large washing basons full of feculent matter escaped; the woman was greatly relieved. A vulcanite plug was fitted at the end of a fortnight, and when she had learnt its use she went out of the hospital. All this time the cancer was invading more and more the pelvic viscera, and from reports brought by her husband it appeared that great bladder troubles, followed by complete incontinence of urine, set in. All the lower part of the body was an open sore, discharging largely, and she died exhausted three months after leaving the hospital—five months after the operation. Mr. Barwell remarked that these two cases were in many ways similar, but in the first such exhaustion had already set in that very litttle chance of effecting more than relief could be hoped for. In the second case nothing could be more marked than the relief afforded by the operation; had the stricture been caused by a remediable malady every chance of getting well was afforded by the operation; the obstruction was cured—the woman died of an incurable cancer. Mr. Barwell considered that an obstinate obstruction tending to threaten life is, after failure of one or two remedies, much more safely dealt with by the knife than by delay.

### Mr. EDWARD BELLAMY

ON A RARE FORM OF INTESTINAL OBSTRUCTION DUE TO INVAGINATION OF A PORTION OF THE SMALL INTESTINE IN THE WALLS OF THE RECTUM—GASTROTOMY—RECOVERY.

The patient was a pale, delicate-looking woman, æt. 34, of intemperate habits. She was admitted into the Charing Cross Hospital under my care on Feb. 15, 1879, with all the symptoms of intestinal obstruction. I ascertained that she had passed nothing per anum for nine days prior to admission. She had an inguinal rupture on the left side,

and had worn a truss, which was left off just prior to the present attack, and the hernial protrusion does not seem to have come down since. She had been subject to obstinate constipation, and on three occasions the retention of fæcal matter had given rise to very serious symptoms. These, however, have always been relieved by ordinary means. On her admission a hard swelling was to be felt in the left iliac fossa, in the region of the inguinal canal and sigmoid flexure. She had intense pain over the lower part of the abdomen, and her eructation smelt stercoraceous. I had her placed under the influence of an anæsthetic, and introduced my entire hand into the rectum, and found that I could not get my fingers past the upper part of the rectum, which seemed to be filled up by some protrusion into it, and which itself appeared to be constricted. I, however, determined to wait awhile before operating, and to give the patient all chance of treatment prior to doing so. She however rapidly became worse, the vomit becoming absolutely stercoraceous. I therefore on the evening of the 19th proceeded as follows, strict antiseptic precautions being adopted: I first made an incision down to the external ring, thinking that perhaps, from the history, there might be some implication in the canal. On passing my finger, however, into it, I found that this was not the case, but I found the sigmoid flexure greatly distended. I now enlarged my incision upwards and obliquely outwards, so far as to enable me to pass my entire hand within the abdominal cavity and feel for the constriction. Thinking it possible that the sigmoid flexure might have been constricted anteriorly by that fold of peritoneum extending from the posterior wall of the bladder and uterus, and *mesenterically* attached in front of the sacro-iliac synchondrosis (*the posterior utero-vesical fold*), I felt for it, and found it not only very much developed, but obscuring a knuckle of small intestine, which was obviously invaginated in the anterior aspect of the first part of the rectum, and in addition there were what appeared to be—I did not see, I only felt—bands of organised lymph, stretching across in the same place, and probably the result of some earlier inflammatory process in the locality. (The existence of these bands, and the hypertrophy of the peritoneal fold, will account for the non-reduction of the hernia per anum). I again introduced my entire right hand into the rectum, and pushed the prolapsed mass upwards and toward my left hand, which was in the pelvic cavity, at the same time breaking down the adhesions and gently drawing out the knuckle and small intestine from its invaginated position, and freeing it from the peritoneal fold. Very soon afterwards flatus was passed, and in a few hours a copious evacuation followed; of course, affording immense relief. I need not detain the Society by detailing the consequent conduct of the case beyond stating that she became very delirious on the fourth day, but the symptoms yielded to morphia and chloral. The wound was of course treated strictly in accordance with Lister's method, and she had absolutely no bad symptoms till Thursday, 26th, when she had some symptoms of peritonitis. In looking up the literature of the subject I am unable to find any case where gastrotomy has been performed for a similar condition, although Lockhart describes the form of hernia; but he states that he has never known operation necessary. It will be concluded, of course, that the cavity of the peritoneum was opened. This was unavoidable from the nature of the adhesions, and I made my examination from within its walls.

Mr. MARSH regretted the unfavourable ending of Mr. Bryant's case. No doubt this was an instance of an operation which was just too late. With reference to the propriety of abdominal section, he related two cases, in which Mr. Spencer Wells had stitched up the bowel, divided in the course of an ovariotomy, and had returned it into the peritoneal cavity with complete success. In one the bowel had been almost completely divided across. In the *London Medical Record* a remarkable case was lately noticed, where a gallipot had been removed from the intestine, into which it had been introduced by the patient. In a case of femoral hernia, resulting in an artificial anus, where obstruction had come on fron contraction of the orifice, Billroth had freed both ends of the intestine, and having fastened them together, returned the whole into the abdomen. He alluded to these cases to support his belief in the advisability of an early and a bold operation.

Mr. MAUNDER thought these cases should all be considered apart. In the first, he was afraid the operation was partly responsible for the fatal result. He himself was rather disinclined to making an opening in the abdomen. Three days' obstruction was not such a serious matter, as cases of external hernia would show. Besides cat-gut was a bad material to use. When peristalsis set in again the ligatures might probably soften and give way. Mr. Bellamy's appeared a remarkable and unique case, and he was to be congratulated on its successful treatment.

Mr. HOWSE thought two conditions of the abdomen should be recognised—one, where there was great distension; the other, where this state was not present. In the latter, a median incision seemed the best practice. In the former, which would often prove fatal, an opening in the groin was better, over the most distended part of the intestine. He could not agree as to the disadvantage of using cat-gut; he had used it in three or four cases of divided intestine with perfect success. He felt inclined to question the advisability of lumbar colotomy in cases where there was a clear diagnosis of cancer. It amounted to little more than prolonging the patient's misery for a few months. Where the obstruction depended upon large effusion of lymph or other, not in itself fatal, condition, no doubt the operation was necessary.

The PRESIDENT remarked that if he were so unfortunate as to have cancer of the intestine, he should certainly desire to have his life prolonged by operation, if even for a few months only. These were interesting cases, but he thought we had not heard much that was new as to the diagnosis of such cases; and he related a case where obstruction, depending on peritonitis, having lasted several days, gave way to belladonna, and was followed by recovery. The obstruction depended on pelvic cellulitis. Each case, in fact, must still be judged on its own merits.

Mr. BRYANT was surprised at Mr. Maunder's objection to the operation. The case had been dealt with as one of band or internal hernia, for its nature was only decided by the operation. He also believed that after 72 hours' strangulation in external hernia, death almost always ensued.

Mr. MAUNDER explained that part of his remarks.

Mr. BRYANT was also firmly convinced that the benefits of colotomy were unquestionable, and in his cases he had never met one who regretted the operation. Mr. Bellamy's was a very remarkable case, but he asked for some further explanation of its nature, which seemed difficult to realise.

Mr. BARWELL agreed with Dr. Greenhow on the necessity of operation in such cases as his. The surgeon had no right to deprive the patient of some months' life. His case had been intended to point out the importance of not waiting too long. He himself had met with a case of obstruction from gall stones; after some trouble he had extracted from the rectum with a spoon a stone as large as that shown by Mr. Bryant. He thought it probable that here the gall bladder had adhered to the transverse colon and ulcerated through.

DR. SILVER remarked that the diagnosis rested between a fæcal accumulation and a malignant growth as against the latter were the age and healthiness of the patient. In this case, as in others he had seen, he believed distension to be the cause of death from interference with the heart and lungs, and the post-mortem examination bore out this view.

Mr. BELLAMY allowed that the cause of this hernia was inexplicable, the anterior portion of the rectum had given way, the small intestine had got under the meso-rectum, and had then pushed forward under the mucous membrane.

Mr. GEO. LAWSON

ON A CASE OF SUCCESSFUL TRACHEOTOMY PERFORMED IN THE LATE STAGE OF DIPHTHERIA.

The patient, a little girl, æt. 8, was attacked with diphtheria on May 15th of last year, and was under the care of Mr. Morton, of St. John's Wood. The throat symptoms were those of well-marked diphtheria. Some hoarseness of the voice commenced on the 18th, but the diphtheritic throat symptoms seemed to have decidedly improved, and the child appeared to have taken the turn for the better. On May 20th, there was slight difficulty of breathing, and this gradually increased until the early morning of the 22nd, when Mr. Lawson was asked up to meet Mr. Morton and Mr. Dobell. The breathing was then loud and stridulous, her countenance dusky, and her face covered with perspiration; her finger-ends livid, and there was a distinct pitting above the sternum. As it was evident the child was rapidly sinking, it was decided to open the trachea. This Mr. Lawson did by the high operation,

opening the trachea above the thyroid gland. On making the incision into the trachea, a large piece of false membrane escaped by the wound. He introduced one of Durham's tracheotomy tubes, using only the single outer tube. The patient was then returned to her bed, which had no curtains, and the bed was drawn into the room away from the walls. The temperature of the room was kept as nearly at 65° as possible, but never warmer. A bronchitis kettle was placed on the fire, away from the bed, so as to moisten the air generally, but not to make it too hot or moist immediately around the patient. In the treatment afterwards, the tube was removed once, and sometimes twice, daily, as it was found that on each removal, false membrane and thick secretion was blown through the wound, which would not escape by the tracheotomy tube. The child progressed favourably. The tube was removed for good on the seventh day, and she ultimately completely recovered. Mr. Lawson stated that the points in the case to which he wished specially to refer were—1. The position of the tracheotomy. He said that an opening above the thyroid gland was more easily performed than below that body. The trachea in the upper region of the neck was more superficial, and the veins were smaller than lower down in the neck. The high operation was, therefore, a safer one for the patient, 2nd. By having only the one tube, there was a larger channel for the escape of the secretion, and it was more easily cleared. The danger of its becoming choked was, therefore, less. If it does get blocked, the removal of the tube will frequently allow viscid secretion to escape by the wound. In this patient the removal of the tube once or twice daily probably contributed materially to the successful results, as on each occasion during the first three days large masses of secretion escaped by the wound. There is no difficulty in replacing the tube, if the wound be first opened by Trousseau's tracheotomy forceps. 3rd. The having no tent or covering to the bed, and no steam close to the patient, to heat and moisten the air immediately round the bed. Mr. Lawson said he had long thought that the tent bed, with the pipe conveying steam close to the patient, a mistake; he, therefore, decided in this case to give the patient plenty of air, by having no curtains, and the bed away from the wall, and with the spout of the bronchitis kettle away from the child. In conclusion, he stated that he thought it only right to add that the success of the operation was in a great measure due to the judicious care and constant supervision which Mr. Morton kept over the patient, assisted by the intelligent nursing which the father and nurse bestowed on the child.

Mr. Pugin Thornton

ON A CASE OF SUCCESSFUL TRACHEOTOMY IN THE LAST STAGE OF DIPHTHERIA.

An outbreak of diphtheria occurred in St. John's Wood in the early part of September last. It was confined to a small radius, for, as far as can be gathered, only four houses were attacked. Each family was affected about the same time. This outbreak of diphtheria, for which no cause could be ascertained, followed the epidemic which gave so much anxiety during the summer months in the N. W. district, and concerning which Dr. Power has issued a most careful report. A. S., the subject of this paper, is a boy of three years of age. He was one of a family of three, the other two children having died before he was tracheotomised; their ages being respectively four and a quarter years and one year. This child was first taken ill on the 16th of September, the day after the eldest had died. At first he was taken with laryngeal symptoms, but these passing off, the tonsils were found to be covered with membrane. On the 27th, the 11th day of his illness, his larynx again became affected, and from that day to the first of October, his breathing progressively grew worse. It was at this date that I was asked to see the child, and on this day that I performed tracheotomy upon him. The youngest had died in the morning. At the time of the operation the boy was labouring under urgent dyspnœa, being extremely restless, with his face slightly livid. There was no albuminuria. For some days following the operation, pieces of membrane were coughed up through the mouth, or removed with forceps through the tracheal wound, and three weeks after, double strabismus set in, lasting for a fortnight. A further proof of the diphtheritic nature of the disease was, that I myself was seized on the fourth day from first seeing the case with a mild tonsillar form of the complaint, being kept in-doors about ten days. I had sat up the whole of the first night, and part of the two following nights with the child. The boy has since done well, and I think it may be called a successful case, although the progress of recovery has been very slow, for it is now five months, and the canula has still to be worn. During the day the tube is completely closed up with a cork, the child talking freely, and running about the house; but at night-time the cork has to be removed, for after he has been to sleep for a short time an attack of suffocation comes on, which can only be relieved by removal of the plug. The treatment throughout the case has been iron and chlorate of potash, and for the membrane a lactic acid spray was used. The other two children died with laryngeal symptoms, showing the family to be one of the unfortunate instances of fatal family susceptibility. I know of another family of three small children who, during the summer epidemic in St. John's Wood, all died with, I believe, laryngeal symptoms. My remarks have, of necessity, been few, as no notes of the case have been kept. Had it not been that Mr. Lawson was bringing forward a similar case, I should not have published it. I trust, at the same time, that its publication with Mr. Lawson's may help to strengthen all of us in the conviction that tracheotomy in diphtheria is somewhat a more hopeful procedure than many consider it to be; at any rate, an operation which should be more frequently carried out than I believe it is. Undoubtedly there are instances of children who must have succumbed in a few hours if left unoperated upon.

Mr. Maunder congratulated the readers on their success, for in his experience such results were rare in diphtheria. He had for some time doubted the necessity of a tube, and had occasionally tried to dispense with it.

Dr. Coupland related a case which showed the advantage of an early operation. The diagnosis of diphtheria was clear, there was exudation on the tonsils, and 1-3rd albumen in the urine. Mr. Morris operated, and the details were much like those in Mr. Lawson's case. Only the outer tube was used, and no tent was put up, nor was the steam directed over the bed. The case was doing well, and the bad symptoms disappearing.

Mr. Morris had little to add. The operation was the low one.

Mr. Barwell thought that perhaps the withdrawal of the membrane had a share in the successful result, but much depended upon the extent of the inflammation, and he mentioned a case in which he had recently operated, where, after death, the bronchi were found extensively blocked, though large quantities of membrane had been expelled.

Dr. Greenhow said that his experience of the result of tracheotomy in diphtheria had been very unfavourable, but part of the evil results he believed to be due to the shutting out of a free admission of air. In the statistics of Turner, from Edinburgh, and of Buchanan, from Glasgow, he had found many bad cases recover—such cases as he had seen die when treated with the tent, and with copious steaming. He could thoroughly agree with Mr. Lawson's suggestions, for he had made the same ten or twelve years ago in a paper which had appeared in the *Lancet*.

Dr. Duckworth thought the temperature in these cots ought not to be allowed to exceed 70°. This was a point he insisted upon strongly, because of the depression caused by higher temperatures.

Mr. Marsh said that ever since Sir Wm. Jenner had been at the Children's Hospital the tendency had been rather to do away with the steaming except in those dry cases which were occasionally seen. He had had some fifty cases of tracheotomy, with eight, or perhaps he ought to say nine, recoveries—a poor result, perhaps, but better than allowing all to die, as he believed they would have done, but for the operation.

Mr. Thornton, in replying, remarked that he had discontinued the use of a covered bed and direct steaming. He would add that the benefit of Mr. Baker's tube had been very evident in his case.

The meeting then adjourned.

## BRITISH DENTAL ASSOCIATION.

On Monday week, a large meeting of dentists was held at Willis's Rooms, for the purpose of receiving a report of the proceedings of the Dental Reform Committee, and forming a permanent representative Dental Association. Mr. John Tomes was in the chair.

Mr. J. S. TURNER, the honorary secretary, presented a report, explaining the circumstances attending the organisation of the Committee three years ago, and describing the efforts made by it to secure the passing of the Dentists' Act. The report also alluded to the indebtedness of the profession to Mr. Tomes for his great efforts in the cause. The Committee, it was stated, still had work before it, and if the same unanimity of purpose prevailed in the future as in the past, the results could not be doubtful.

The CHAIRMAN, after explaining the object of the meeting, gave a history of the agitation which led to the passing of the Dentists' Act, and referred to some of its principal provisions. The most valuable feature in the Act, he said, was the provision for the sufficient education of dentists, protecting the profession from the curse of incompetence. The next was the establishment of an official *Register* of *bona fide* practitioners, with a statement of their qualifications. Up to August next, any person might register on making a solemn declaration to the effect that he was in *bona fide* practice before July 22nd, 1878; but his name might be removed if the declaration should prove to be false. Unfortunately, there were no known means of preventing error or fraud. It would be the duty of those who knew of either to furnish such information as would lead to its correction. The Dental Committee of the Medical Council was the tribunal by which disputed cases would be investigated and decided. All initial registrations were, no doubt, the subject of abuse; but, after August, the door would be firmly closed to all but licentiates in dental surgery, and the unqualified would by degrees disappear from the list. The Chairman then expressed the obligations of the profession to several gentlemen who had rendered important service to the cause, especially the Honorary Secretary (Mr. Turner). He concluded by recommending that a representative association should be formed to watch over and protect the interests of the profession, on behalf of the public and of the profession itself. It would be better, he said, that such a body should inquire into alleged abuses of the law, rather than that it should be left for private individuals to bring them before the notice of the Medical Council.

Dr. W. H. WAITE, of Liverpool, proposed: "That this meeting desires to record its grateful sense of the valuable results achieved by the labours of the Dental Reform Committee; and, while declaring unabated confidence in the committee collectively, would pay a special tribute to the wisdom and assiduity displayed by the President, John Tomes, Esq., and the Secretary, James Smith Turner, Esq., throughout the arduous and difficult duties connected with the passing of the Dentists' Act; and this meeting further presents its best thanks to Mr. Tomes for the very admirable address he has just delivered." He expressed his grateful appreciation of the services of the Committee in rescuing the profession from its chaotic and almost hopeless condition, which, he said, might be fitly represented by Paddy's maxim, "Every man for myself." Dentists were now a legally recognised profession; and the public had a guarantee that, after a given date, no man should be at liberty to assume the functions of a dental surgeon until he had undergone such a training, and obtained such a certificate, as might fairly entitle him to public confidence.

The resolution was seconded by Dr. J. A. WALKER, and carried unanimously.

Mr. EDWIN SAUNDERS moved the following resolution, "That a society be now established, under the title of 'The British Dental Association,' whose objects shall be to watch over the interests of the profession with special reference to the proper carring out of the provisions of the Dentists' Act, 1878, and with full authority to organise special committees; the establishment of a Dental Benevolent Fund for the assistance of infirm and disabled members of the profession, to be supported by members' special subscriptions; and any other object that may appear desirable." Two conclusions must have been arrived at while listening to the admirable address from the chair: first that much care and watchfulness would be required to carry out the provisions of the Dentists' Act; and, secondly, that this duty, difficult and delicate as it might be, could not be confided to better hands than those of the Council of the Dental Reform Committee, to whose untiring labours the profession owed the possession of the Act.

Mr. H. BARRETT seconded the resolution. He said that, while the Act gave them vastly increased powers, it also brought to the surface many of those whose names had not been hitherto known to fame, and some known only to be avoided. He did not, however, believe that the respectable practitioner would suffer in his professional status; for the more they raised the position of the lower extreme, the higher opinion would the public form of the dental profession generally.

Mr. J. DENNANT supported the resolution. It had been stated that the dentists had by their movement voluntarily separated themselves from the medical profession. This could not possibly be so. They owed their authority to act to the Medical Council, and their education and qualification were given by the College of Surgeons of each of the three kingdoms.

The resolution was also supported by Mr. PARSONS SHAW, of Manchester, and unanimously agreed to.

Mr. RYMER moved: "That duly qualified practitioners entitled to be placed on the *Dental Register* alone be eligible to be enrolled in the Association; and that the Association be supported by annual subscriptions." He rejoiced that the portals of the profession were now open only to men of science and education, and he congratulated the meeting on the success of the labours of the Reform Committee.

Mr. UNDERWOOD, in seconding the motion, said that a work had been accomplished which twenty years ago would have appeared impossible of accomplishment in so short a space of time.

The resolution was unanimously adopted.

Mr. HILL proposed: "That the past and present members of the Executive Council of the Dental Reform Committee be, and hereby are, elected as a representative Board (with power to add to their number) to carry out the provisions of the foregoing resolution, with full powers of action." The meeting, he said, could not do better than elect as their representatives those who had brought them to their present happy position.

Mr. CAMPBELL, of Dundee seconded the resolution, which was unanimously agreed to.

Mr. COLEMAN proposed and Mr. TURNER seconded, a vote of thanks to the Chairman, which was carried by acclamation.

The CHAIRMAN, in acknowledging the vote of thanks, said that, in all such movements, somebody must be trusted, and the profession had trusted him. It now rested with the members of the profession to bring into working order the machinery provided by the Act. The meeting then separated.

# Department of Lunacy.

## "LUNACY LAW AMENDMENT."

THE reply of Mr. Secretary Cross to a question respecting an amendment of the Lunacy Acts, has cleared up many of the wild suggestions which have been bandied about as to supposed material alterations in our existing laws. It was to the effect that Mr. Cross would put himself in communication with the Commissioners in Lunacy on the matter. The very best answer that could possibly have been given. The Commissioners in Lunacy, having the entire supervision of all persons of unsound mind and the visitation of asylums and institutions for the insane,

are fully aware of the present working of the Lunacy Laws and of its shortcomings, so that we may now expect an amendment in clauses which will be beneficial to all those interested in the care and treatment of the insane, and which we trust will protect the proprietors and superintendents of asylums from a possibility of the base insinuations which have of late been so freely made against them. We hope some consideration will be given to the question of allowing persons addicted to intemperate habits to place themselves voluntarily under supervision in an asylum. Under the present existing state of the laws, for anyone to be received as a boarder in an asylum, he must have been previously a certified patient in an institution. We have carefully examined the Report issued by the Lunacy Committee who sat during last session, and we must confess we are unable to find any suggestions there worthy of the attention of the Commissioners with a view of amending the lunacy law. We are very glad that a Lunacy Committee was appointed, as it enabled society in general to find out that the allegations of discharged lunatics must be received with grave doubts and caution. Much time would have been saved if the Committee had examined the Commissioners and Government officials previous to their admitting the evidence of former inmates of asylums, which, to a certain extent, prejudiced some individuals. The accusations so made, and which were proved afterwards to be purely imaginary and delusive, naturally draw our attention to the fact that but little credibility should be given to the wild and exaggerated statements made by persons of unsound mind in courts of law. But it is to be regretted, however, that the public are too anxious to believe such *innuendos* without further investigation, and to condemn innocent persons who have been so unjustly attacked upon *ex parte* statements.

Royal Edinburgh Asylum for the Insane.—The annual general meeting of the managers of the Royal Edinburgh Asylum for the Insane, was held in the Edinburgh Council Chambers on 24th ult., Lord Provost Boyd in the chair. The treasurer's report showed the income for the past year to be £51,453, and the expenditure £57,833, thus leaving a balance against the corporation of £6,379. There had been an increase in the asylum debt of £16,000. The Lord Provost moved the adoption of the report, which was agreed to. Dr. T. S. Clouston, physician-superintendent, read his report for the year 1878, which stated that in the beginning of the year there were 733 patients in the asylum, and on the 31st of December the number was 790. There were 365 admitted, during the year, of whom 205 were men, and 160 women. The total number of patients under treatment was therefore 1,100. There were 242 patients discharged during the year, of whom 131 were men and 111 women. There were 63 deaths, of whom 32 were men and 31 women. The average number of patients resident during the year was 776, viz., 383 men and 393 women. The number of admissions during the year (365) was the greatest on record. It was 23 more than last year, and 72 more than the average of the previous ten years. The chief increase this year had taken place in the private patients, of whom 103 were admitted, against 84 last year; and many private cases at lower rates of board had to be refused for want of room. As regards the causes of the disease, the tables for this year showed nothing very special. There was the usual wretched tale of 51 patients (14 per cent.) where excess in drinking was assigned as the direct cause of the malady, but that was about the usual proportion. He really could not discover that the commercial distress and the hard times had influenced the number or the kind of cases in any respect, except possibly this, that the cases labouring under depression of mind were never so large in absolute number (115), or in proportion, 32 per cent. of the whole. One most sad and painful case, that of a person driven into melancholia by losses indirectly connected with the City of Glasgow Bank, was now by far the most suicidal person they had, requiring most vigilant watching by night and day to prevent the committal of self-destruction. A glance at the statistics of causation showed that out of the 274 cases in which any cause was assigned, only 101, or 37 per cent., resulted from causes that could by any possibility be said to have been under the control of the patient—After filling up the vacancies in the list of managers, and passing a vote of thanks to those retiring, the meeting separated.

Action of Strychnia and Brucia on Cerebral System.—Dr. Klapp, of Philadelphia, has published some interesting facts relating to the action of strychnia on the cerebral system. The theory that strychnia given in toxic doses fails to affect the motor nerves is promulgated. In thirty-seven experiments made on animals he found that this drug did not destroy neurility. Dr. Robins, of the same town, acting on the suggestion of Dr. Klapp, instituted a series of experiments with brucia on the motor nerves. The solution for making these investigations was prepared as follows:—In each cubic centimetre of distilled water there was dissolved one-hundredth of a gramme of brucia, and the solution neutralized with a drop of acetic acid, and a Grove's battery used to imitate the nerves. We give three of the experiments as arrived at by Dr. Robins.

1. Rabbit; weight, 3 pounds. At 1.20, ½ cubic centimetre of the brucia solution was injected. At 1.26.5 strong tetanic convulsions, with great dilation of the pupil; at 1.29.6, cessation of convulsions, which occurred again at 1.30.16, induced by touching, and lasted until 1.31.3, when the tetanus relaxed and the animal was found to be dead. At 1.40 the left and right sciatic nerves were bared and tested with battery at O, alternately, until 2.10, without response, while muscular response was elicited at each application.

2. Dog; weight, 28 pounds. At 2.14, ¾ cubic centimetre of the solution injected. At 2.16.30, uneasiness, whining, pupils much dilated; at 2.19, strong convulsions, great injection of the conjunctivæ; at 2.21, cessation of convulsions, stiffening of body, slight twitching of facial muscles, voiding of urine and fæces, marked by continued nystagmus; at 2.28.30, cessation of convulsions, twitching of the facial muscles, and peculiar snapping of jaws; at 2.25, cessation of respiration, and at 2.56, cessation of heart's action; 3.10.5, battery at O applied to gluteal muscles gives satisfactory response, but none obtained from right or left sciatic; and at 3.14 and 3.18 re-applied with same results. (Post-mortem examination showed great congestion of the brain, heart stopped in diastole, with both ventricles full of liquid blood.)

3. Rabbit; weight, 2½ pounds. At 10.54, ¾ cubic centimetre of the solution was injected. At 10.55, uneasiness and convulsive facial movements; at 10.56, tetanic convulsions of great violence, followed by death at 10.59. At 11.06, 11.10, and 11.15, the battery was applied to right and left sciatic nerves and gluteal muscles, with responses from the latter, but none from the former.

Cysticerci in the Brain Diagnosticated during Life.—A case of this character is recorded by Dr. Joseph Pollak in the *Wiener Med. Presse*, No. 47, 1878. The patient was a boy, 8 years of age. Examination of the pulse, temperature, thoracic and abdominal viscera failed to reveal anything abnormal. The boy complained of excruciating headache, and his piercing cries were loud enough to be heard at quite a distance. Very shortly after his first visit the attendant was recalled, when he found the pupils dilated, the urine and fæces passed involuntarily, and the abdomen distended; headache was

still severe. Every few hours attacks of an epileptiform nature recurred, while in the intervals there was a remarkable absence of all these symptoms. At one of his visits, just after prescribing a cathartic, he had occasion to examine the stools, where he found portions of a tænia. The presence of this, in connection with the other symptoms, at once aroused the suspicion that he had here a case of entozoal origin. At his next visit, he found the patient comatose, and on examining his pupils found to his surprise what proved on closer examination to be a cysticercus in the anterior chamber. He at once pronounced the case one of cysticercus of the brain. The patient died shortly afterwards, and the diagnosis was fully verified.

THE REV. MR. DODWELL.—The answer given by the Home Secretary to Mr. Cowen in the House the other evening in reference to the above case will scarcely satisfy the public, who desire to be informed of the nature of the facts on which it is considered advisable to detain this unfortunate prisoner as a dangerous lunatic. What are his delusions? and, Why were not medical witnesses called to give evidence as to his mental state at the time of the trial?

SPIRITUALISTIC MADNESS.—It has been stated by one of our contemporaries in reply to a question as to the number of persons of unsound mind in America, driven so by spiritualism, that only four can be traced. This statement is quite contrary to the information we have received from the United States on the subject. We read in an article contained in the *Journal of Psychological Medicine* for 1856, entitled "on Moral and Criminal Epidemics," that the spirit faith in America is computed to embrace 2,000,000 of believers, and hundreds of thousands in other lands, with 20,000 mediums. It appears that these include men in all ranks of society, from the highest to the lowest. Many of the facts related, imperatively demand that we should consider this as a *delusion*, not altogether an *imposture*, especially the consideration of the number who have gone insane on the subject. It is said that amongst the lunatics confined in public asylums in the United States, *there are* 7,520 *who have* become such *entirely owing* to this "spirit faith." We have also received correspondence from America on the subject, in which we have been credibly informed of the large number of insane spiritualists at the present time confined as *non compos mentis* in the institutions of the United States.

LAST week the rates of mortality per 1,000 of the population of the principal cities and large towns were :—Plymouth 18, Brighton 18, Bristol 19, Portsmouth 20, Sunderland 21, Edinburgh 23, Norwich 25, Newcastle-on-Tyne 25, London 26, Birmingham 26, Bradford 26, Hull 26, Sheffield 27, Nottingham 27, Wolverhampton 28, Oldham 28, Glasgow 29, Salford 29, Leeds 31, Leicester 32, Liverpool 34, Manchester 34, and the highest rate Dublin 43.

THE rates of mortality in the principal foreign cities, according to the most recent weekly returns were in Calcutta 40, Bombay 27, Madras 43; Paris 27; Geneva 26; Brussels 28; Amsterdam 26; Rotterdam 36; The Hague 27; Copenhagen 24; Stockholm 20; Christiania 20; St. Petersburgh 48; Berlin 25, Hamburg 24, Dresden 22, Breslau 34, Munich 33; Vienna 31, Buda-Pesth 39; Rome 35, Turin 34, Venice 30; Alexandria 39; New York 30, Brooklyn 24, Philadelphia 20, and Baltimore 19 per 1,000. The rate of mortality in St. Petersburgh averaged 47·5 per 1,000 during the first seven weeks of this year, against 36·3 in the last quarter of 1878.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 12, 1879.

## THE MEDICAL ACTS (1858) AMENDMENT BILLS, 1879.

THE DUKE OF RICHMOND'S BILL, introduced by him as Lord President of the Council, on behalf of the Government, provides for—

1. REGISTRATION OF MEDICAL PRACTITIONERS.—The following persons are to be registered :—

*a.* A person who has obtained, *before January, 1st*, 1880, any *single* qualification which is now registrable (sec. 35).

*b.* A person who, in the interval *between January 1st*, 1880, *and* "*the commencement* of a joint board system," has obtained *a double* qualification.

*c.* A person, who, *after the commencement* of a joint board system, has passed the examination of such board, and attached himself, by diploma, to one or other of the co-operating medical authorities (sec. 6).

*d.* A person (? woman) who has passed a conjoint examination, but has been *refused* (sec. 5) a diploma by the licensing bodies.

*e.* A person holding an honorary degree (sec. 10, sub sec. 7), and a colonial or foreign practitioner (secs. 7 and 8), to be referred to hereafter.

The method of registration is—

*a.* By the licentiate sending his diploma to the Medical Registrar (sec. 6).

*b.* By the licensing body sending to the Medical Registrar a list of those to whom it has granted diplomas (sec. 18, lines 21 to 30).

The Bill also provides for keeping of general and local registers, and for the removal and restoration of names, &c., &c., &c. (secs. 10 to 14).

"The registration fee—is such fee not exceeding £5," as the medical council shall fix.

EXAMINATION RULES UNDER WHICH THE CONJOINT EXAMINING BOARD IS TO ACT.—"The medical authorities of each part of the United Kingdom (or the examining board when empowered by them) shall frame rules for regulating the examination, determining the subjects and the standards for passing, and the methods of conducting the same."

These rules shall be "subject to the approval of the General Medical Council" (sec. 15, sub-sec. 1, line 5), but the Council is not authorised to interfere directly unless (*a*) the medical authorities fail to make a scheme within due time (sub-sec. 5), or (*b*) the rules require revision (sub-secs. 6 and 7).

FORMATION OF CONJOINT EXAMINING BOARDS.—"The medical authorities of each part of the United Kingdom shall, as soon as may be, form a medical board for the holding of examinations," in accordance with rules above referred to (sec. 16). The scheme for that board is to be "with the sanction of the General Medical Council," and "may" be submitted to the Privy Council for confirmation.

The function of the board is, "from time to time, to hold examinations according to the * * examination rules in force * * in such "manner and at such places and times as they (the board) think expedient," and to grant to each examinee a certificate "that such person has shown, by examination, that he is qualified to practise medicine and surgery, including therein midwifery."

Any conjoint board scheme (*i.e.*, that already agreed upon for England) which is complete at the passing of the Act is confirmed (sec. 16, line 6, *et seq*), and, *ipso facto*, becomes law.

"If after the commencement of the joint board system" any division of the kingdom is without a board, "either for want of a scheme or otherwise howsoever," the Medical Council *shall* make a board, subject to Privy's Council's approval (sec. 16, line 17). If the board or any of its members at any time fails "in duty," by not complying "with the examination rules" set down for its guidance, or "by not conducting the examinations in a satisfactory manner," or by refusing information to the Medical Council, any or all of its members may be "dismissed," either by the co-operating bodies or by the Medical Council.

OTHER MATTERS DEALT WITH IN CONJOINT SCHEME.—The scheme "may also provide for the relations between the examining board and other boards, and the fees to be paid on admission to examination." Also "for paying out of said fees, the expenses of examination and of carrying into effect the scheme, and for applying the surplus towards the support of such museums or libraries under the control of any of the medical authorities, or of such public object as the General Medical Council consider to be of so great importance to the promotion of increased knowledge in medicine or surgery as to merit that support."

POWERS AND RIGHTS OF INDIVIDUAL LICENSING BODIES.—Every licensing body is free, notwithstanding its charters, statutes, or bye-laws, to carry the Act into effect, and may for this purpose, "by a statute or bye-law made with the approval of the Privy Council," repeal anything "which appears to be inconsistent with this Act" (sec. 23).

Every licensing body may "constitute a new diploma to be granted by them for the purpose of attaching to such authority, with a view to registration, persons who have obtained qualifying certificates under this Act" (sec 21). Any power given, and anything authorised to be done by the medical authorities of any one part of the United Kingdom may, in the case of Ireland, be done by not less than four of such medical authorities" (sec. 20).

Appeal by an examining board, or by any licensing body, against the rules, whether those rules be made by the co-operating bodies, or the examining board, or the Medical Council, lies to the Privy Council (sec. 15, sub-sec. 9, line 25).

FEES FOR ADMISSION TO EXAMINATION are to be regulated by the conjoint scheme. (Sec. 19, page 12, line 3.) But there is nothing in the Act to show when those fees are to be paid, or whether they are to be of the full amounts to include the diploma, or are only to be the mere expenses of the examination. It is not set forth whether the whole fee is payable previous to conjoint examination, and the diploma then given to the student *gratis* on demand, or whether a small fee only is payable on examination, and the licensing body then left to charge for its diploma as it pleases. The English conjoint scheme (which is confirmed by sec. 16, page 10, line 3) provides for the payment of "not less than 30 guineas, to be paid in two or more payments." (Section 9 of English scheme, 1st May, 1877.)

The appropriation of the money is set forth in sec. 19, page 12, line 5. See under "Formation of Conjoint Board" above.

UNIFORMITY OF EXAMINATION, CURRICULUM AND FEE.—There is no provision whatever in the Bill for such uniformity, the preamble of section 13 in the Bill of 1878 being struck out in the present Bill—that preamble stated that "the General Medical Council has certain duties as regards the superintendence of examinations * * and it is expedient to give to that Council powers for the performance of the like duties in the case of medical boards *in order that the qualifying certificate may be granted on like terms in all cases.*"

The Lord President's Bill of this year differs from that of 1878, in that it places the making of examination rules in the hands of the medical authorities, instead of the General Medical Council, who were invested with it last year. By the present Bill the duty of making such rules is given to the medical authorities of each division of the Kingdom, with the sanction of the General Medical Council, but the Council is only authorised to interfere actively in case the medical authorities have not provided a scheme of conjoint examination before the 31st of December, 1880.

By the Bill of 1878 the medical authorities had no voice in the making of these rules until the rules had been submitted to the Privy Council for confirmation, when a copy of them was to be sent to each licensing body, and it was then open to them to object. ('78 Bill—sec. 13, sub-sec. 5.) By the present Bill—on the contrary—the rules made by the authorities are "subject to the approval of the General Medical Council," whose function is confined to confirming them if not absolutely objectionable. This change in the Bill was made in accordance with the suggestions made last year by the conference of representatives of the London bodies, and our own College, and the College of Physicians. The Bill of Messrs. Mills and Childers confides the making of the rules to the Medical Council.

It is to be hoped, with a view to establishing conjoint examination in Ireland, that the licensing bodies can be brought to agree upon a scheme. It is almost certain that the Queen's University will refuse to co-operate, but, under sec. 20, "Anything authorised * * to be done by the medical authorities of any one part of the kingdom may, in the case of Ireland, be done by not less than four of such medical authorities."

This section is ambiguous, for it does not appear from it whether it is meant that four conjoining bodies can compel the fifth to co-operate, or whether, on the other hand, the four can carry out conjoint examination under the Bill, leaving the fifth to its own course. If the latter be the true interpretation of the section, then the recalcitrant

body might continue to grant its diplomas on any terms it pleased, but under sec. 5 those diplomas could not be registered, and would be useless for most purposes. It may be that even four of the Irish licensing bodies will not be found willing to compromise their difference of opinion. But if four of the licensing bodies do not conjoin, then the General Medical Council "shall forthwith" frame the examination rules.

It is quite open to doubt whether the Irish Colleges would not fare better if the making of the rules were left to the Medical Council, for that body has already adopted the English conjoint scheme, and that scheme is made law by sec. 16 of the Bill; and it is most probable that a scheme for Ireland or Scotland would be constructed upon the same lines, and that scheme provides for a sufficient fee and curriculum—points which the Irish colleges are especially anxious to secure. In fact, the propriety of leaving to the medical authorities of each division of the kingdom the construction of their own examination rules was urged upon the Government, because the Bill of 1878 contained provisions to secure uniformity of the conjoint examination arrangements throughout the kingdom; and it was felt that the Irish School of Surgery was safe if all bodies were made to conform to the English scheme; but the present Bill contains no such guarantee of uniformity, and it seems to us that the Irish bodies will find it hard to make a good scheme if left in a position of downward competition with the Scotch bodies.

This is the point to which attention must be most earnestly directed, *i.e.*, the omission from the Bill of any proviso whatever to secure uniformity in the conjoint examination arrangements throughout the kingdom. This uniformity, to secure which has always been admitted to be the chief object of medical legislation, was recognised as a necessity by the Marquis of Ripon's Bill, of 1871, which imposes upon the Medical Council the duty of making arrangements "securing the equally strict application of the rules, so that a license under this Act may be granted on the like terms throughout the whole of the United Kingdom." This phrase will be adopted this year in the Bill of the British Medical Association, and in the Lord President's Bill of 1878 the duty was, as stated above, imposed upon the Medical Council to see "the qualifying certificate shall be granted on like terms in all cases." Thus the Scotch licensing bodies are left to do as they please in the matter of curriculum and fee, subject only to the sanction of the Medical Council.

It is almost needless to point out that, not only would the Bill be useless to the profession, but that it would be most injurious to the cause of medical education, if it passed without any guarantee for uniformity of conjoint examination arrangements. How could the Irish co-operating bodies proceed to fix upon a sufficient curriculum of study, a comprehensive examination, or a fee adequate for their own maintenance, if they were obliged to act in apprehension of being underbid in all those respects by the Scotch Colleges? And of what advantage would it be to the profession to reduce the competing diploma-giving bodies to three, if the competition between these three was perpetuated in a still worse form than before. There can, we fear, be no doubt that the words which provide for uniformity in these matters have been designedly omitted, and we are strongly of opinion that the Irish College will be called upon to put forth every effort, both in their own interest and that of the profession, to have them restored, in which, no doubt, they will receive the help of the British Medical Association.

The danger of depending upon "the sanction" of the General Medical Council to protect Ireland from a ruinous competition with the Scotch bodies is enhanced by the fact that the Scotch representatives are very active and influential in the Council, and that under section 27 of the Bill, it is open to the Council to delegate to any branch—any medical "board or boards, medical authority or authorities, or to any person or persons consenting thereto—the duty of framing any examination rules, or of framing any scheme for the purposes of the Act." Under this proviso the settling of curriculum, fee, and examination, might (in case the now licensing bodies could not agree together) fall into the hands of a sub-committee of the Medical Council, in which the Scotch representatives would be all powerful.

*(To be continued.*

## PROFESSOR OWEN AND THE ANTI-VIVISECTIONISTS.

THE observations which Professor Owen recently made on vivisection, appear to have given great offence in certain quarters. The remarks which particularly aroused the indignation of the anti-vivisectionists, were those in which the Professor spoke of them as mere "blatant humanitarians," who "cheaply flaunt before the world in Pharisaical fashion, their humanitarian phylacteries prohibitory to vivisection!" This was certainly a hard hit at the anti-vivisectionists, but not more so than many of them deserve. We do not, for a moment, doubt that there are among them persons who hold very temperate views on the subject, who conscientiously believe that they are engaged in wiping out a great blot upon our modern civilisation, who have no wish to magnify the evil of which they complain, and who are rather misled than misleading. But these people are an exception and not the rule. The great majority are little better than Pharisaical humanitarians, whose over zealous conduct, and dishonest representations of the practice of vivisection, cannot fail to strike the impartial observer. We, by no means wish to say that the humanity of those who perform experiments on living animals is immaculate. There are, we verily believe, physiologists, who are more remarkable for their scientific zeal than for their benevolence towards the lower animals. We all admit that the outcome of a large number of vivisections is, as regards their practical benefit to mankind, out of all proportion to the time and labour spent upon them, and the cruelty to which they have often given rise. We will even go so far as to say that, in some instances, physiological experiment on the living animal may, from a scientific standpoint, have done more harm than good, by laying the foundation for erroneous doctrines and practices. But when we have said this, we have said all that can be legitimately adduced against the practice of vivisection. We have said that which might justify the authorities

in seeing that the practice was not abused, but nothing that would justify them in putting a stop to it altogether. The history of the present movement shows well the prejudice, the party spirit, the ignorance and the animosity, which this agitation has involved. A few individuals, seized with a sudden spasm of inordinate affection for the lower animals, are appalled at the experiments which a physiologist has here and there performed, and at the cruelties to which, in their morbid imaginations, such experiments must have given rise. Immediately they resolve to preach a crusade with all the fervour of a Peter the Hermit, or an Ignatius Loyola. They adopt all the means in their power to make the public share their prejudices. They get up a society with the avowed object of creating a "public opinion" in their favour, and of "imparting to all classes a correct (?) notion of the evil and its effects." They form an "association," and enlist the sympathies of that very impressible class of people, clergymen and young spinsters. They establish a journal devoted entirely to the consideration of their pet subject. They petition Parliament. They send young ladies round to every householder to acquaint him with the abominations around him, and to get him to sign their "petitions." They exaggerate the evil they complain of with an effrontery which even their fanaticism barely excuses. They post up placards, and distribute broadcast pamphlets and leaflets, by which the public are led to believe that the most revolting cruelties are practised by gentlemen, physicians, and physiologists. The consequence is that they have succeeded in getting up a sort of factitious public opinion on the subject, and in raising such an agitation that Parliament has been obliged to do something to appease their clamour. This, however, is not enough. Nothing less than the total abolition of vivisection will satisfy them.

Now we fail to see by what argument it can be shown that because a practice (which was always confined to a few intelligent observers) is liable to abuse, that therefore it should be entirely abolished. We can conceive why betting offices and gambling houses have been suppressed, and why cock-fighting and prize-fights have been rendered illegal. They were establishments open to the general public, or brutalising exhibitions and practices which had a tendency to demoralise the whole community. But why a method of scientific investigation, which was pursued by only a few practical physiologists—which was in ninety-nine cases out of a hundred, practised while the animal was under the influence of anæsthetics—which had for its object, not the amusement or the aggrandisement of the parties concerned, but the advancement of a science that has already done so much in relieving human suffering and prolonging human life—which involved so much time and labour and special knowledge, that it never could be practised to any great extent—and which, moreover, was confined to the laboratory, away from the public gaze; that such a practice should have caused so great an explosion of public indignation, will, in our opinion, ever be thought one of the most curious social events of the nineteenth century.

We believe it is the intention of the anti-vivisectionists to introduce a Bill for the total abolition of vivisection into the House of Lords. Their organ, the *Anti-Vivisectionist*, observes that there is "no chance of this Bill passing, nor is it at all desirable that, in the present uninformed state of the public mind on the subject, legislation should take place As yet, there is no weight of public opinion to counterbalance the authority of such men as Professor Owen and others." This is as much as saying that, notwithstanding all the tricks and artifices that have been resorted to, the public have not been yet goaded into such a furore of indignation as would suffice to force the Government into fresh legislation on the subject. The "present uninformed state of the public mind!" We should think that by this time the public must be heartily sick of the subject, and would feel some relief if a gag could be put into the mouth of every "blatant humanitarian." Had it not been for their fanatical officiousness and audacious misrepresentations, there would not have been any public opinion at all on this subject, as the evil complained of was of too trifling and questionable a nature to have much "weight" with the general public.

Did our space permit of it we should like to ask on what grounds the "total abolition of vivisection" could be defended. No one, unless under the influence of the most fanatical prejudices, could go so far as to deny that many circumstances might occur in which experiments on the living animal, and even vivisection, would be perfectly justifiable. No one could contend that it would be wanton cruelty to test the action of some new powerful drug, or the effect of some new operation, upon an animal, before administering the drug to, or performing the operation upon, a human being. Such a contention would involve greater inhumanity than could be laid to the charge of the vivisectors, inasmuch as it would be greater cruelty to jeopardise the life of a human being than to kill one of the lower animals.

We would, however, in conclusion, advise those who have a licence to perform these experiments, to take care not to abuse the privilege they enjoy, and to give as little offence as possible to a class of people who will be sure to make the most of any little incident that may tell in favour of the cause they have so much at heart. We must confess that if Professor Owen and others have given some severe castigations to these intemperate humanitarians, the latter have often retaliated in no contemptible manner. They have on several occasions found out the weak points of our armour, and have as frequently made good use of their discovery. When eminent physiologists admit that the outcome of many past vivisections have been error and not the truth, and when other eminent physiologists draw from their investigations as to the actions of well-known drugs upon healthy animals inferences that cannot be applicable to the case of diseased human beings, we must not be surprised if the anti-vivisectionists find in our own camp fresh weapons wherewith they can not only assail us, but hope at last to gain an easy victory. That this victory, were it gained, will be a lasting one, we do not for a moment suppose. The wave of ultra-humanitarianism that is now disturbing the equilibrium of public opinion in this country, will doubtless before long find its proper level, and posterity may perhaps look back with astonishment to the age which witnessed men butchering each other in various quarters of the globe, while others were crying over the imaginary cruelties inflicted upon puppy-dogs and rabbits.

# Notes on Current Topics.

## Kew Gardens.

A FEW nights ago, in the House of Commons, Sir Trevor Lawrence renewed his motion for the early opening of Kew Gardens for the public, but he was defeated, on a division, by 196 to 94. We regret that he did not meet with more success, for, as we stated last year, there are many good reasons why more facilities should be given to the public to make use of these gardens either for recreation or study. It is, however, no good discussing, as we did on a former occasion, the merits of the question, as the authorities are likely to have their own way for a long time to come. Those who opposed Sir Trevor Lawrence's motion did not bring forward any stronger arguments in favour of maintaining the present state of things than that the proposed change would not only interfere with these purely scientific pursuits, for which, it was said, the gardens were primarily established, but would also play into the hands of local speculators and landed proprietors. It cannot, however, be shown that the free opening of the gardens would interfere with the pursuit of botanical science, or that there is much science to be interfered with. The gardens were established for other purposes than that of "being the admiration of the world." But instead of being used as a means of diffusing among the public a taste for botanical study, they are, in this respect, chiefly subservient to the studies and researches of a few professed botanists. If, on some future occasion, the question is again raised, we would suggest that the contending parties come to some compromise. If the gardens were freely open to the public on two days of the week, it would be meeting the wishes of a large section of the community, especially of those who reside at a great distance from the gardens, and who have not the opportunity of making frequent visits in the afternoons. Such an arrangement would not be open to the objections that have been raised to the early opening of the gardens every day of the week.

## Metropolitan Hospital Sunday Fund.

AT a meeting of the General Purposes Committee of the Hospital Sunday Fund, held at the Mansion House last week, Sir Sydney Waterlow in the chair, the question of furnishing a return for the use of the members of Council of the particulars connected with each hospital and dispensary, and upon which the awards of the Distribution Committee are founded, was fully discussed. Sir Rutherford Alcock contended that there could be no valid reason urged for the continuance of treating the returns as "private and confidential," since the information afforded was in all cases the basis of the published report of the hospital issued at stated periods to the subscribers or governors; and that the information afforded, if properly tabulated, would be of essential service to those interested in the good management of such institutions; and for managing committees, a means of comparison and checking many important items of expenditure which could be brought together in no other way. The Chairman suggested that they should leave out the arithmetical basis and the basis upon which the awards were made, as likely to cause difficulty and confusion owing to the fact that it would not at all times be convenient to give reasons why two awards differed. Eventually, upon the motion of Professor Marks, it was resolved, "That in the opinion of this Committee it is desirable that a certain portion of the information on the returns made to the Distribution Committee should be tabulated for the use of the Council, and that it be referred to a special committee of seven members to consider the form in which it should appear, and report the same to the next meeting." The Earl of Aberdeen has accepted the seat on the Council which became vacant by the death of Earl Russell.

## The Medical Society of London.

THE dinner of this Society, in commemoration of the 106th Session, was held at the Criterion Restaurant on the 8th inst., Professor Erasmus Wilson, F.R.S., President, in the chair. After the usual loyal and patriotic toasts had been given, those of the learned Societies, the Medical Corporations, the President Elect, the Medical Society of London, the President, and the officers of the Society, were duly proposed and responded to by Dr. Braxton Hicks, Mr. Erichsen, Dr. Bucknill, Dr. Cockle, Prof. Erasmus Wilson, Dr. Richardson, and Mr. Harrison. The medals of the Society were presented to Mr. J. Astley Bloxam, F.R.C.S., and Dr. C. T. Williams, by Professor Erasmus Wilson, in a very appropriate speech, for their valuable services as Secretary and Librarian to the Society, to which these gentlemen replied. The musical arrangements were under the direction of Dr. L. S. Forbes Winslow and Mr. H. De Meric, and appeared to give universal satisfaction, and added to the enjoyment of a very pleasant evening. About 150 sat down to a well-served dinner, and the company did not separate until a late hour.

## An Irish Dispensary Election.

THE proceedings of an Irish dispensary committee in the recent election of a medical officer brings under notice two points deserving of consideration. The election itself was nothing more than an example of the usual religious squabbles which stand in Ireland in lieu of the selection of a competent attendant for the sick poor. One candidate was an M.D. of the Queen's University, the other, an M.B. of the University of Dublin; and this apparent difference in qualification was used with great emphasis as a reason for selecting the M.D.Q.U.I. as holding a higher qualification than the M.B. T.C.D. We need hardly inform our readers that the M.B. of the University of Dublin—if it be presumed to be no higher than the M. D. Q. U. I. as a guarantee of medical quality — is admittedly superior as an evidence of education, inasmuch as it requires four years' study and a full academic course to obtain it. We confess that we fail to comprehend the inaction of the authorities of Trinity College, who have seen their highest medical degrees superseded by a nominal M.D., which is not a university degree at all in the fair sense of the term, and which can be readily obtained with a little more than half the labour, and half the time, and at a

fourth of the cost, of the Dublin University doctorate. It is hardly probable that students will continue to pay so high a toll in labour, time, and money for the M.D. of Dublin University—a distinction, the real value of which is only known to a few of the initiated, and which, with an uneducated community like a dispensary committee, ranks even lower than the cheaper and easier degree.

The fortunate (?) candidate for this dispensary having been chosen by his friends, was subjected to a catechism as to his contemplated fees, being threatened that, if he did not accept shillings instead of pounds, the whole population of the district would be put upon him gratis.

Committeeman No. 1 was of opinion that if the doctors charged low fees they would find their practice more remunerative than it was. In France the most distinguished doctors never charged more than 5 francs a visit, and they make princely incomes. When he was recently laid up there the most celebrated doctor in the district paid him nineteen several visits at five francs each.

No. 2.—I may remark that the usual fee in the North of England is 2s. 6d.

The newly chosen medical officer said he would be quite happy to meet the views of the Dispensary Committee on that point. *He would only charge 5s. for a consultation at his house, and 10s. if he had to visit any person.*

Committeeman No. 3 impressed upon him the absolute necessity, whenever he attended a case of any danger, to have the clergyman of the persuasion of the patient immediately sent for.

The medical officer replied that he was fully alive to the absolute importance of so doing on every occasion of danger.

Catechising a medical officer in this way is a piece of official impertinence, and that gentleman would have shown more respect for himself and his profession if he had refused to listen to dictation which committeemen have no right whatever to offer, and had declined to give any pledge such as that required of him. If it pleases a practitioner to accept 5s. consultation fees, he is quite at liberty to do so, and is answerable in so doing only to the college from which he had his degrees, and whose honour and dignity he is bound to uphold. We don't even say that it is contrary to professional etiquette to do so, but committeemen have no more right to dictate to him on such a matter than to insist on his parting his hair down the middle. Subservience to such dictation is the parent of official arrogance, and however necessary it may be to carry one's hat in hand during a village canvass, it is neither necessary or wise to carry that humiliating process into professional life.

## The Meeting of the General Medical Council

For the purpose of considering the reform of its own constitution has been summoned for Tuesday, the 18th; the executive committee being called for the previous day for the purpose of arranging the business to be transacted. The second reading of the Duke of Richmond's Bill is set down for the same evening, and it is probable that that measure will have passed the House of Lords long before the President can communicate to the Government the decision which the Medical Council may arrive at. Fortunately, it is not of much moment what that decision may be, for it will have little influence on the Government and little effect on the course of medical legislation. Indeed, the course which the Council has itself pursued has deprived its deliberations of any interest they might have had, for—having had seven months at their disposal for the consideration of a question which might have been readily settled within three weeks—they have intentionally procrastinated in order to throw difficulty in the way of the Government and to prevent anything being done. They have pursued this policy up to the point of deliberately and intentionally violating the pledge which they had given to the Government last year, that they would consider the subject at their "first" meeting, and have sought to obtain their purpose of obstruction by delaying their meeting until the introduction of the Medical Reform Bill without their leave has obliged them to move.

It is not likely that any one will give much for the verdict of the Council as to its own reconstitution, considering that it resisted even the discussion of that subject until forced to undertake it, and has taken pains to make it understood that it resents the intrusion of the profession into the affairs of its little family party.

The Report of the Executive Committee has been, as we have said, delayed upon any or every pretext in order that the evil day of that discussion might be put off, and the conclusion they have arrived at has been kept a dead secret for the same reason.

Not so dead but that we learn that the committee were unanimous in trying to prevent reform, and only differed by a narrow majority upon the policy of making no report at all, or of making a sham report. The sham report carried the day, and the Government are to be gravely advised to reform (!) the Council by adding four additional highly respectable old metropolitan big-wigs as Crown representatives. The Government is indisposed to trouble itself with the family jar, and would quite possibly be glad to escape the difficulty by liberalising the Medical Council after this unique manner, so that we think it certainly behoves the profession to gird up its loins for a decisive battle which will be undoubtedly fought out when the Bill reaches the Commons. The Government has heard no one's views on the subject, but those of a few great people in London, and has been taught by them to pooh-pooh the profession outside the postal district, or, indeed, we might say, outside Saville Row and Harley Street. It remains for the profession to make itself known to our ministers, not as a mere herd of fee-getters, but as a great, earnest, and influential body, united in a determination not to allow the reform of the profession to be marred by being entrusted for execution to a party of venerable anti-progressionists who are, as a conclave, directly interested in obstructing all improvement.

## Medical Council Re-construction.

There is one point in the much-desired reconstruction of the General Medical Council which even the Council itself may see to be necessary—*i.e.*, the restoration to the Council of the power which has lapsed into the hands of the Executive Committee and the President. To those who review the proceedings of the Council *ab extra* it certainly seems that the most important functions of the

Council are performed by the Executive Committee without either the order or the assent of the Council—that the most decisive pronouncements on matters of medical policy are made by the President without the warrant of the Council's decision to authorise them—and that "only for the honour of the thing"—the members of the Council might as well remain at home as come to London to confirm the decrees of their Committee, and to remit to that Committee the doing of all important acts. In fact, it seems to be at the unrestrained discretion of the President whether or not the Council shall meet at all, for on many occasions that officer has—*proprio motu*—postponed the meetings until there remained nothing for them (the Conncil) to meet about.

On the present and on former occasions the business of the Council has been indefinitely adjourned at the absolute will of the President and the Executive Committee, and, if we entertained any hope that the Council would do its business as other similar bodies do theirs, we should suggest to them that it would be well for them to decide for themselves the time when they should re-assemble, and the limits of the action to be taken, or the pledges to be given by their vice-regents.

## British Dental Association,

A meeting, of which we give a report in another column, was held at Willis's Rooms, on Monday, March 3rd, in order to take the first steps in the formation of an association with the above title. The meeting was the largest and most fully representative of the dental profession that has ever been assembled, and comprised the *élite* of that profession in the metropolis, as well as a large number from the provinces, many more of whom, unable to attend offered their support to the projected association. The resolutions submitted to the meeting were all unanimously agreed to. The association is started under highly favourable circumstances; we shall watch its progress with interest and sympathy, and we have little doubt it will be able to effect much in every direction towards the advancement of the dental branch of our profession.

## The Case of Mr. Millerchip.

About a fortnight ago we drew attention to the unjustifiable severity of the sentence that had been passed upon this Poor-law medical officer, and we are glad to see, by the last issue of the *Lancet*, that we do not stand alone in our condemnation of the judgment passed by Lord Coleridge. It appears, moreover, from facts which have come to the knowledge of our contemporary since we made our remarks on the subject, that Mr. Millerchip has been even more badly treated than we at first supposed. Among other extenuating circumstances we may mention that this medical officer was himself ill, having recently undergone a serious surgical operation, and that competent medical practitioners certified to the effect that he was subject to epileptic fits, two of which he had within the ten days preceding the neglect for which he has been so severely punished. We feel certain that the whole profession are unanimous in wishing that the Home Secretary will be induced by these and other facts, to which we have drawn attention, to mitigate the sentence that has been passed upon this gentleman, the severity of which reflects, on the part of the judge, but little respect for the profession to which the prisoner belongs.

## The Dental License of the Irish College of Surgeons.

The Council of the Royal College of Surgeons in Ireland has definitely decided not to recognise that its future licentiates in dental surgery should be also licentiates in surgery—it having been put to them that they should make this a requirement. Outside all other considerations, it seems to us sufficient reason for this determination of the Council that, in our opinion, it would be totally illegal and contrary both to the spirit and the letter of the Dentists' Act to impose any such condition, and, if imposed, it would probably have been struck out of the Medical Council in their revision of the scheme for dental examination as proposed by the College. *Apropos* of such revision, we apprehend a very serious contest between the Irish and Scotch dental licensing bodies, backed by the great majority of practising dentists, and the London College of Surgeons, backed possibly, by the Medical Council. The curriculum of the London College seems to be regarded by many of the London dental surgeons who already hold the L. D. S. as being the standard to which the Irish and Scotch curricula ought to be forced up. The feeling in Ireland and Scotland is, on the contrary, that the London requirements are altogether excessive, both in time and in money, unfair to candidates, and unnecessary to secure the efficiency of practitioners; so excessive, indeed, that the Irish and Scotch bodies would strongly object to be forced to a level even near to that of the London College. If the London College should refuse to come down a little in its demands, and should be supported by the Medical Council, then we might have an appeal to the Privy Council for the first sime since the passing of the Medical Act in 1858.

Of the diseases of the zymotic class, scarlet fever showed fatal prevalence in Birmingham, Oldham, and Bradford; and whooping-cough in Sheffield, Manchester, and Leeds. Two fatal cases of diphtheria were recorded both in Birmingham and Salford, and 8 in London. Small-pox caused 22 deaths in London, 19 in Dublin, and one in Manchester, but not one in any of the other larger towns.

The *Broad Arrow*, of Saturday last, expresses its opinion that the observations made by Colonel Stanley (Secretary for War) upon the Army Medical Department, when introducing the estimates to the House of Commons, will be received with a widespread feeling of disappointment.

Under the will of the late Mr. Oldenshaw, of Manchester, the Stockport Infirmary receives £2,000, and the Blind Institution, of Manchester and Stockport, become entitled to a like amount.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

EDINBURGH UNIVERSITY COURT.—The University Court met on the 3rd inst. Present: Principal Sir Alexander Grant, Bart., in the chair; Lord Curriehill, the Lord Provost, Mr. Clark, the Rev. Dr. Lindsay Alexander, and Professor Campbell Fraser. *Inter alia* there was laid before the Court a petition from Professor Balfour, presented in terms of Ordinance No. 9 of the Commissioners for the purposes of the Universities (Scotland) Act, 1858, containing his application for permission to retire from the Professorship of Botany on a retiring allowance. On consideration of the petition, and a medical certificate which accompanied it, the Court resolved to report to Her Majesty in Council that, in their opinion, Professor Balfour ought to be permitted to retire from his professorship on a retiring allowance, as provided in the said Act and the relative Ordinances of the Commissioners. The library report was received from the Senatus, and referred to a committee.

HEALTH OF EDINBURGH.—Last week the deaths in Edinburgh were 96 in number, and the rate of mortality was 23 per 1,000. Chest diseases still account for more than half the deaths.

HEALTH OF GLASGOW.—Dr. Russell reported that during the fortnight ending 22nd February, there were 564 deaths registered, as compared with 629 in the fortnight preceding, representing a death-rate of 25½ in place of 28 per 1,000 living. The number of deaths of persons aged below 1 year was 116, in place of 118, and of persons aged 60 years and upwards 95, in place of 135, as compared with the preceding fortnight. The number of deaths from pulmonary diseases was 230, as compared with 283, representing a death-rate of 10 per 1,000 living, in place of 13, and constituting 40, in place of 45 per cent. of the total deaths. The number of deaths from fever was 12, in place of 9, viz., 8 from enteric fever, and 4 from typhus. The number of deaths from infectious diseases of children was 52, in place of 42, viz., 36 from whooping-cough, 8 from measles, and 8 from scarlet fever. One case of small-pox was registered during the fortnight, occurring in a West-end family, and with no clue to its origin. The two cases in hospital are recovering, although one was unvaccinated. The number of cases of fever registered was 37, in place of 45, namely, 24 enteric fever, 11 typhus, and 2 undefined. In addition to these, 111 cases of measles, 67 of whooping-cough, 47 of scarlet fever, and 17 of diphtheria, were the occasion of sanitary supervision.

THE LATE EX-PROVOST LAURIE, OF MUSSELBURGH.—By the death of this esteemed gentleman Musselburgh has lost a citizen to whom it has been indebted in many ways. Mr. Laurie was a native of Musselburgh, and attended the medical classes of Edinburgh University, afterwards acting as assistant to the late Dr. Sanderson in his native town. The remainder of his life was passed as a medical practitioner. For thirty years a member of the Town Council, nine years in the position of Provost, the deceased gentleman devoted himself zealously to the alleviation of the distressed, and the advancement of the best interests of his native town. Provost Laurie was an ardent Liberal; and, notwithstanding his failing strength, he took an active part in the fight against the Conservative candidate at the last election. As a trustee under the "Musselburgh Estate Act," he made an earnest effort to wipe off the debt which burdens the burgh; and during his tenure of office he had the satisfaction of clearing away such encumbrances to the extent of £5,000. Provost Laurie was one of the earliest members of the Local Volunteer Rifle Corps. He took an active interest in Free Church matters, and interested himself greatly in the local charities. About a year ago, his health failed greatly, and at the last election he vacated the post of Provost. Various ailments exhausted his strength, and he died on the 2nd inst., having reached his 62nd year.

A CENTENARIAN CLERGYMAN.—On the 3rd inst., the Rev. Dr. Ingram, of Unst, Shetland, died within a month of the completion of the 103rd year of his age, having been born in Aberdeen on the 3rd April, 1776. He was licensed to preach the Gospel in 1800, and ordained a minister of the Church of Scotland in 1803. At the Disruption he became a minister of the Free Church. He was a man of robust constitution, and preached very regularly to his congregation, until close upon his 100th year. The degree of Doctor of Divinity was conferred on the deceased by the University of Glasgow in 1844. He is survived by a son and three daughters, and a large number of grand and great-grandchildren. His son is over 70 years of age. The deceased's father lived to the age of 100, and his grandfather to the age of 105.

Dr. GAIRDNER ON "SPIRITUALISM" AGAIN.—Dr. Gairdner is a gentleman who dislikes being put down, and he has now avenged himself on the unmannerly public by addressing his students on "Spiritualism," and *suo more*, by the appearance of his effusion in the local newspapers. As in our day the *daily press* was not represented in the Practice of Medicine Class, it would be instructive to learn how so many specimens of Professor Gairdner's eloquence adorn the columns of the Glasgow newspapers. In addressing his students on the 3rd inst., Dr. Gairdner started a thesis the exposition of which is as hazy as its argument is unconvincing. It would have been strange if it had been otherwise—if Dr. Gairdner would have succeeded where abler men have signally failed. He defended his definition of spiritualism "as a diseased condition of the faculty of wonder." Should the word be written with a *small* or a *big* "f?" Where this "faculty" is situate we know not. We are afraid it is one for which the phrenologist may not find convenient room. If this "faculty" so-called be the very natural desire to expiscate natural phenomena, it is indeed a pity that it should be diseased to such an extent. Dr. Gairdner maintains that "there is a set of thoroughly-organised and thoroughly-known channels by which the spiritual world is revealed in the material world." Where in the name of "wonder" and science are they? And he further maintains "that spiritualism requires us to cast aside all the laws pertaining to the communication between the spiritual and the material, and to admit of a set of interferences not only in accordance with themselves, but absolutely subversive of the ordinary results of these laws." We hope the argument is clear to some of our readers. Towards the close of his address, as the papers inform us, Dr. Gairdner gave some personal experiences of "the mania which prevailed in Edinburgh in 1857 regarding electro-biology."

THE "GLASGOW MEDICAL JOURNAL."—In the March number of this journal to hand there is a paper by Dr. R. W. Forrest on "A Case of Tubercular Peritonitis, ending in Recovery," with the fork-lightning system of temperature so dear to a certain section of the profession. The discussion on this paper is worthy of note, as being wonderfully hopeful in tone as to the recovery of tubercular peritonitis. We are getting on pretty well here. We have cured "galloping consumption," phthisis, by the hypophosphites of lime and

soda in three-grain doses; diphtheria in an equally marvellous manner; and puerperal fever! The journal also contains a long paper by Dr. James Adams, on "An Improved Apparatus for Spray Inhalations." It is needless to say that it is well written, abounds in forcible sentences, and, having an opponent to punish, the chastisement is well laid on. Dr. Adams makes an excellent case against Dr. Siegle for piracy. The paper is well worth reading, were it for nothing else than a lesson in style. Dr. Adams may exclaim with his Sabine friend—"*Exegi monumentum* (though it be of tin) *ære perennius.*"

A "MIRACULOUS CONVERSION."—Leo Ross (Dr. Mixey) the distinguished reader, has, it would appear, been miraculously converted." He caught it, of course, in Scotland. If one could only get an interest in American organs, wear a plaid (a Scotch one, if possible), and simper among ladies in West-end drawing-rooms, "conversion," considering the religious peristalsis of the North-of-the-Tweed, might not be a bad thing at all. At a "meeting" held in Airdrie the other day, Dr. Mixey entertained his large audience religiously rather than *Shakespereanly*, and at the close of the ceremony an "interview" was offered, in the regular way, to "anxious inquirers." What has Dr. Gairdner to say to the "faculty of wonder" here?

## Literary Notes and Gossip.

FIFTY years ago there were eight medical journals in the United States. Now there are fifty-three of the regular school, nine homœopathic, and seven eclectic. In the last fifty years, 1,630 regular journals and 214 homœopathic have been started, leaving about six per cent. of the former and four per cent. of the latter class as survivors.

* * *

BENTLEY and TRIMEN'S Medicinal Plants is likely to make a very huge work, if we may judge by the present instalment which has now reached to the thirty-seventh part, and seems likely to run on *ad infinitum*. When completed, it will probably be the most exhaustive and complete treatise on the subject in our own or any other language; and well wishers for its success must regret that its great expense will preclude the chance of possessing it to any but the wealthy.

* * *

THE first part of an "Atlas of Histology" has just made its appearance under the editorship of Dr. Klein, the illustrations being by Mr. Noble Smith, L.R.C.P. That Dr. Klein is equal to the task of producing a standard work of reference in histology, there can be no two opinions; and that Mr. Smith is a competent artist the first part of the Atlas now before us shows. Our only doubt about the probable success of the venture is on account of its cost. Judging from the first part, it will run into a large number, which, at 6s. each, will, we fear, frighten the majority of students. But whatever he result the work deserves success.

* * *

ANOTHER of Messrs. Cassell, Peter, and Galpin's useful serials has been brought to a close by the issue of the last part of their "Domestic Dictionary." This work was commenced in monthly parts, and now forms, completed, a companion volume to the "Dictionary of Cookery," issued by the same firm. We have frequently had occasion to refer to its pages during its monthly issue, and have always found the information reliable, and up to date. Now the volume is complete, it forms a valuable adjunct to the library shelves as a work of everyday utility and reference.

* * *

THE first number of the *Index Medicus*, which we announced as in contemplation, is now before us, and really supplies "a long felt want." There is a useful future in store for this publication, as it will become an absolute necessity for librarians and literary men. The *Index Medicus* is under the editorship of Dr. Billings, Chief Surgeon of the United States Army, and Dr. Robert Fletcher; the publisher is Mr. Leypoldt, of New York. From a hasty perusal of the first number, the work appears to be most thoroughly done, and we unhesitatingly congratulate all concerned in the venture. We have searched for several books and articles published during January under various headings, and find them duly chronicled. Of course, the idea is not new, as yearly *Digests* have been issued in this country from time to time, but a monthly magazine of current medical and scientific literature will be most valuable.

* * *

THE *Journal of Science*, which has appeared quarterly during the past fifteen years under the editorship of Mr. Crookes, F.R.S., starts a new volume as a monthly. The publication of *The Analyst*, the official organ of the Society of Public Analysts, has been transferred to Messrs. Baillière, Tindall, and Cox. The editorial management remains as before in the hands of Dr. Muter and Mr. Wigner. The publication of *The Transactions of the American Gynæcological Society* for Europe, has been transferred from Messrs. Trübner and Co. to Messrs. Baillière, Tindall, and Cox. The new journal, *St. Luke* (Physician, Evangelist, and Lawyer), announced for March 1st, has not yet put in an appearance; and a rumour reached us as we were going to press that, finding he was not particularly wanted, *St. Luke* had decided not to introduce himself at present.

* * *

SINCE the appearance of our last "Literary Notes," a new medical journal has been started in Philadelphia, under the auspices of the Jefferson Medical Association of that city. There are no new features in it, except that it is smaller in size and lower in price than existing publications. But then, on the other hand, the conductors are honest as to their intentions and expectations; this, at least, is a recommendation. They say "we cannot bring ourselves to employ the worn out phrases of prefaces and announcements in which the public are gravely assured that a particular book or new periodical would not have appeared, but 'really, a want long felt,' 'constant inquiry,' &c., has at last induced a modest and retiring spirit to expose itself in print to the world." We are glad to find from this introduction that at least one of its staff reads the *Medical Press;* 'tis gratifying to personal vanity to come across one's own expressions a second time, even in a new publication.

* * *

WE have often wondered that no author should have come forward to write a work "on Naval Hygiene." We have treatises on civil and military hygiene by the score, such as Parkes', Gordon's, Cameron's, Carpenter's, Wilson's, Halton's, and a host of smaller ones, but no recognised work for our Royal and Commercial Navies. This is somewhat singular, as minor powers like Italy, and even Turkey, have their treatises, whilst France is represented by that scholarly work of Fonssagrives. We are led to these remarks by the appearance of the second edition of the United States representative, "Naval Hygiene," by Dr. J. Wilson, Medical Director of the United States Navy. Perhaps some competent scribe will take the hint, and remove this reproach to the sanitation of the nineteenth century in imperial Britain.

* * *

A MELANCHOLY interest attaches to the issue of the new work by the late Dr. Handsel Griffiths, "A Text-book of Materia Medica and Pharmacy," it being his last literary production prior to his untimely death. Dr. Griffiths was an author of unusual ability, his writings showing evidence of laborious research and original thought; few writers had a more brilliant future before him, but his labours were finished, and at the age of thirty he succumbed from fever and overwork, having done as much in that short life as most men accomplish in more than double the number of years. After Dr. Griffiths' death, the editing and revision of the work in its passage through the press was generously undertaken by Dr. Duffey, Examiner in Materia Medica in the Queen's University, the result being that the profession has now one of the ablest, if not the best, work on the subject in the English language. We shall refer to the book at length upon another occasion.

* * *

CLINICAL note-taking is now so universally adopted in all our leading hospitals and private practices, that the rapid issue of temperature charts in various forms, is but a natural evolution of "demand and supply." During the past few days, two other candidates in this direction have made their appearance, and are now on our table. "Moore's Clinical Chart" is of the ordinary oblong size, improvements for

which over-existing ones are claimed; that it is more definite, gives more space for remarks, is printed in red, so that the tracings in black ink or pencil are more distinctly seen, and that the charts are mounted as a blotting-pad in 50 or 100, which renders their use much more pleasant to the surgeon than single charts, which are continually creasing or rolling up at the wrong moment. The other is issued by Messrs. Harvey and Reynolds, of Leeds, is smaller, and less pretentious. It is, in fact, more suitable for private practice than ward work, and will be found very useful to those who adopt "Smith's Visiting List," the chart being issued in books of fifty the same size as that publication, at the low price of two shillings. Both charts well answer the purpose for which they are designed.

## ELECTIONS AT THE IRISH COLLEGE OF SURGEONS.

THE election of two Councillors in the room of Drs. B. F. M'Dowell and Ledwich took place last week. The candidates, as we have stated, were Dr. Brunker, formerly Surgeon to the Dundalk Infirmary; Dr. W. Thornley Stoker, Professor of Anatomy in the College School; Mr. Baker, Dental Surgeon to Steevens' Hospital; Mr. Swanzy, Professor of Ophthalmology in the College School; Mr. Bennett, Professor of Surgery in the Universi of Dublin; Dr. Madden, a retired army medical officer; and Dr. Meldon, Surgeon to Jervis Street Hospital. Dr. Brunker, and Dr. Stoker were elected, Messrs. Baker, Swanzy, and Bennett being next at the poll.

An election of an Examiner in the Professorial Court, in the room of the late Dr. John Barker, was also held, the candidates being Dr. Frazer, Dr. Kilgariff, Dr. Charles F. Moore, Dr. Robinson, Dr. G. M. Foy, and Dr. Charles McDowell. Dr. Frazer was elected.

## UNIFORMITY OF EDUCATIONAL STANDARD UNDER THE DUKE OF RICHMOND'S BILL.

OF many blots upon the face of the Government Bill, to which we may have to refer, none is so obvious or so intolerable as the complete abandonment of the principle upon which the Bill was constructed. The *râison d'etre* of the measure, as we have always understood it, was to put a peremptory stop to the competition of licensing bodies for the student's money—a competition which led to his being received to the diploma on any terms—and it was to achieve this object by putting all licensing bodies on exactly equal terms. This principle has, we regret to say, been deliberately abandoned, and the conjoint examining boards of each division of the Kingdom are to be allowed to bid down for the patronage of the student as they may please. We needly hardly say that this fault in the Bill would involve its being opposed by every one who desires to keep up the standard of medical qualification. The Royal College of Surgeons in Ireland has already protested in the form of a memorial addressed to the Lord President, and we understand that other bodies will follow the example thus set.

# Correspondence.

## INTERNAL MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Ofttimes when reading letters of complaint and grievances in our medical journals, and especially in the *British Medical*, I have asked myself the question, Would a new Medical Act remedy any of the evils thus painfully and glaringly exposed?

I have come to the conclusion that fresh legislation will not be productive of any real good until we have purged ourselves clean, healed up internal sores, and placed ourselves in a sound and healthy condition, so that we may be worthy to receive additional legislative protection.

With your permission, I should like to dwell briefly upon some of those internal complaints from which we suffer, and shall enumerate them before dealing with each separately. The complaints are:

1. The dispensing of medicines.
2. The abuse of unqualified assistants.
3. Want of honour one to another, and the neglect of the great commandment, "Do unto others as you would be done by."
4. Medical advertising.
5. Gratuitous medical advice and clubs.
6. A bundle of minor ailments as indirectly connected with the foregoing.

Confining myself for the present to the first evil, I must refer your readers to the long correspondence and disclosures recently published in the pages of the *British Medical Journal*, from which no other conclusion can be drawn but that the dispensing of medicines and the keeping of private surgeries are detrimental to the social position of medical men, and thus injurious to the whole profession. Our competition with druggists leads to counter-prescribing. If we assumed our proper *role*, and prescribed for our patients, as is done in Scotland and Ireland, we should elevate the general tone of the profession, and at the same time it would be possible to institute a proper system and tariff of fees, based on cash payments. Thus book-keeping and bills would be virtually dispensed with. At present the majority of practitioners carry on their profession like tradesmen, though they expect professional consideration and rank.

I look to the younger members of the profession for its emancipation from the thraldom of trade, and I trust the strong expression of opinion recently evoked on the subject of dispensing medicines will not be unproductive.

Hoping that you will allow me space in your next number for a few words on the second complaint,

I am, yours faithfully,

VERAX.

London, 28th February, 1879.

## VACCINE LYMPH AND THE DEATH-RATE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been an attentive reader of the letters and other contributions that have appeared from time to time in your journal, as well as the lay press, on the general epidemic of small-pox and the death-rate in Dublin.

As to the Dublin death-rate I will say nothing, unless so far as the few observations I shall make on small pox and vaccination may throw some light on the matter.

I think it is now conceded on all sides by those competent to give an opinion on the subject, that lymph taken from a revaccination is *not* trustworthy as a prophylactic against small-pox, if used for a *primary* vaccination. Recollect, I am not now discussing the propriety or otherwise of revaccination, or of what lymph should be used in the operation; but when I tell you that there are districts in Ireland in which the *primary* operation *on infants*, and revaccination on adults, are indiscriminately performed with lymph—which I still characterise as spurious—taken from a revaccination, viz., from the arm of an adult who had been previously successfully (?) vaccinated, I fancy you will agree with me in saying that such practice is an element in increasing or rather fostering the epidemic, and consequently augmenting the death-rate, from small-pox at least. If vaccinators would attend religiously to the directions given by Dr. Cameron ("Manual of Hygiene," p. 149), "*Never* take lymph from cases of revaccination," and carry out fully his other suggestions for the operation, there would be no necessity for the absurd suggestion that I see was brought forward at the Galway Board of Guardians, of *inoculating* a calf in the hopes of procuring *therefrom pure vaccine lymph*.

I think I am correct in saying that none of the correspondents on this subject have put this point forward as a cause of the high death-rate. At the same time, what I state I know to be true, and I could call on a Local Government Board Inspector to corroborate what I assert; and that being so, am I not justified in saying that such a practice is nt

sound? Yea, go further, and say it is reprehensible, and that it has a direct tendency to foster variola, and bring the undoubted efficacy of vaccination into disrepute.

I am, &c.,

IVORY POINT.

**University of Dublin.**—The following degrees were conferred on the 25th ult :—

BACHELOR IN SURGERY.—West Whedale Wilson.

BACHELOR IN MEDICINE.—Benjamin Thos. M'Creery, Thomas Mason, West Whedale Wilson.

DOCTOR IN MEDICINE.—Robert Maude Maginniss, William Owen (*in absentiâ*).

**The Plague.**—A supplement to the official *London Gazette*, issued yesterday, announces that Surgeon Major Colvill and Dr. Joseph Frank Payne have been appointed by the Lord President of the Council Medical Commissioners to represent Great Britain in the investigation in Russia of all the circumstances connected with the recent outbreak of plague in that country.

## NOTICES TO CORRESPONDENTS.

DR. PATTERSON CASSELLS, Glasgow, is thanked for the translation of Prof. Delstanche's memoir "On Osseous Tumours of the External Auditory Meatus." These papers will be commenced as soon as we are able to devote the necessary space.

DR. JOSHUA CHITWOOD, Connersville, Indiana.—The back numbers for the year will be sent you. Many thanks.

PHYSIOLOGIST will find the subject referred to in our "Literary Notes and Gossip," present number.

A FOREIGN GRADUATE.—Either *Le Progrès Médical* or *La France Médicale*; both are good journals.

THE FLECTRIC LIGHT IN SURGERY.—A lecture will be given at the Royal United Service Institution, Whitehall Yard, S.W., on Thursday, March 13, at 4 p.m., "On the Adaptation of the Jablochkoff Electric Light to Medical and Surgical Purposes," by Mr. Balmanno Squire F.R.C.S. The lecture will be illustrated by practical experiments with the light. Gentlemen who may wish to be present are requested to apply for cards of admission (by letter only) to Mr. Balmanno Squire, 24 Weymouth Street, Portland Place, W., and to write on the outside of the envelope "Request for card."

WIDOWS AND ORPHANS OF MEDICAL MEN.—By an announcement in our advertising columns it will be seen that the next Quarterly Court of Directors will be held on the 18th inst. for the purpose of receiving applications from candidates for assistance.

MR. W. H. STONE, M.B., will deliver the Croonian Lectures at the London College of Physicians on March 19, 21, 26, at 5 o'clock each day. Members of the profession (ladies excepted) will be admitted on presentation of their card.

A MARE'S NEST.—A Plymouth correspondent telegraphs: "A strange affair has just happened at Linkinhorne, Cornwall. Last week William Seymour, a miner, was found dead in Phœnix mine. It was supposed he had died in a fit, and a verdict to that effect was returned at the coroner's inquest, and the body was interred last Sunday week. A neighbour of the deceased the next night dreamed that a gentleman in a carriage and pair had driven up to the house of the mother of the deceased and said her son was not dead, but had been buried alive. This dream being noised abroad, the next night seven or eight men went to the graveyard, dug up the coffin, and carried it to a chapel. They unscrewed the coffin-lid, and there was the body of their comrade apparently still living and breathing. So convinced were they, in their excitement of this, that they sat him up, and while some attempted to revive him by stimulants and friction, others ran off to the nearest surgeon, two miles distant. Mr. Newsam, L.R.C.P., soon arrived and examined the body, and then stated that the man was dead, and had been dead some days. Mr. Newsam very properly rebuked the men for their folly, and the body was then quickly reinterred; but the matter has excited much commotion."

DR. LYSTER, Liverpool.—Cases received.

MIDWIFE.—You will find notice of the next examination on reference to our advertising columns.

DR. H.—If possible next week, but you must be content to take your turn. It is quite impossible for us to put a quart into a pint bottle.

### POLICE CAUTION.

WE have received the following official note from the head of the Metropolitan Police, which we print for the guidance of our readers:—

The police authorities desire attention directed to a man who is in the habit of calling at the houses of medical gentlemen, &c., inquiring for some person who does not reside at the address, and during the temporary absence of the servant, steals articles from the room where he is left and decamps.

DESCRIPTION.

Age, about 30; height, 5 feet 11 inches; stout build; complexion hair, and whiskers, fair; chin clean shaved; dress, black coat, light colour trousers, high black hat; carrys a walking-stick; respectable appearance.

Information should be given to the Director, Criminal Investigation Department, Great Scotland Yard, or at any Metropolitan Police Station.

Scotland Yard, London, March 10th.

HUNTERIAN SOCIETY.—This evening (Wednesday), at 7½ o'clock, Council Meeting.—8 o'clock, Dr. Herman, "On the Treatment of Fibroid Tumours of the Uterus by Ergot."

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8 o'clock, Mr. A. D. Michael, "A Contribution to the Knowledge of British Oribatidæ."—Mr. G. Hoggan, "On the Development and Retrogression of the Fat-cell."

CLINICAL SOCIETY OF LONDON.—On Friday, March 14, at 8½ p.m., Mr. Heath, "Foreign Body (end of a Silver Catheter) in the Bladder; Median Lithotomy: Recovery."—Dr. C. T. Williams, "Case of Tapping a Fœtid Pyo-pneumothorax."—Dr. Cayley, "Gangrene of the Lung treated by Incision."—Mr. Keetley, "A Case of severe Traumatic Meningitis treated in the stage of Coma by Cold Douche for 2½ hours; Recovery."

### VACANCIES.

Bedminster Union.—Medical Officer for the 4th District. Salary, £40. with the usual extras. Applications to the Clerk to the Guardians, Flax Bourton, Near Bristol.

Bournemouth General Dispensary.—Resident Medical Officer. Salary, £120. Applications to Mr. J. Haggard, Pine Hurst, Bournemouth, before March 29.

Cancer Hospital, Brompton.—House Surgeon and Registrar. Salary, 100 guineas, with board, &c. Applications to the Chairman of the Board, at 167 Piccadilly, London, before March 22. (See Advt.)

Cheltenham General Hospital.—Junior House Surgeon. Salary, £60, with board. Applications to Colonel Hodson, Cheltenham.

Dorset County Hospital.—House Surgeon and Secretary. Salary, £80, with board. Applications to the Chairman, at Dorchester, before March 19.

Guest Hospital, Dudley.—Surgeon on the Staff. Honorary. Applications to the Secretary before March 24.

Ledwich School of Medicine and Surgery.—Professor of Materia Medica and Therapeutics. Election, March 15. (See Advt.)

Leeds General Infirmary.—House Physician. Salary, £100, with board. Applications to Dr. Heaton, the Infirmary, Leeds, before March 19.

Macclesfield General Infirmary.—Senior House Surgeon. Salary, £100, with £10 extra for the second year, with board. Also a Visiting House Surgeon to visit patients at their homes. Salary, £70, with board. Applications to the Chairman, Macclesfield Infirmary, on or before March 22.

Naas Union, Clane and Timahoe Dispensary.—Medical Officer. Salary, £125, with fees; and £15 as Medical Officer of Health. Election, March 24.

South Dublin Union, Rathmines Dispensary.—Medical Officer and Medical Officer of Health. Salary, £125, with fees, and £31 as Medical Officer of Health. Election, March 18.

Tipperary Union, Cappagh Dispensary.—Medical Officer. Salary, £110, with fees, and £20 as Sanitary Officer. Election, March 15.

Waterford Union, Kilmeaden Dispensary.—Medical Officer. Salary, £120, with fees. Election, March 21.

### APPOINTMENTS.

BATEMAN, F., M.D., F.R.C.P.L., Honorary Physician to the Norwich Lunatic Asylum.

DEVIS, C. J., M.R.C.S.E., House Surgeon to the Hereford General Infirmary.

DONNELLY, M. A., L.R.C.S.I., Resident Medical Officer to the Westmoreland Lock Hospital, Dublin.

FENNELL, J. P., L.K.Q.C.P.I. & L.M., L.R.C.S.I., House Surgeon and Secretary to the Stourbridge Dispensary.

HALL, S., M.R.C.S.E., Medical Officer of Health for the Lymington Urban Sanitary District.

HELE, N. F., M.R.C.S.E., Medical Officer, &c., for the Aldeburgh District of the Plomesgate Union, Suffolk.

HOLBECHE, A. O., L.R.C.P.Ed., M.R.C.S.E., a Resident Surgeon to the General Dispensary, Birmingham.

IRVINE, W., M.D., C.M., an Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

JONES, R. A., M.R.C.S.E., Medical Officer and Public Vaccinator for the Llanidan District of the Carnarvon Union.

MACKENZIE, J. A., M.B., C.M., Medical Officer and Public Vaccinator for the Parishes of Sleat and Strath, Invernesshire.

MASON, S. B., L.R.C.P.Ed., L.F.P.S.G., Medical Officer and Public Vaccinator for the Blaenavon District of the Abergavenny Union.

## Births.

BLACKER.—March 4th, at Thrapston, Northamptonshire, the wife of E. J. Latham Blacker, of a daughter.

BOND.—March 4th, at 17 Delahay Street, Westminster, the wife of T. Bond, F.R.C.S., of a son.

O'FARRELL.—Feb. 28, at Boyle, co. Roscommon, the wife of George Plunkett O'Farrell, M.D., of a daughter.

## Deaths.

BATESON.—On the 27th ult., at St. George's Road, Southwark, Henry Bateson, M.D., aged 63.

HOGAN.—March 2nd, at 30 Wentworth Place, Dublin, Edward Michael Angelo Hogan, L.R.C.S.I., Surgeon, A.M.D., in his 27th year.

HOUSEMAN.—On the 24th ult., at Knaresborough, Edward Cooke Houseman, M.R.C.S.E., aged 42.

HYDE.—On the 1st inst., at Thorne House, Clifton, Edward Hyde, M.R.C.S.E., aged 68.

IRVINE.—On the 1st inst., George Richard Irvine, M.D., of Guildford Street, Russell Square, aged 40.

LEACH.—On the 27th ult., at Moss Hall, Heywood, Jesse Leach, F.R.C.S.E., aged 66.

LISTER.—On the 1st inst., at Doncaster, John Lister, F.R.C.S.E., aged 63.

NICHOLS.—on the 24th ult., at Augusta House, Rotherhithe, George William Nichols, M.R.C.S.E., aged 50.

PRATT.—On the 10th ult., at Rothesay Terrace, Bute Docks, Cardiff, Alfred Septimus Pratt, Staff-Surgeon, Royal Navy.

TIBBITS.—on the 2nd inst., at Burfield House, Highgate, the beloved wife of Herbert Tibbits, M.D., of 30 New Cavendish Street, W.

# IRISH POOR-LAW INTELLIGENCE.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

41 & 42 Vic., Cap, 52.

(8th August, 1878.)

An Act to consolidate and amend the Acts relating to Public Health in Ireland.

(*Continued.*)

66. *Power to charge Water Rates and Rents.*
67. *Certain Provisions of* 10 *and* 11 *Vict., c.* 17, *and* 26 and 27 *Vict., c.* 93, *incorporated.*
68. *Power to Supply Water by Measure.*
69. *Register of Meter to be Evidence.*
70. *Penalty for Injuring Meters.*
71. *Power to Supply Water to Authority of Adjoining District.*
72. (*Verb.*) *Sanitary Authority may require Houses to be Supplied with Water in certain cases.*—Where on the report of the sanitary officer of a sanitary authority it appears to such authority that any house within their district is without a proper supply of water, and that such a supply of water can be furnished thereto at such cost as the Local Government Board may, on the application of the sanitary authority, determine under all the circumstances of the case to be reasonable, the sanitary authority shall give notice in writing to the owner, requiring him within a time therein specified, to obtain such supply, and to do all such works as may be necessary for that purpose.

If such notice is not complied with within the time specified, the sanitary authority may, if they think fit, do such works and obtain such supply, and for that purpose may enter into any contract with any water company supplying water within their district; and water rates may be made and levied on the premises by the authority or company which furnishes the supply, and may be recovered as if the owner or occupier of the premises had demanded a supply of water and were willing to pay water rates for the same, and any expenses incurred by the sanitary authority in doing any such works may be recovered in a summary manner from the owner of the premises, or may, by order of the sanitary authority be declared to be private improvement expenses.

73. *Powers of Water Company for Supplying Water to Sanitary Authority.* 25 *and* 26 *Vict., c.* 27.
74. *Vesting of Public Cisterns, &c., in Sanitary Authority.*
75. *Water for Public Baths, or Trading or Manufacturing Purposes.*
76. *Duty of Urban Authority to provide Fire-plugs.*

### Provisions for Protection of Water.

77. *Penalty for causing Water to be corrupted by Gas Washings.*
78. *Sanitary Authority may take Proceedings to Prevent Pollution of Streams.*
79. (*Verb.*) *Power to Close Polluted Wells, &c.*—On the representation of any person to any sanitary authority that within their district the water in any well, tank, or cistern, public or private, or supplied from any public pump, and used or likely to be used by man for drinking or domestic purposes, or for manufacturing drinks for the use of man, is so polluted as to be injurious to health, such authority may apply to a court of summary jurisdiction for an order to remedy the same; and thereupon such court shall summon the owner or occupier of the premises to which the well, tank, or cistern belongs if it be private, and in the case of a public well, tank, cistern or pump, any person alleged in the application to be interested in the same, and may either dismiss the application, or may make an order directing the well, tank, cistern, of pump to be permanently or temporarily closed, or the water to be used for certain purposes only, or such other order as may appear to them to be requisite to prevent injury to the health of persons drinking the water.

The court may, if they see fit, cause the water complained of to be analysed at the cost of the sanitary authority applying to them under this section.

If the person on whom an order under this section is made fails to comply with the same, the court may, on the application of the sanitary authority, authorise them to do whatever may be necessary in the execution of the order, and any expenses incurred by them may be recovered in a summary manner from the person on whom the order is made.

Expenses incurred by any rural authority in the execution of this section, and not recovered by them as aforesaid, shall be special expenses.

### Gas Supply, etc.

80. (*Verb.*) *Powers of Urban Authority for lighting their Disirict.*
81. *Power for Sale of Undertaking of Gas Company to Urban Authority.*

### Regulation of Cellar Dwellings and Lodging-houses.

*Occupation of Cellar Dwellings.*

82. (*Verb.*) *Prohibition of Occupying Cellar Dwellings.*—It shall not be lawful to let or occupy, or suffer to be occupied separately as a dwelling, any cellar (including for the purposes of this Act in that expression any vault or underground room) built or rebuilt after the passing of this Act, or which is not lawfully so let or occupied at the time of the passing of this Act.
83. *Verb). Existing Cellar Dwellings only to be Let or Occupied on certain conditions.*—It shall not be lawful to let or occupy, or suffer to be occupied separately as a dwelling, any cellar whatsoever, unless the following requisitions are complied with; that is to say:

Unless the cellar is in every part thereof at least seven feet in height, measured from the floor to the ceiling thereof, and is at least three feet of its height from the surface of the street or ground adjoining or nearest the same; and

Unless there is outside of and adjoining the cellar and extending along the entire frontage thereof, and upwards from six inches below the level of the floor thereof up to the surface of the said street or ground, an open area of at least two feet and six inches wide in every part; and,

Unless the cellar is effectually drained by means of a drain, the uppermost part of which is one foot at least below the level of the floor thereof; and,

Unless there is appurtenant to the cellar the use of a water closet, earth closet, or privy, and an ashpit furnished

with proper doors and coverings, according to the provisions of this Act ; and

Unless the cellar has a fireplace with a proper chimney or flue, and an external window or windows of such an area as shall be deemed sufficient by the sanitary authority and made to open in a manner approved by the sanitary authority (except in the case of an inner or back cellar let or occupied along with a front cellar as part of the same letting or occupation, in which case the external window may be of any dimensions not being less than four superficial feet in area clear of the sash frame)

Provided that in any area adjoining a cellar there may be steps necessary for access to such cellar, if the same be so placed as not to be over, across, or opposite to the said external window, and so as to allow between every part of such steps and the external wall of such cellar a clear space of six inches at the least, and that over or across any such area there may be steps necessary for access to any building above the cellar to which such area adjoins, if the same be so placed as not to be over, across, or opposite to any such external window.

84. (*Verb.*) *Penalty on Persons Offending against Enactment.*—Any person who lets, occupies, or knowingly suffers to be occupied for hire or rent, any cellar contrary to the provisions of this Act, shall be liable for every such offence to a penalty not exceeding twenty shillings for every day during which the same continues to be so let or occupied after notice in writing from the sanitary authority in this behalf.

85. (*Verb.*) *Definition of Occupying as a Dwelling.*—Any cellar in which any person passes the night shall be deemed to be occupied as a dwelling within the meaning of this Act.

86. (*Verb.*) *Power to close Cellars in cases of two Convictions.*—When two convictions against the provisions of any Act relating to the occupation of a cellar as a separate dwelling place have taken place with respect to the same cellar within three months (whether the persons so convicted were or were not the same) a court of summary jurisdiction may direct the closing of the premises so occupied for such time as it may deem necessary, or may empower the sanitary authority permanently to close the same, and to defray any expenses incurred by them in the execution of this section.

### Common Lodging Houses.

87. (*Verb*). *Registers of Common Lodging-Houses to be kept.*—Every sanitary authority shall keep a register in which shall be entered the names and residences of the keepers of all common lodging-houses within the district of such authority, and the situation of every such house, and the number of lodgers authorised under this Act by such authority to be received therein ; and such register shall at all reasonable times be open to the inspection of any rate-payer of such district.

A copy of any entry in such register, shall be received in all courts and on all occasions as evidence.

88. (*Verb.*) *All Common Lodging-Houses to be Registered, and to be kept only by Registered Keepers.*—A person shall not keep a common lodging-house or receive a lodger therein unless the house is registered in accordance with the provisions of this Act ; nor unless his name as the keeper thereof is entered in the register kept under this Act. Provided that when the person so registered dies, his widow or any member of his family may keep the house as a common lodging-house for not more than four weeks after his death without being registered as the keeper thereof.

89. (*Verb.*) *Sanitary Authority may refuse to Register Houses.*—A house shall not be registered as a common lodging-house until it has been inspected and approved for the purpose by some officer of the sanitary authority ; and the sanitary authority may refuse to register as the keeper of a common lodging-house a person who does not produce to the sanitary authority a certificate of character, in such form as the sanitary authority direct, signed by three inhabitant householders of the union respectively rated to the relief of the poor of the union within which the lodging-house is situate for property of the yearly rateable value of six pounds or upwards.

90. *Notice of Registration to be affixed to Houses.*

91. (*Verb.*) *Byelaws to be made by Sanitary Authority.*—Every sanitary authority shall from time to time make byelaws—

(1) For fixing and from time to time varying the number of lodgers who may be received into a common lodging-house, and for the separation of the sexes therein ; and

(2) For promoting cleanliness and ventilation in such houses ; and

(3) For the giving of notices and the taking precautions in the case of any infectious disease ; and

(4) Generally for the well ordering of such houses.

92. (*Verb.*) *Power to Sanitary Authority to Require Supply of Water to Houses.*—Where it appears to any sanitary authority that a common lodging-house is without a proper supply of water for the use of lodgers, and that such a supply can be furnished thereto at a reasonable rate, the sanitary authority may by notice in writing require the owner or keeper of such house, within a time specified therein, to obtain such supply, and to do all works necessary for that purpose ; and if the notice be not complied with accordingly, the sanitary authority shall remove such house from the register until it is complied with.

93. (*Verb.*) *Limewashing of Houses.*—The keeper of a common lodging-house shall, to the satisfaction of the sanitary authority, limewash the walls and ceilings thereof in the first week of each of the months of April and October in every year, and shall if he fails to do so be liable to a penalty not exceeding forty shillings, and in the event of such failure the work may be executed by the sanitary authority, and the cost recovered in a summary manner.

94. *Power to order Reports from Keepers of Houses Receiving Vagrants.*

95. (*Verb.*) *Keepers to give Notice of Fevers, &c., therein.*—The keeper of a common lodging-house shall, when a person in such house is ill of fever or any infectious disease, give immediate notice thereof to an officer of the sanitary authority, and also to the Poor-law relieving officer of the union in which the common lodging-house is situated.

96. (*Verb.*) *As to Inspection.*—The keeper of a common lodging-house, and every other person having or acting in the care or management thereof, shall, at all times when required by any officer of the sanitary authority, give him free access to such house or any part thereof ; and any such keeper or person who refuses such access shall be liable to a penalty not exceeding five pounds.

(*To be continued.*)

## ANIMAL VACCINATION IN IRELAND.

The following letter from the Local Government Board was recently read at the Galway Board of Guardians. At the last meeting of the guardians a medical gentleman suggested to the board the advisability of procuring a calf in order to have it inoculated for the supply of lymph. The suggestion was unanimously approved of by the board, and a calf ordered to be procured ; but one of the guardians offered a calf for the purpose, which was accepted. On the minutes going before the Local Government Board, they dissented from the medical opinion, and the following letter was read at a very large meeting of the board :—

"Local Government Board, Dublin,
"February 10, 1879.

"Sir,—The Local Government Board of Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of the Galway Union on the 7th ult., from which it appears that a suggestion was made by a member of the board that a healthy calf be procured for inoculation, in order that a full supply of lymph be obtained for the Union, and another member having intimated his willingness to give a calf for the purpose, the guardians passed a resolution accepting this offer, and directing the medical officers to see the animal inoculated. In reference thereto, the Local Government Board desire to observe that it is not clear from this resolution whether the proposal is to inoculate the calf with small-pox virus, or with vaccine-lymph obtained from a human subject, but in neither case can the Local Government Board approve of the resolution adopted by the guardians. Small-pox virus, taken from a calf, would communicate that disease to a human subject, and be thereby a fertile source of propagating the disease, and would moreover render the operator liable to prosecution under the fourth section of the 31 and 32 Vic., cap. 87. If the proposition were to vaccinate

a calf with lymph obtained from a human subject, the Board have to state it has long since been ascertained that the animal lymph for vaccination purposes must, in the first instance, be obtained from a cow in which disease has spontaneously arisen, and that vaccination performed with lymph taken from a cow which had been vaccinated with human lymph is not reliable. The Local Gooernment Board, therefore, lose no time in cautioning the medical officers against either of the practices referred to, as the guardians, no doubt, acted in ignorance of the consequences when they passed the resolution directing their medical officers to act on the suggestion made.

"By order of the Board,

"B. BANKS, Secretary."

## DONAGHMORE UNION.

### DR. WHITES' RESIGNATION.

THE Hon. Secretary of Borris-in-Ossory Dispensary Committee forwarded minutes of proceedings of the last meeting.

The following letter was read from Dr. White :—

"To the committee of management of the Borris-in-Ossory Dispensary.

Borris Castle, 28th January, 1879.

"GENTLEMAN.—From repeated attacks of gout, advancing age, and general debility, I feel it incumbent on me to resign into your hands my position as medical officer, trusting that your interest with the board of guardians will be given in my behalf, and thanking you for your uniform kindness during my long period in office.

"I am, &c.,

"WILLIAM WHITE."

Unanimously agreed :—"That the resignation of Dr. White be accepted ; that the committee unanimously recommend Dr. White to the board of guardians for the full superannuation allowance, as from his long service (over forty-one years) they consider him entitled to it, as for thirty-eight years he never got a day's leave of absence or had a substitute paid for him." The secretary is directed to send a copy of this minute to the Local Government Board, and to the board of guardians of Donaghmore Union.

The following notice of motion was handed in :—

"I hereby give notice that I shall on Friday, the 21st of March next, propose that Dr. Wm. White, late medical officer of the Borris-in-Ossory Dispensary District, be granted the full amount of superannuation allowed by law, in accordance with the recommendation of the dispensary committee."

## CASTLEBLAYNEY UNION.

### FEES FOR LUNACY CERTIFICATES.

The Clerk read the following letter fram Dr. Anderson, of Newtownhamilton, medical officer for that dispensary district :—

"Newtownhamilton, January 31.

"DEAR SIR,—I have received extract of minutes of guardians of Castleblayney Union with reference to John Hutcheson, now an inmate of Armagh lunatic asylum. I beg to remind the guardians that I am in no sense, either officially, or in order to obtain my fee, bound to send them an explanation as to why I apply for another fee for the same person, inasmuch as the justices' order which I sent is perfectly legal and explains itself sufficiently. As a matter of courtesy, however, I beg to inform the guardians that I am neither the medical superintendent of the asylum, nor one of the governors of that institution. I cannot explain why John Hutcheson was kept for months in the asylum and then allowed out, but perhaps Dr. M'Kinstry could give them the necessary information. With regard to my present application for a fee of £1 10s., I beg to inform the guardians that on the 27th inst. I was summoned by two magistrates to visit and examine John Hutcheson, of Drumlogher, and write out a report as to his condition, and that as reasonable remuneration for my servicss the two justices of the peace, whose names appear on the document, signed and sealed an order on the Castleblayney board of guardians for the sum of £1 10s., which is according to, and within the limits of, the sum allowed by Act of Parliament made and passed on that behalf. As to the board's opinion that I should refund the former fee, I do not know whether to look upon it sincerely and call it "open effrontery," or, as I am more disposed, in the light of a "good joke," quite too practical to be entertained either by Dr. Anderson or the *sapientes* of the Castleblayney Union.

"I am, yours truly,

"W. W. ANDERSON."

"P.S.—I again beg to remind the guardians through you that there is a balance of 10s. due for a similar case, which I hold as a debt against the guardians.—W. W. A."

The board were of opinion that this was not such a letter as they should receive from an officer, and an order was made that it be forwarded to the Local Government Board for their opinion thereon.

## RATHMINES DISPENSARY.

OWING to large and increasing private practice, Dr. Browne has been obliged to tender his resignation — which was accepted with much regret—as medical officer and medical officer of health of the Rathmines dispensary district The election of his successor will take place on the 18th inst.

## ABBEY DISPENSARY, TUAM UNION.

THE Local Government Board have refused to sanction the recent appointment of Dr. Lambert as medical officer of the Abbey dispensary, owing to irregularities in the constitution of the Dispensary Committee.

A MOVEMENT is being set on foot in Galway to present a suitable testimonial to Dr. Brodie, Local Government Inspector, on the occasion of his removal to Cork.

AT a meeting of the Abbey Dispensary Committee, Tuam Union, held on the 3rd instant, Dr. Lambert was elected medical officer of the district, in the room of Dr. Ffrench, who has retired on superannuation. The election for a medical officer for Ballymacarbry District, Clonmel Union, which was held a few weeks since, has been adjourned to the 17th inst., in consequence of the candidates having received an equal number of votes.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF FEBRUARY, 1879.

FEBRUARY 1st.—Parker, Thomas Heazle ; Clover House, Drumona, co. Leitrim ; Lic. R. Coll. Surg. Irel. 1878.

6th.—Lindsay, John ; 164 Park View, Mount Pottinger, Belfast ; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

11th.—Barrett, Lindsey ; Donegal ; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

11th.—Rothe, Edward James ; Grangegorman Prison, Dublin ; Lic. R. Coll. Surg. Irel. 1878.

12th.—Forbes, Armitage ; 7 Upper Kevin Street, Dublin ;

Lic. R. Coll. Surg. Irel. 1878, Lic. R. Coll. Phys. Edin. 1879.

14th.—Harding, James Joseph; 4 Alexandra Place, Cork; Lic. R. Coll. Surg. Irel. 1878.

15th.—Poett, Patrick Matthias; 6 Victoria Terrace, Terenure Road, Rathgar, co. Dublin; Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

19th.—Hanrahan, James Palmer; 13 Upper Rutland Street, Dublin; M.D. 1878 and M.Ch. 1878 Q. Univ. Irel.

25th.—Fox, Matthew; 11 Blackhall Street, Dublin; Lic. R. Coll. Surg. Irel. 1875, Lic. 1876 and Lic. Mid. 1876 K. Q. Coll. Phys. Irel.

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MARCH 1, 1879.

| | | |
|---|---|---|
| Total registered deaths in Dublin and suburbs* | ... | 257 |
| Ten years average of same week ... ... | ... | 188 |
| Excess of mortality above average ... ... | ... | 69 |
| 10 weeks' ratio of deaths Rathmines | 20·7 | per 1,000 |
| „ „ „ Donnybrook† | 33·7 | „ |
| „ „ „ Blackrock | 21·6 | „ |
| „ „ „ Kingstown | 28·9 | „ |
| „ „ Entire Dublin District | 42·5 | „ |
| COMPARATIVE RATIOS—London ... | 25·5 | „ |
| „ „ Glasgow ... | 28·4 | „ |
| „ „ Edinburgh ... | 23·0 | „ |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Owing mainly to an increase in the mortality amongst persons aged 60 years of age and upwards, the deaths are 30 in excess of the number registered during the week ending 22nd February, but they are less than in any of the first seven weeks of the year.

Sixty-five deaths from diseases of the respiratory organs were registered, being 1 under the number in the preceding week, and very much less than in any of the earlier weeks of this year, but 18 over the average for the ninth week of the last ten years; they consist of 58 from bronchitis, 5 from pneumonia, and 1 each from laryngitis and lung disease unspecified.

Zymotic diseases caused 44 deaths, being similar in number to those in the preceding week, but 13 over the average for the 9th week of the ten years 1869-78: they include 19 from small-pox, 5 from fever (1 typhus and 4 typhoid), 5 from measles, 7 from scarlet fever, and 2 each from whooping-cough and croup. One-half of the deaths in this class were children under five years of age.

Nine of the deaths from small-pox are chargeable to the North City and 10 to the South City districts. The total number is 3 over the number in the preceding week, but compares favourably with the mortality of other recent weeks; the increase occurred in the North City. Forty-two new cases of small-pox were admitted into the Dublin hospitals during the week, against 37 in the preceding week, and 62 in the week ending 15th February. There were but few cases of typhus, scarlet fever, or measles admitted into the principal hospitals; the typhoid fever cases (11) were 1 over the number for the previous week.

Fifteen children died from convulsions.

Fourteen deaths were attributed to heart disease, 1 to aneurism, 8 to paralysis, 5 to apoplexy, 2 to insanity, 1 to cephalitis, 4 to brain disease unspecified, 1 to jaundice, 4 liver disease unspecified, and 3 to Bright's disease.

Phthisis caused 29 deaths, scrofula 2, hydrocephalus 8, and cancer 3.

Six accidental deaths were registered.

BELFAST.—Nine deaths from fever, 4 from whooping-cough, 3 from scarlatina, 1 each from measles, and diphtheria, and 6 from diarrhœa, were registered during the week.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March* 1, 1879; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

| TOWNS, &c | AREA in Statute Acres. | POPULATION in 1871. | WEEK ENDING SATURDAY, MARCH 1, 1879. Annual rate of mortality per 1,000 inhabitants. | Total BIRTHS registered. | Total DEATHS registered. | Deaths under 1 year of age. | Deaths at 60 years of age and upwards. | NUMBER OF DEATHS FROM Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DUBLIN . . | 10,050 | 314,666 | 42 | 185 | 257 | 36 | 76 | 19 | 5 | 7 | ... | 2 | 5 | ... | 6 | 8 | 90 |
| BELFAST . . | 20,687 | 182,082 | 42 | 143 | 148 | 30 | 25 | ... | 1 | 3 | 1 | 4 | 9 | 6 | 2 | 3 | 31 |
| CORK . . | 13,816 | 91,965 | 25 | 52 | 45 | 12 | 12 | ... | ... | ... | ... | 1 | 1 | ... | ... | 3 | 10 |
| LIMERICK . | 8,509 | 44,209 | 46 | 21 | 39 | 8 | 10 | ... | ... | ... | ... | 2 | ... | 4 | 1 | 2 | 13 |
| LONDONDERRY . | 21,865 | 30,884 | 37 | 17 | 22 | 2 | 5 | ... | 1 | ... | ... | ... | ... | ... | ... | 2 | 2 |
| WATERFORD . | 17,209 | 30,626 | 39 | 5 | 23 | 2 | 12 | ... | ... | ... | ... | ... | ... | .. | ... | ... | 11 |
| GALWAY . | 21,358 | 19,692 | 34 | 9 | 13 | 1 | 4 | ... | ... | ... | ... | .. | ... | ... | ... | ... | 4 |
| SLIGO . . | 30,835 | 17,285 | 30 | 8 | 10 | 2 | 2 | ... | .. | .. | ... | ... | ... | 1 | ... | ... | 3 |

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 19, 1879.

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## Original Communications.

### ON THE EFFECTS WHICH CHANGE OF POSITION MAKES ON BRUIT DE SOUFFLET, OF A SOFT CHARACTER, OCCURRING IN THE CARDIAC REGION. (a)

By HENRY KENNEDY, A.B., M.B.,
Physician to Simpson's Hospital, and the Whitworth, Drumcondra.

Some years have now elapsed since a paper was published, the object of which went to prove that in certain cases where a bruit de soufflet of a soft character existed in the heart, the sound was much modified by altering the position of the patient. I found the soufflet was much more distinct when the individual was in the horizontal position, and that at times a sound, quite audible as he lay on his back, could literally not be heard when he stood or sat up. In this paper I gave a number of instances illustrative of the fact. Since then I have been in the habit of noting down any similar cases which came under my notice, and will now, with your leave, give the briefest sketch of some of these.

In a diagnostic point of view, the subject appears to myself one of considerable importance, and has not received that attention it seeems to me to demand. Balfour, of Edinburgh, is the only writer I know who has noticed my paper, and he speaks more than doubtfully of the truth of the fact. On my own mind there is not the slightest shadow of a doubt, and I must take the evidence of my own senses before that of any one else. Before making any more remarks I will give some of the cases I have more recently noted down, and which will afford me a foundation for the truth of the facts I advance.

Case I.—Keogh, a boy, æt. 14, passed through fever of the typhoid type in the Cork Street Hospital. He had a very clear, prolonged bruit, but of a soft character, occupying the first sound of the heart, and situated directly over the aortic valves. From this point, in any direction, it got weaker. When lying, the pulse was 66, and the bruit long and clear; when he sat up the pulse beat at 76, and the bruit was not at all so clear, and was distinctly shorter. This boy had very visible bounding of the carotid arteries, of the nature of which I can offer no explanation; and my own observation of him was confirmed by Dr. Grimshaw.

Case II.—Armstrong, a man, æt. 57, in Steevens' Hospital, had a marked mitral murmur under mamma, occupying the first sound. The pulse was irregular; the bruit was clearly louder whilst he was lying. This man shortly after died, and on examination all the cavities were found dilated, and the heart fatty, the orifices being larger than natural, but there was no valvular disease. This case, which I saw myself, was kindly given to me by Dr. Grimshaw.

Case III.—A man in the Adelaide Hospital, whom I saw, had a distinct strong soufflet just over aortic valves, the loudest point being possibly a shade lower than this. On making him sit up the pulse quickened and the bruit became very much less clear. This observation was confirmed by Dr. Head.

Case IV.—Clayton, a woman, æt. 50, passed through light fever. A distinct soufflet was heard in the first instance over the aortic valves, but on closer examination it was found to be much louder under the mamma. Whilst she was still in bed soufflet got weaker, and was much more so when she got up, and was finally lost entirely when she stood, but remained very distinct when she lay. This observation, which was a very striking one, was also confirmed by others.

Case V.—Kirwan, a sailor, went through spotted typhus, during which sounds of heart could barely be heard, and there was no impulse. It was, in fact, a very severe case. When getting well his pulse fell to 56, and was thrilling. In this state a very distinct soufflet could

(a) Read before the Surgical Society of Ireland.

be heard, nearly on a line with the nipple, and close to the sternum. On standing up no morbid sound could be heard. This case was also confirmed by others.

Case VI.—Moulang, a girl, æt. 19, passed through a severe attack of spinal arachnitis. Six years before she had had acute rheumatism very prolonged. She now has a very strong soufflet with first sound, loudest under mamma, but heard in different directions from this. This sound wes not modified in any way by position.

Case VII.—Carty, a shoemaker, had acute rheumatism some years since, which lasted six weeks. Has now well-marked soufflet below mamma. When he is up it is not at all so clear nor so long. It seems to be mitral, and is loudest below nipple, but very nearly on same line. Several observations were made on this case and confirmed by others.

Case VIII.—Fitzpatrick, a boy, æt. 11, in passing through an attack of typhoid fever got pericarditis, which was attended by severe pain. Frottement was very distinct at one period of the attack, but then changed into a single soufflet, which finally could only be heard when lying, and at last disappeared entirely. Three distinct observations were made on this case.

Were it necessary I could give a number of other cases where similar observations were made, and with the same result. But I believe that such would not add in any way to the truth of the fact I would advance.

The cases just given have, in a certain degree, been selected; because they were, one and all, seen by other parties, who confirmed what I myself had observed. If this be not considered sufficient evidence of the truth of what I have advanced, I know not what would be; and I think the mere assertion of any one, no matter how strongly urged, cannot shake the fact. In these cases too, I did not rest satisfied with a single observation, but repeated the experiment on different occasions in the same case; and found the results still the same. That I sometimes met instances where no appreciable difference could be observed is admitted; and one such I have given this evening. But it must be recollected that I have expressly limited the fact to those cases where the soufflet was of a soft character. If it were very loud, or rough or rasping, position did not seem to alter its character; at least not at all to the same degree as when the sound was soft. I have notes, however, of some instances where the signs of valvular disease were accompanied by loud sounds, and yet even here the upright position made them weaker than when the patient was lying. I may state here I have met no instance where a morbid sound, heard when the patient was standing, disappeared on his lying down. This, however, has been stated to occur by Walshe. Such an event, I take it, must be very rare.

In the class of cases to which I have been directing attention, it matters not whether the soufflet be functional or organic. In some of those given it will be recollected the sound entirely disappeared. Those I take it were functional cases. In others again the bruit was permanent and modified by position in the way indicated.

The point which I have raised is, I believe, of some consequence. Many cases occur where we are in doubt as to the existence of a bruit. In such the question will often be set at rest by putting in force the plan I advance. There is one class of cases in particular in which it is of great moment to determine the presence of a bruit; I mean those where the heart is fatty or becoming so. In such, Stokes observed that a soft bruit may frequently be heard with the first sound of the heart, and so add to the accuracy of the diagnosis. Now it is precisely in such cases that the plan I advocate becomes available; and I may add, that I have been able to determine the exact nature of some of these cases by this method. Also in parties who were advancing in life, and presented themselves for insurance, I have found it to clear up what was otherwise obscure, and must therefore have remained in doubt. So that the point, it may be fairly inferred, has a practical bearing, of which we should not lose sight.

P.S. Since reading those brief notes I have received a letter from my venerable friend Dr. Benson, in which he states he is able to confirm the point I have advanced, and that it was chiefly where the bruit was of the functional kind he had observed it. Such testimony I take to be invaluable.

## FIBROMA REMOVED FROM THE BACK OF A MAN UPWARDS OF EIGHTY YEARS OF AGE. (a)

By B. WILLS RICHARDSON, F.R.C.S.

The case I am about to relate is of some practical interest, chiefly because (1) of the unusual situation of the tumour; (2) its exceedingly painful nature; and (3) the excellent recovery made by one of an age so advanced as the subject of the case. I was, moreover, induced to bring it before the Society, having obtained from the tumour, thanks to the freezing microtome, large sections of sufficient thinness to show its structure distinctly.

The patient, Thomas Smith, æt. 82, was admitted to the Adelaide Hospital on the 20th July, 1878, and gave the following history of his case:—

He was born of healthy parents, and had brothers and sisters, all of whom were likewise healthy. He himself enjoyed uninterrupted good health up till two years before admission, when a very painful swelling appeared between the shoulder-blades. It was cut into by some one he consulted. The pain was apparently relieved for a time; having informed us that in about eight months it became as bad as ever. It was, at this period, mistaken for anthrax and was again incised, but he was positive no matter escaped.

Continuing to enlarge, and the pain being incessant, he was forced thereby to come to hospital, and was admitted on the day I have mentioned.

I was not surprised, at a superficial examination leading to its being mistaken for an anthrax; for, to the eye, the overlying skin marvellously resembled the skin covering of anthrax in its early stage. For instance, it was of a little higher level than the adjoining healthy skin, was uneven on the surface, and of a livid red colour. The touch, however, at once revealed the nature of the case, and unmasked a hard, movable, flattened tumour. The livid skin covering was adherent to the underlying mass, its movability resulting from the almost complete absence of deep adhesions. It was exceedingly painful and tender when pressed, and was situated over and to the right of 2nd and 3rd dorsal vertebræ. The constitution did not appear to sympathise with the tumour. There was no evidence of organic disease.

Anodynes, internally and hypodermically, for the relief of the pain, availed but little; and from the time of the admission of the patient up till the day of operation gave nothing more than very transient relief. Indeed, it was the continued suffering that forced him to submit to operation for the removal of the tumour. This was done under carbolic spray on the 3rd of last September, my friend, Mr. William Thomson, kindly lending me his assistance in the absence of my surgical colleagues on their autumnal holydays. Ether was the anæsthetic used, and I here take the opportunity to exhibit the inhaler with which I have of late administered ether vapour on many occasions. It is economical to buy, costing only from eighteenpence to two shillings, and most economical to use, the consumption of ether being reduced to a *minimum*. It is nothing more nor less than a baby's soft felt hat, which is large enough to cover the face, and sufficiently close in texture to check ether waste.

One day, when about to use it with an old woman from Connemara, she exclaimed, "Are you going to use that 'cawbeen' with me?" and since then it is known in our hospital as the "cawbeen" inhaler.

(a) Read before the Surgical Society of Ireland. The discussion will be found on page 281.

To return to the operation. After the tumour had been removed and a few divided arteries ligatured with carbolised gut, the wound was washed with the chloride of zinc solution, and its edge secured together with the strongest gut. A carbolised oil-pad was then applied and secured in position with a roller of antiseptic gauze. A full opiate was given to the patient, and he had a moderate amount of stimulants. It is unnecessary to weary you with the daily reports of the case, but I should observe that the carbolised cat-gut ligatures dissolved so rapidly that the edges of the wound separated from one another. This may not have delayed matters, a large cavity being the result of the operation, which would probably have only healed by granulation. The wound was sprayed daily, and when washed thereby, was dressed with a carbolic cream I described a few years ago in the *Dublin Medical Journal* for November, 1869. The cream is formed thus :—

Crystallised carbolic acid, 3 drachms ; oil of theobroma, 4 drachms ; castor-oil, 3 ozs. ; creasote, 10 to 20 drops. Mix with heat, and when cold add, with trituration, ½ oz. of castor-oil. A few drachms of oxyde of zinc ointment are sometimes a useful addition to the cream.

It was completely healed on the 15th of last September, and he left hospital two days afterwards in good health, and most thankful for being relieved of so much suffering.

It may not be uninteresting, before the specimens are examined, to give the opinions of two or three of the most distinguished pathologists of the day regarding the fibromata.

Rindfleisch, for example, does not separate the fibromata from the sarcomata, and considers the prototype of fibromata to be the formed tissue of cicatrices. The common fibroid (desmoid), according to this observer, consists of a fibrous, reddish-white, stiffly-elastic substance, so dense and tough, or even hard, that it creaks under the knife. Its structural elements are identical with those of cicatricial tissue. He alludes to Virchow having set up a "fibro-muscular tumour" as a special variety of fibroma, because of the great resemblance of the fibroma spindle-cells to the fibre-cells of unstriped muscle.

Curious to say, although Rindfleisch does not "wish for a moment to question this resemblance," and thinks it desirable to "begin by comparing sarcoma with inflammatory proliferation, the spindle-cells of the tumour with those of the cicatrix," he, nevertheless, admits that "it would be very difficult to draw a hard and fast line between spindle-cells and unstriped muscular fibres, so far as their minute structure is concerned."

He looks upon the bands of spindle-shaped cells and the rounded deposits of embryonic tissue, imbedded here and there among the fibrous bundles, as transitional structures from which the fibrous tissue is developed in the same way as the cicatrix is developed from the embryonic and spindle-cell tissue.

Speaking of the spindle-shaped cells found in the fibromata, Billroth observes that "if we consider these fibre-cells as young connective tissue, we shall have to christen them spindle-celled sarcomata or fibro-sarcomata. Thus," he proceeds to say, "you see, even in the case of simple fibrous tissue we are already in difficulties with histology and histogenesis."

"There are two reasons which would induce him to agree with Virchow in regarding these fibro-cellular tumours as myomata—viz., the remarkably club-shaped undulating form of the nuclei and the definite arrangement of the fibrous layer into bundles, and the difficulty of isolating the individual fibres, except by the aid of recognised chemical means." . . . "The probability of one of these tumours being a myoma is very great if the new growth is found in the substance of the uterus."

Billroth's experience is, that the development of the fibromata in the "subcutaneous cellular tissue belongs to the rarities." He says, also, that they "almost never" occur in advanced life.

He dwells upon a point in the clinical history of the fibromata of considerable prognostic value. Although it is generally admitted that the pure fibromata are eminently benign, cases now and then occur to lead to the suspicion of their occasional capability of infecting the system. "They are not infectious," he remarks, "though infectious fibromata are said to occur ; a number of such tumours near each other may coalesce and infiltrate the surrounding parts, and occasionally cause fibrous degeneration of the nearest muscles, bones, and lymph-glands." The infectious fibromata which he has "seen were all fibro-sarcomata, and, like pure sarcomata, they may occur metastatically in the lungs." He further says, that "combinations with other forms of tumours, mostly with the sarcomata, as before remarked, occur, and generally in such a way that the primary tumours show a fibrous character, while the recurrence and the secondary tumours are found to be soft cellular sarcomata." He has seen such a case : "A man, æt. about 25, of healthy appearance, had a fibro-sarcoma on the abdominal wall as big as a large walnut ; the tumour was completely extirpated, but in the wound there appeared another tumour, and later on in different parts of the body several soft tumours ; the patient became marasmic, and after a few months he died."

The lung was found to be full of soft sarcomatous tumours.

Before I sit down I should state that allusion in this communication to many writers on the fibromata would have been an unpardonable and unnecessary waste of time. I must not, however, omit to mention that recurrent fibrous tumours have been from time to time described at the meetings of this Society, and have not been overlooked by Sir James Paget in his "Lectures on Surgical Pathology."

Finally, although I headed this communication with the term "Fibroma," I am rather inclined to place it among the fibro-sarcomata, its structure being so largely composed of spindle-cell tissue. Whether it is likely to recur I should not like to prognosticate ; still, I would not be surprised at its doing so, the clinical history being suspicious.

As I have referred to the muscular structure of the uterus and to uterine fibromata, as well as to the structure of cicatrices I have on the table, that the members may compare them with the sections of the fibro-sarcoma removed from the back, (1) a section of the whole uterus of a girl, æt. 15 ; (2) a section of the whole of a fibroma, upwards of an inch in diameter, removed by my colleague Dr. Purefoy, from the uterus of a woman, æt. 33 ; and (3) a section of an intractable ulcer on the surface of a cicatrix including the underlying cicatricial tissue. These sections are all extremely thin, and can be examined with the ⅛th objective.

## LOCAL FIXATION DURING OPERATIONS.

By WILLIAM W. BRERETON,
Medical Officer Oughterard Workhouse, &c., &c.

When chloroform came into general use the old practice of strapping the patient on the table became unnecessary, the relaxed limbs lying on the table could be placed in position by the surgeon for operation. At the present time, however, we do not always see those happy results produced, and in addition to cases where the anæsthetic does not agree, or is not permitted owing to chronic disease, there are many operations performed while the patient is quite capable of motion. No doubt this is chiefly owing to the proved dangers of anæsthetics, and the theory of removing the bad symptoms by giving more or "pressing it on" not being believed, or mistrusted, there is often difficulty in keeping up the effect of the anæsthetic during the operation, although it was perfect at first. Under these circumstances I have found great advantage from fixity during the operation—not the old strapping down, but a local fixation.

A good assistant can produce fixity to a great extent, but never as perfectly as that produced by mechanical means. Take a case of shattered hand from gunshot; place the limb on a splint to which two blocks are attached which act as legs, and are fastened to a table or the side of the bed, the limb can be fixed in any position, with a roller, the surgeon will find his manipulations easy as compared with those on a limb held mid-air by an assistant. I have removed sequestra from a limb placed on a splint, but it is difficult to prevent rotation of the limb without a special splint, which is not always convenient during the operation. I have tried many experiments with strong tourniquet bands placed above the seat of operation, and it is surprising the amount of fixity can be obtained in this way; by using an Esmarch's band, or applying any strong bandage for a short time, the limb can be completely surrounded, and pressure applied without inconvenience. On this principle I constructed a species of tourniquet by which I could fix any portion of a limb I required. I first constructed this so that when fastened to the edge of the operating table it would act like a vice, the jaws bearing on the strong tourniquet band. This suited a hand or foot, but with other portions of a limb it was not convenient, as the support of the table was lost to a great extent.

For general use a tourniquet on this principle, and acting in a flat frame which can be fastened to the table in any position, will be found to be a convenient and easy mode of producing fixity. I constructed mine in oak, but the instrument makers have made one in iron which is more easily fastened to the table, (*a*) and is strong enough to produce fixity when placed on the strongest thigh. I have no doubt that were local fixity more frequently used as an aid to operation that it would prove a great advantage to many surgeons, and more particularly to the juniors of the profession, as it gives the greatest confidence to feel there is no motion, and the incisions can be made with the greatest accuracy. I bring this subject before the profession, and hope it may be of assistance to the humbler members, who, like myself, although remote from towns, endeavour to work at practical surgery.

I know there are many who were encouraged to work by operating on Esmarch's principle, and to whom I hope fixation will prove as great a boon as I have found it.

# Clinical Records.

## SCLERODERMA WITH VITILIGO—ADDISON'S DISEASE.

M. Fereol exhibited a patient suffering from scleroderma at a recent meeting of the Hospital Medical Society, Paris. In order the better to show the difference between this special discolouration and the bronzed tint of Addison's disease, he at the same time exhibited a typical example of the latter malady, so as to compare the two cutaneous lesions side by side. In the first patient he pointed out the singular disposition of the stains, which maculated the skin, and the constitution of these stains, formed by a black and white grain resembling the maculated arrangements of certain serpent skins—the black grains being ranged in linear series, following in the different regions the configuration of the dermic papillæ, just as represented by M. Sappey. The patient had been shaved, and it could be noticed that the hairy skin, like the rest of the integument, presented numerous spots of vitiligo, some rounded, others irregular on a brown ground, and totally deprived of hair, the genital parts being of a tint less deep than the skin of the abdomen. On the mucous membrane of the mouth, and at the edge of the lips, could be noticed a slight brown tinge.

M. Fereol insists on a fact which he had observed in his patient for a month—namely, that he has seen the spots of vitiligo modify themselves, certain white parts have become brown, and reciprocally coloured parts have become decoloured, so that it would seem that the pigment underwent change and was carried from one place to another.

In contrast with the dyschromic lesions previously described in the patient suffering from Addison's disease, M. Fereol pointed out the absence of any localised discoloured stain, there was a uniform brown tinge, very deep on the face and hands, still deeper on the genital parts, which were as black as those of a negro; whilst on the mucous of the lips, on the internal face of the cheeks and tongue, were stains of a very deep black.

M. Fereol thought the first patient had no capsular lesion, that he was suffering from a special dyschromia, which might be called *vitiligo punctée*, and which depended on the same cause which produced the scleroderma.

### *Aphasia—Cerebral Tumour.*

M. Magnan presented some specimens found at the autopsy of an aphasic woman, æt. 61, who died at the Hospital St. Anne. This patient had been aphasic and hemiplegic on right side; at apex of heart there had been a bruit de soufflet, and the diagnosis had been aphasia from embolism.

At the post-mortem examination M. Magnan found osteitis of the left parietal, with adherence of the dura mater to the top of the upper third of the ascending frontal convolution and of the lower part of the first and second frontal convolutions.

There was also a glio-sarcomatous tumour, the size of an egg, between the insula and third frontal, the insula and lower third of the third frontal being thus dissected by the tumour.

(*a*) The engraving representing this tourniquet will be found on page 222.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 14TH.

Dr. Bristowe in the Chair.

Dr. Bridges showed

### A CASE OF DISEASE OF THE SKULL IN A CHILD, WITH CONGENITAL SYPHILIS.

Such a case was described by M. Parrot, and was brought before the notice of the last meeting of the Pathological Society by Dr. Benlow. There was a considerable ridge on each side of the sagittal suture, and a prominence of both parietal eminences.

Dr. R. Crocker showed

### A PATIENT SUFFERING FROM SCLERODERMA.

The child had been exhibited at a former meeting of the Society. She was now far advanced towards recovery.

Dr. Theodore Williams

### ON A CASE OF FŒTID PYO-PNEUMOTHORAX WHERE TAPPING HAD BEEN PERFORMED WITH GREAT BENEFIT.

A gentleman, æt. 28, had had pleurisy of both sides, causing partial adhesions of both pleuræ, and shrinking of the right side of the chest. Four and a half years later, he had catarrhal pneumonia of the left lung, ending in excavation at the apex, and tolerable quiescence; but at Cannes, in December, 1877, his cough and expectoration increased, inducing vomiting; and the sputum was so offensive as to cause loss of appetite and diarrhœa, not only in the patient himself, but also in his attendants. For several months he suffered from pyrexia, great loss of flesh and strength, and from symptoms of septicæmia, chiefly induced by the offensive atmosphere in which he lived, which various antiseptics palliated but failed to purify. Dr. Marcet detected large quantities of lung tissue in the expectoration, and found proofs of a considerable sized abscess discharging through the left bronchus. The symptoms continued, and the patient came to London, where in June, 1878, Dr. Andrew Clark and Dr. Theodore Williams concluded, from the physical signs and the character of the expectoration, that in addition to some cavities in the upper lobe, there

existed either (1) a limited pyo-pneumothorax, or (2) a large superficial cavity in the lower lobe, the pleura being adherent, and from the loudness of the cavernous sounds, their limited area, and the large quantity of lung tissue found, they considered the latter supposition the most probable. In either case tapping was recommended, and on June 18th Mr. Erichsen punctured the dense wall of the abscess between the sixth and seventh ribs, and evacuated a pint of fœtid pus. The operation, though it gave rise to temporary but somewhat troublesome cutaneous emphysema, afforded entire relief to the patient. The cough was reduced, the expectoration fell to two ounces in amount. All fœtor ceased, and with it all symptoms of septicæmia, including a fall in temperature, pulse, and respiration. The discharge from the drainage tube was small and inoffensive, and neither in it or in the sputum could any traces of lung disintegration be found after the operation. The patient, who had extensive disease of the lungs, recovered sufficiently to drive out daily, and died seven months after the operation, of thrombosis of the left pulmonary artery. Post-mortem examination revealed a circumscribed pyo-pneumothorax on the left side, limited by very dense adhesions. The sac communicated by two openings, each of such size that the lung tissue exposed actually formed part of the wall of the pneumothorax. The upper lobe contained two large cavities, communicating by a bronchus, the upper one opening into the pleura. The right lung showed partial adhesions, some old consolidation and fresh tubercle at the apex. Dr. Williams remarked that the limited form of the empyema had been caused by the successive attacks of pleurisy, and the pneumothorax arose from the pleural abscess bursting into the upper cavity, and thus discharging through the bronchus. Owing to the fistula being too small to admit free discharge, matter was retained, became fœtid, and gave rise to septic symptoms, and further ulcerative processes in the lung, which continued till the operation, which entirely changed the aspect of affairs, and converted an acute ulcerative empyema into chronic pneumothorax, adding several months to the patient's life. The difficulty of diagnosis lay in (1) the limited character of the pyo-pneumothorax, (2) in the loudness of the cavernous sounds, this being due partly to the large size of the pulmonary fistula, and partly to the conduction of sounds from the lower cavity, and (3) the character of the sputum, which was by no means simply purulent, but contained a quantity of lung tissue.

Dr. Cayley

ON A CASE OF GANGRENE OF THE LUNG TREATED BY INCISION.

The patient, a man, æt. 40, was admitted into the Middlesex Hospital on Dec. 30, 1878. He had been ill five weeks with cough, spitting, and pain in the chest. During the last fourteen days, his breath and expectoration had been fœtid. On admission, he was in a condition of extreme prostration and emaciation, with great dyspnœa, and painful cough ; with much difficulty he expectorated small quantities of horribly offensive brownish mucus. His breath had a similar odour. The physical signs were those of consolidation of the left base, but there were no distinct indications of a vomica, as bubbling crepitation or cavernous or aphonic breathing. The absence of these signs were probably due to the cavity being full, and to its not communicating freely with the bronchus. An exploratory puncture was made with a fine trocar and canula, and a few drops of pus with the same gangrenous odour as the expectoration were drawn off. The patient was now put under the influence of a mixture of ether and chloroform, and Mr. Lawson made an incision in the ninth intercostal space in a line with the angle of the scapula, three inches in length, and continued it till the cavity in the lung was reached. A gush of about ʒv. of horribly fœtid pus then took place, and with the pus several fragments of gangrenous lung tissue, the size of the end of a finger, came through the opening. A large sized drainage tube was introduced, and the cavity was washed out twice daily with diluted Condy's fluid. The operation gave the patient great relief. He ceased to cough, and to expectorate fœtid mucus, and his breath lost the gangrenous odour, and the temperature, which before the operation had been very high, fell to normal. He did not, however, rally from the state of prostration, and gradually sunk, and died on Jan. 4 ; the operation having been performed on Dec. 30. For the first two days, fragments of gangrenous lung were discharged when the cavity was irrigated. On post-mortem examination, the lower lobe of the lung was found consolidated by pneumonia, and firmly adherent to the chest wall. In its interior was a large irregular cavity, with ragged, in parts gangrenous, walls. Where most superficial, it was upwards of an inch beneath the surface of the lung. There was a small obsolete tubercular cavity, and some puckered fibrous nodules in the apex of the right lung and the kidneys were granular ; the urine, however, had not contained albumen. In this case the patient was so much reduced when he came under treatment, that little hope of a successful result could be entertained. The operation, however, which was unattended either by danger or difficulty, gave complete relief to his most distressing symptoms, and by evacuating a quantity of putrefying matters which were pent up in the lung, and causing septicæmia, gave the only chance of recovery ; and possibly, if it had been performed earlier, the sloughing portions of lung might have become completely detached, and the patient have rallied.

Dr. J. E. Pollock asked how long Dr. Cayley's patient had lived after the operation. [It was answered that five days elapsed before death took place.] The points of interest in these cases were—First, the question of diagnosis before the operation ; Secondly, the eligibility of each operation. In Dr. Williams' case the difficulty was to decide whether the case was one of pneumothorax, or one of a cavity with thin walls. This was always a difficult question. It turned out that the patient was suffering from the former, yet at the time of operation, Mr. Erichsen thought that he had passed through the lung before reaching the pus. He thought that if the dulness shifted with the position of the patient, this was a valuable sign of pneumothorax. He could not remember any case where a cavity was so large that the physical signs varied much after alteration of the patient's position, or after a profuse expectoration. After all, the question of diagnosis was, perhaps, not of vital importance. He thought that cavities in the apex, where there was a good communication with the bronchus, were certainly not suitable for operation ; but where the cavity was low down, with a small external opening, and much decomposition, they should be treated by incision, or by tapping. Dr. Cayley was to be congratulated on his boldness in carrying out the only method of treatment that was likely to prove successful.

Mr. Maunder had listened with much pleasure to the cases brought forward that night. He had for some time been of opinion that no matter what the exact position of these fœtid cavities might be, they should be treated by incision, just like abscesses in other parts. As soon as a free opening was established, decomposition was checked.

Dr. Mahomed related a case of a child in Guy's Hospital, under the charge of Dr. Fagge, where a pneumonia, that was thought croupous at first, did not clear up, and gave signs of breaking up of the lung. He was anxious to treat the case by incision, thinking that it might be an abscess of the lung, following extensive catarrhal pneumonia, which would, if left, end in acute tuberculosis. But the evidence of a cavity was too doubtful to allow this course The child eventually died from the cause he had feared, and a large cavity was found. He was anxious to know how an adherent pleura might be certainly recognised. In Dr. Cayley's case there seemed to him to have been old adhesions. He also wished to ask what Dr. Williams considered to be the nature of the bilious attacks he had described.

Dr. Sedgwick related a case he had seen many years before, which he had diagnosed to be an abscess of the lung. This having become fœtid gave rise to great constitutional illness, but after some delay he thought he discovered a bulging in the seventh intercostal space, and here introduced a trocar. The result was very gratifying, and the patient (his father) recovered, though extremely ill at the time. In the following winter the same trouble recurred in the old place, and required the same treatment, by which life was prolonged for several weeks.

Dr. Douglas Powell agreed with Dr. Pollock that the interest of these cases was, first, as to the diagnosis, and secondly, the best treatment for them. In a case now under his care he had diagnosed a pyo-pneumothorax because the side was bulged, and the intercostal spaces effaced. The shifting dulness described by Dr. Pollock he regarded as a valuable test, as also the alteration of physical signs after profuse expectoration. It had been said that it did not matter much which condition was present, but he

thought that in empyema it was better to make an incision in the lowest available spot, while a cavity should be opened by a trocar over its middle. He would not touch apex cavities; but in those at the base it was very different, and here there was risk that the sputum would be inhaled into the other lung in the intervals of coughing. He would also allude to an old way of treating profusely secreting apex cavities, which was in his opinion of great service, namely, by blistering, and the application of savine ointment.

Mr. H. MARSH said that for himself he always insisted in knowing at what point the physician wished the chest to be opened; but he considered that it was generally advisable, when a low opening was needed, to make a preliminary incision over the most prominent point, and then a counter-opening below.

Mr. HOWSE wished to draw attention to the trouble often caused by old adhesions of the pleura converting the pleural cavity into a network of sinuses. This had been frequently in his experience a source of difficulty, and he thought, here, a second opening would often prove futile. As to tapping cases of gangrene of the lung, he was not inclined to recommend this procedure. He had seen three cases lately where the gangrene was very limited, and no surgical interference would have been possible.

Dr. GOODHART wished to ask Dr. Cayley what importance he laid on the presence of fœtor as an evidence of gangrene. He had not understood from the notes read that there had been distinct evidence of a cavity. In two cases under his care there was the same absence of distinct signs of cavity, though the fœtor was great. One was no doubt an old empyema. Was it not also true that these patients often went on a long time without getting worse?

Mr. G. BIRD always trusted to a double opening with a drainage-tube between them, and insisted on this as a point of importance. If this course was impracticable, he trusted to a considerable slit rather than a single puncture.

Mr. MARSH wished to ask how far it was safe to inject such cavities with iodine. In one which he had so treated, and where there proved to be a communication with a bronchus, the patient nearly died from asphyxia.

Dr. BRISTOWE remarked that it was clear there was great difficulty in distinguishing between a cavity and a pyo-pneumothorax; but he thought the treatment of both should be the same. With reference to the value of shifting dulness that Dr. Pollock had insisted on, he mentioned a case of abscess of the lung where the cavity was very large, quite large enough to have proved misleading in this respect. The recognition of elastic fibres in the sputum was often a fallacious indication, of which he related a case in point. For his part, he trusted greatly in antiseptics in the treatment of these cases.

Dr. WILLIAMS, in his reply, explained that in the recognition of adherent pleura he trusted to the old rules of retraction of the intercostal spaces, &c., and explained what was meant by the bilious attacks in his patient.

Dr. CAYLEY, in answer to Dr. Goodhart, said he had taken the precaution to puncture with the aspirator before tapping.

The meeting then adjourned.

## SURGICAL SOCIETY OF IRELAND.

SESSION 1878-79.

FRIDAY, FEBRUARY 28th, 1879.

THE Seventh Meeting of the Session was held in the Albert Hall of the Royal College of Surgeons,

Dr. EDWARD D. MAPOTHER, Vice-President of the College, in the Chair.

Mr. RICHARDSON, (hon. sec.), read the minutes of the previous meeting, which were signed.

Mr. WHEELER exhibited a

SPECIMEN OF A FIBRO-GELATINOUS POLYPUS OF LARGE SIZE,

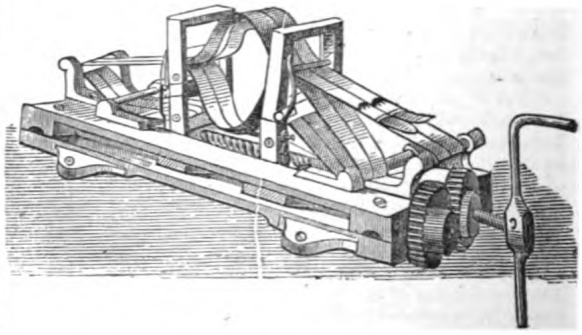
which he removed from the nose of a boy, æt. 11, on the previous Tuesday. It was rather shrunken, having been put in spirits for eight hours. At present it was in carbolic acid solution, and had been considerably larger than it appeared to be. He had other specimens preserved in spirits, which he removed from the same boy in 1878. The polypus in question, hung down behind the velum. It was not visible; and though only able to feel it by passing the finger up the naris, the boy distinctly felt it. This was the thirty-first polypus drawn from the same boy's nose. He was not aware of any other case being on record, in which thirty-one polypi had been removed. The boy complained of pain in his forehead, and pain in sneezing, and he awoke every morning with a headache—signs, as described by Pott, of malignant polypus.

VICE-PRESIDENT—How did you remove it?

Mr. WHEELER—By means of a polypus forceps.

A SURGEON'S VICE.

Mr. ROBERT M'DONNELL—I wish to exhibit to this Society a very ingenious instrument invented by my friend, Dr. Brereton, of Oughterard. He calls it a surgeon's vice. It is, in point of fact, an arrangement resembling a double tourniquet, and plays very easily, grasps the limb very firmly and serves, I think, the purpose, not only of a tourniquet, but of an additional assistant. I fancy that any of you who use it as I have done will think it a useful instrument; and although it is not probable that we, in our large metropolitan hospitals, where we have plenty of assistants, would need to have recourse to an instrument of this kind, I believe it would be an invaluable instrument in infirmaries and workhouses and places where there is a lack of assistants. It is a heavy framework of iron and works with a screw, so that the



two side-pieces retreat from each other, making the tourniquet bands which cross the limb very tense, but very evenly tense; so that it can be fastened on the limb with a great amount of force, and without causing the slightest pain. The bands control the circulation without causing any pain at all. When being put on the straps are unbuckled, the limb is laid in and they are passed round. I have used it myself on two occasions recently, one being for Syme's amputation of the foot, and the other for amputation below the knee. I am, therefore, able to speak for the practical working of it. It is quite easily applied. The elastic part of Esmarch's bandage is first put on. The limb is then laid in. I applied it above the knee, so that the pressure was on the thigh. By turning the handle the bandages are tightened until a sufficient amount of pressure is obtained to control the vessels. We found very great advantage from it in this way. After the operation the bands may be slackened to such a point as just to allow the hæmorrhage to begin again to show where the bleeding points are. The weight of the instrument keeps the limb so firm and steady, the patient cannot kick about or struggle much. [Mr. Tufnell then stripped his arm, which was placed in the instrument, and the application of it demonstrated.] I think it would be also very useful in cases where there are operations on diseased bone; because it would do the duty of an Esmarch's bandage, and at the same time keep the limb exceedingly firm, and in cases of ununited fractures it would also work well. From the experience we had of it at Steevens' Hospital it has been found to work remarkably well, and I believe the instrument will prove of real and positive use in places where there is a lack of assistants.

VICE-PRESIDENT—Where is it procurable?

Mr. M'DONNELL—It is made by Messrs. O'Neill & Thompson, at a cost of about £4 10s. It is rather expensive, but if it is to be used at all it must be made so that the screws will play easily and evenly.

Mr. TUFNELL—Although the pressure which Dr. M'Donnell applied was considerable, still it was so even that it caused no pain whatever.

VICE-PRESIDENT—There is something to be said with regard to the parts of the limbs to which it is applicable?

Mr. M'Donnell—The instrument should be applied where there are not two bones. If applied to the forearm or leg, blood will come still through the inter-osseous vessels. To be used with real success the instrument should be used on the thigh and the upper arm for operations below those points.

ON THE EFFECTS WHICH CHANGE OF POSITION MAKES ON BRUIT DE SOUFFLET, OF A SOFT CHARACTER, OCCURRING IN THE CARDIAC REGION,

which will be found on page 217.

In the succeeding discussion,

Dr. Hawtrey Benson—I think there can be no manner of doubt that Dr. Kennedy's observations are, in the main, true. I have tested them over and over again. My attention was first drawn to the fact by his original paper some years ago. Since then, I have, when in doubt, applied the test, and in some cases with great success. It is only a few months ago, a gentleman presented himself for insurance. There was a suspicious character about the first sound of his heart, with which I was not satisfied. I put him lying down on the sofa, and a well-marked murmur was developed. Two weeks ago, I was examining a patient admitted into the hospital, and I perceived a well-marked systolic apex soufflet. Next morning, when taking round the class, they failed to hear it, and to my great astonishment, the senior surgeons, who were present, failed to hear it also. I then recollected that the day before she was lying down in bed, and having put her lying down in bed again, the murmur was developed. In some cases the test has failed; but even if it succeeds in a few, it establishes the fact.

Vice-President—As regards the causation of the phenomenon, it would appear the difference that takes place in the horizontal and erect position, would be the greater rapidity or force of the heart in the erect or the sitting posture. In one of those eight cases alluded to, a post-mortem was made, and it was found that the cavities of the heart were considerably dilated. I hope we will hear some explanation of this remarkable phenomenon.

Dr. Henry Kennedy, in reply, said--I believe a cause may be offered, but I do not say it is positive proof at all. I think the heart alters its position by the upright attitude; it is thrown more on the strain, and the blood does not rub so strongly against it as when lying on the back, and it beats ten beats slower in the horizontal than in the upright position. The traction is greater when lying in bed than when upright. When standing, the heart is hanging to a certain extent, hung by the great vessels. Though supported on either side by the pericardium and other parts, still to a great extent it hangs. I am glad Dr. Benson confirms me. I have known of several cases of confirmed organic disease of the valves, and yet where the position was the cause of altering the sounds. The whole subject is one of considerable moment. In the abdomen where a soufflet exists, it is heard better when a patient is lying on the back than when standing; I am speaking now more particularly where you apply a stethoscope over the aorta. We all know it can be heard distinctly where you place a patient on the back, and apply a stethoscope over the ensiform cartilage.

Mr. B. Wills Richardson read a communication on

FIBROMA REMOVED FROM THE BACK,

and of which he exhibited sections, which will be found on page 218.

Mr. Robert M'Donnell—With regard to this interesting paper of Mr. Richardson's, I think it is very difficult to draw any conclusions from the older writers upon subjects of this kind; because of late years, such an immense advance has been made, both in instruments and methods, above all in making sections of tumours. For some years past, I have myself made, with the assistance of my extremely obliging and dexterous colleague, Dr. Bookey, sections of all the tumours removed by either myself or my colleagues in Steevens' Hospital. I look back, even a few years ago, and I find the greatest possible difference in many preparations in consequence of the admirable methods we now have. From Mr. Richardson's description, I should be inclined to say the fibroma in question should be properly grouped among the fibro-sarcomata; for in the tense, hard and essentially true fibroma, we find no spindle cells; they are, in fact, of that fully formed and tense tissue, such as in old cicatrices. I have got sections, which I venture to say, none could distinguish from the section of the tendo-achilles. No doubt the fibromata, though placed in a group by themselves, belong to the great natural family of the sarcomata. There is one very striking point about this case; one which is extremely unlike what we find in tumours of the sarcomatous type—an unusual amount of pain. The sarcomatous tumours are painless. You see an enormous breast or a testes that gives no pain except from weight and bulk. Again, those tumours have little or no tendency to affect the lymphatic glands. Billroth was the first to point out that the sarcomata do not affect the lymphatic glands, or do so very late. Their malignancy shows itself in creeping in, not through the lymphatic system, but through the veins. I have seen several cases where competent observers pronounced the disease to be a round-cell sarcoma, and I have seen it invading the glands at rather an early period; but I have never known this in a spindle-cell sarcoma. I exhibited at the Pathological Society an enormous tumour of the breast which I removed with the assistance of Dr. Colles. It turned out to be a large spindle-cell sarcoma. A year afterwards it returned, and I again removed it. Two years afterwards it had again returned in the locality and was irremovable, and the patient gradually ran down and died, four or five years after the original operation. There was not the slightest sign of contamination of the lymphatic glands. Some years ago I removed from a man named Leonard, in Steevens' Hospital, an enormously large tumour of the testis. In years afterwards there was no contamination of the glands. In several cases I have had an opportunity of following to the end of their career I have found the spindle-cell sarcoma did not contaminate the glands, but that a large proportion of the round-celled did. These two points are of great interest; the painlessness of the sarcoma, and the little tendency they have to affect the lymphatic glands.

Mr. Corley.—I should like to know if Mr. Richardson took the specimens from various parts of the tumour, because that is an extremely important point.

Mr. Richardson.—Yes.

Mr. Corley.—Mr. Richardson, doubtless, remembers a parotid tumour I brought here a few years ago; and that a very competent observer declared that although existing as a subcutaneous tumour, it was an epithelioma. Mr. Richardson having taken some specimens, his view was that it was an enchondroma. A year ago I removed another from the parotid region, and I was careful to have an examination made by the competent observer to whom I have alluded. It was principally an enchondroma, with some points distinctly sarcomatous and others myxomatous, while two or three would be pronounced as chiefly carcinomatous. Within the last week I was not surprised to get a letter from the patient in the country stating it was returning. I can only say that this is an illustration, perhaps, of what little assistance we clinical observers can get sometimes from the microscope. The whole subject is in such a state of transition that the remarks made now will, five or six years hence, be considered out of date, and as not representing anything like the pathological knowledge of the time.

Mr. B. Wills Richardson.—I concur entirely with Dr. M'Donnell in his observations with regard to the difference in appearance and structure of the sections made by the present improved methods as compared with those of even only a few years ago. The sections I made ten to fifteen years ago I am throwing out, as quite different from the present; in fact, you see things now as they ought to be seen. There is one point of my communication which Dr. M'Donnell did not catch. I did not consider this a section of pure fibroma. I mentioned that I was inclined, on account of the spindle-cell tissue predominating in it, to consider it a fibro-sarcoma. With regard to the small round-cell sarcoma, I cannot recollect seeing it infect the system through the lymphatics, although they are sometimes multiple, and this is strange if we are to consider them lymphomata. Neither have I seen the spindle-cell sarcoma do so. With regard to Mr. Corley's question, the greater portion of the tumour (fibro-sarcoma) was examined, and I do not think the remainder differed from it. I have several sections of the parotid tumour exhibited here several years ago, and named then by Mr. Corley epithelioma. The greater portion of each section is pure chondroma. I fancied that the tumour might have been a mixed one, but of this I am not positive. At all events, it is not epithelioma.

The Society then adjourned.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 19, 1879.

## THE GENERAL MEDICAL COUNCIL AND THE MEDICAL ACTS AMENDMENT BILL.

AT last there appears to be some earnest of Medical Reform being something more than barren controversies between rival medical politicians. The Medical Acts Amendment Bill, which was so nearly passing last Session, has just been read a second time in the House of Lords; and the Government has expressed its determination to pass the Bill this Session in spite of the objections that have been raised, on the score of its not having taken into consideration the re-constitution of the Medical Council. In the meantime, the latter body had issued summonses for a meeting to be held yesterday, the 18th inst., when, no doubt, the question of its re-construction was brought forward. We have, on several occasions, deprecated the apathy and dilatoriness shown by the General Medical Council on several questions in which the profession were anxiously interested; and, in fact, the general conduct, present constitution, responsibilities, expense, and general working of the Council, seem to have given universal dissatisfaction. But while we are at one with our contemporaries as regards the great and urgent desirability of having the profession better represented in that body, and in having the functions and powers more strictly defined, we differ from those who think that the re-constitution of the Council is so urgently called for, that it would be better for the Bill before Parliament to be again lost, than for the reform of the Council to be postponed for future consideration. Indeed, we hoped last year that the Bill would have passed, and we did so on the grounds that it enrolled a very large measure of reform, which insured, among other things, the appointment of a Conjoint Board in each division of the United Kingdom, which with a few exceptions gave great general satisfaction, and which might have been carried out, while the General Medical Council and the profession came to terms with respect to the proposed re-construction of the Council itself. We doubt whether, if there had been no delay in sending in the Report which this body promised to lay before Parliament, the questions of the Council could have been settled during the current Session. The Report would chiefly have reflected the views and suggestions of the Council. Or, if its Committee had obtained from the representatives of the great body of their profession their opinions and wishes, and had had them embodied in the Report, it is doubtful whether there would have been such unanimity on the subject as would have enabled the Government to have disposed of it in conjunction with the Bill now before the House.

Such an event is certainly desirable, as it would have then put an end to all further medical legislation; everybody would be satisfied, medical education would be such as it had never been before, and the medical men of the future paragons of perfection, both in their general and professional accomplishments! If the Medical Council and the chosen representatives of the general practitioners could come forward at once, and say to the Government, "We have unanimously agreed upon a scheme by which the Council may be re-constructed to the satisfaction of all parties—of the public, of the profession, and of the Council itself," there would then be plenty of time for such clauses to be inserted in the present Bill, as would constitute the latter one large and exhaustive Government measure of Medical Reform. But at present we see no likelihood of so desirable a consummation of this great question. Rightly or wrongly, the General Medical Council stop the way; and wherefore, we would ask, should it stop the way, and be the means of postponing the Conjoint Scheme, and other natural reforms that have received the sanction of the Legislature? In fact, the question is now narrowed to this: whether the Medical Acts Amendment Bill should be allowed to pass without any further obstruction, and the constitution of the Council deferred for future consideration; or, whether both questions be postponed to such time as they can be settled together. Now, considering that if the Bill is passed it can come into practical operation at once, while if the Council were reformed to-morrow, it would only have a prospective and indirect influence upon medical education, &c.—it stands to reason that, as far as the interests of the public are concerned, it would be much better if the former alternative were adopted, than if matters are allowed to reman in *statu quo* for an indefinite period. But it is said that, if these questions are dealt with separately, years may elapse before Parliament will be disposed to deal with medical questions again. Such, undoubtedly, would be the case if Government had again to face such opposition and such a confusion of medical opinion as they have hitherto had to contend with in their endeavour to comply with the wishes of medical reformers. If, however, Parliament were not called upon to legislate on the subject until all parties concerned had settled upon the plan on which the

General Medical Council should be re-constructed, the introduction and passing of a short special Bill (which might, for instance, be called the "Re-construction of the Medical Council Bill") would give the Government very little trouble, and take up very little of its valuable time. We, therefore, by no means despair of seeing the Medical Council established before long on a firm basis, even if the present Government Bill should, as it now stands, receive the sanction of the Legislature. While we trust that no further opposition will be given to the passing of the Bill, we think it probable that the prospective reform of the Medical Council will be the more thorough and the more satisfactory for the time and consideration that will have been devoted to it.

## THE MEDICAL ACTS (1858) AMENDMENT BILLS, 1879.

(*Continued from page* 208.)

### Women's Examination and Registration.

The following are the abstracted clauses with reference to the admission of women to the profession :—

"The examination rules shall provide for the admission of women to the examinations" (sec. 15, sub-sec. 4, line 23).

A licensing body may, if it pleases, but is not obliged (sec. 5, line 20) to grant its diploma to women (sec. 22); but, if "on application of any such licentiate (who has passed the conjoint board) . . the corporation refuse (or fail within a month) to attach him (or her) by granting him (or her) some medical diploma, the applicant shall be entitled to be registered . . without being attached to any medical authority."

Licentiates (including women) receiving diplomas from a licensing body shall not thereby "be entitled . . to any place in its government, or any privileges in connection with it." (Sec. 5, line 23, also sec. 22, sub-sec. 2.)

The sense of these clauses is that it will be permitted for women to present themselves to the Conjoint Board, and to receive there an examination equal in extent to that to which men are submitted, but modified, if necessary, in deference to decency. Having passed this examination they must present themselves to a licensing body, and demand a diploma. That body may comply or refuse. If it refuses, then the women may go at once and register their examination certificate as a full qualification, without any diploma.

These clauses seem to provide as good a settlement of the question of admission of women to the profession as can be suggested. They are necessary, if women are to be admitted at all, because some of the licensing bodies, notably the London College of Physicians, refuse peremptorily, to grant their diplomas to women on any terms; but we question whether it would not be better at once to clear the Irish and Scotch conjoint schemes of any such complication by the agreement of all the co-operating bodies to admit women to examination, and to grant them diplomas, on exactly the same terms as men. As far as Ireland is concerned, the College of Physicians has already done so, and has even encouraged women to take its licences by giving them certain unjustified exemptions from examination in regard to their Swiss degrees. The two Irish Universities have already admitted women to examination in Arts, and probably would offer no objection to receiving them as medical candidates. The Apothecaries' Hall of Ireland would be, probably, only too glad to get them. If, then, the Irish College of Surgeons granted its diplomas to women on exactly the same terms in all respects as that of male students, the possibility of a licentiate getting on the Register without a diploma would cease *quoad* Ireland.

To enable the Irish co-operating bodies to effect this purpose, it might be necessary to add to sec. 5 a rider something like the following:—"Provided always that if, by any scheme under this Act, it is provided that the medical authorities of any division of the kingdom shall grant diplomas to women, upon the same terms in all respects as to men, then, upon confirmation of that scheme, as hereinafter provided, it shall not be lawful to register any person in the Medical Register in respect of a qualifying certificate granted in such division of the kingdom, unless such person shall first produce a diploma from one of the medical authorities in such division of the kingdom."

"Distinctions (in the Examination), such as may be judged proper between the cases of men and women," may be made. So, however, that the examinations of men and women be in all general respects equal" (sec. 15, line 25).

This proviso did not appear in any of the medical bills previously to 1878. In the first edition of the Lord President's Bill, it was worded as follows :—

"The examination rules shall provide for the admission of women . . with such distinctions, if any, as may be judged necessary . . so, however, that the examinations for men and for women shall guarantee equal proficiency."

In the second edition, this proviso (which gave to the examiners unlimited power to admit women on special terms) was changed to the following—

"The . . rules shall provide . . that the examiners may, if they deem it necessary, propose alternative questions to be answered by each candidate."

In the third edition of the Bill, the words were again, at the instance of the London College of Surgeons and Mr. Simon, altered again, and now stand—in the terms which we have quoted above.

The precedent established by this special exemption in favour of women is a very serious one, and it may well be doubted whether it is necessary that the law of perfect equality of examination ought to be broken through for the special behoof of the ladies. We should suppose that the making of any distinction in their examinations from those of men might be safely left to the feeling of individual examiners who would be responsible to the Medical Council (under sec. 17) for the fair exercise of that discretion.

### Homœopathy.

"The examination rules shall not require a candidate to (*pledge himself to*) adopt or refrain from adopting the practice of any particular theory of medicine or surgery. (Sec. 15, sub-sec. 2.)

"And if a medical board fail in their duty . . by requiring or making any attempt to require, a candidate to adopt or refrain from adopting any particular theory of medicine or surgery," it may be dismissed. (Sec. 17, line 40.)

It would seem that the words "pledge himself to" ought to be inserted where we have placed them, for it would be obviously impossible for a candidate to adopt

or refrain from adopting any line of practice before he had obtained his license.

The special provisions in favour of homœopathy are, we presume, inserted—as they were in the 23rd section of the Medical Act of 1858—in order to disarm the opposition of believers in that fanaticism. Those provisions are, however, ridiculous, inasmuch as they afford no real protection to homœopaths, and because no law could possibly be made which would prevent examiners from rejecting whom they pleased without assigning a cause.

We therefore consider that, though these clauses are wrong in principle and impossible of application, they are not worth the notice of the profession.

QUACKS' PENALTIES.

The 24th section is constructed for the purpose of preventing any and every conceivable form of misrepresentation respecting medical qualification, and seems quite comprehensive for this purpose. An additional subsection is added to the provisions of last year's Bill, providing that a person using "any combination of the designations or descriptions" the use of which is prohibited, shall be subject to the penalty. The Bill does not forbid an unqualified person to practise, but only to assume medical titles.

The Medical Council is endowed (sec. 24, page 14, line 28) with the power to prosecute quacks if they think fit, but no private person can so prosecute without their permission.

All fines levied upon convicted persons are to be handed over to the Medical Council (sec. 29).

The right of all persons—qualified or unqualified—to treat disease for gain is recognised in the Medical Act of 1848, and by custom, and when, last year, Dr. Lush's Bill proposed to prohibit counter-practice of druggists in England, the opposition to such proposal was so great that it had to be withdrawn. Without for a moment implying that the practice of incompetent persons for gain upon the lives and health of the people ought to be tolerated, or that Mr. Serjeant Simon's *protèges* the herbalists and bone-setters ought to be allowed to defraud the public, we must assume that the law recognises no crime in medical practice by anyone unless there be a misrepresentation on his part as to his qualification. In England the question is one of great importance, the competition between counter-prescribing druggists and dispensing general practitioners being close and severe.

There can be no good reason why—as provided by section 24—a medical man should be prevented availing himself of the law to protect himself against a quack until he has asked leave of the General Medical Council to do so. That body has hitherto avowed the opinion that it is none of its business to protect the profession against quacks, or to apply to them the law entrusted to it for use; and we do not think that it should be now permitted to prohibit those who are interested in the matter from availing themselves of the law. We think that in amendments to the Bill in detail, section 24 should be struck out altogether.

ERASURE OF NAMES FOR INFAMOUS CONDUCT.—"Where a registered person has, either before or after registration, been convicted . . of an offence which would be a felony or misdemeanour, or has been guilty of any infamous or disgraceful conduct in a professional respect," he shall be liable to have his name erased from the Register. (Sec. 12, line 13.)

"The name of any person shall not be erased . . on account of a conviction for an offence which . . does not, *either from the trivial nature* of the offence or from the circumstances under which it was committed, disqualify the person from practice."

The latter part of this section was introduced into the Bill for the first time last year, and ought, in our opinion, to be struck out. We do not understand how an offence "which would be a felony or misdemeanour," or which would be "infamous or disgraceful in a professional respect" can be, at the same time, "of a trivial nature;" and we think that the Medical Council, if empowered to gloss over the guilt of medical practitioners, will certainly shirk the responsibility of disbarring them, and we shall have the Medical Register defiled by the presence of many names of such persons. It is certainly an anomaly that the Medical Council should sit to decide whether an act, in respect of which a jury has convicted a delinquent for felony, is or is not a "trivial offence."

*(To be continued.)*

# Notes on Current Topics.

## Epidemic Diseases.

THE cases to which our correspondent, Dr. J. Birchenall, has called our attention should be particularly interesting to those who are engaged in the study of epidemic diseases. We quite agree with him in concluding that the cases of cholera and of relapsing fever show that new epidemic diseases often first appear in a sporadic form, and do not seem to follow the usual laws of epidemic complaints. This is the case not only with cholera but with other pestilential maladies; for even the plague, which has recently attracted so much notice, has on several occasions first manifested itself by a few isolated cases occurring at some distance of time or of place from each other, and the origin of which could not be well accounted for. Apart from the present question, we cannot help noticing the very judicious treatment to which our correspondent submitted his patient who suffered from an attack of cerebral congestion brought on by exposure to the sun. Few practitioners now-a-days would have ventured to apply a few leeches, so great are our prejudices against blood-letting; but to take ten or twelve ounces of blood from the arm would seem to most medical men of the present day almost criminal. There are many cases in which a little acute treatment will cut short, or ward off, much serious mischief; and perhaps blue-pill, black-draught, calomel, and antimony are in many instances as injudiciously neglected, as they were formerly indiscriminately resorted to.

## The Miners' Hospital, Redruth.

MR. ROBERT J. HUDSON has very properly called the attention of his fellow-parishioners to the great want of economy observed in the management of this useful hospital. He especially points out the large cost per bed, the large consumption of meat, and the want of proper dietary tables. It appears that the expenses were as high as £72 per bed in 1878, and £75 in 1877; that while the weekly food-expenditure per inmate in various London and provincial hospitals averages about 6s., at Redruth it is as

much as 11s. 3d.; and that the actual consumption of meat per inmate is about ten pounds weekly. After making ample allowances for cooking and for bone, the daily average rations of dressed meat for every man, woman, and child is as much as fourteen ounces, or more than double the amount consumed at any other hospital. Dr. Edward Smith, as Dr. Hudson points out, in his dietary for hospitals in the country, "doubted much if more than four ounces of cooked meat without bone ought to be given to men, or more than three ounces to women." We quite agree with Dr. Edward Smith and Dr. Hudson, "that too much meat is given in many hospital and prison dietaries considering the healthfulness, vigour, and duration of life of the agricultural population living almost without it." These observations apply also to a large number of patients under treatment at our urban hospitals. For not only is too much meat frequently given to patients who have perhaps never been in the habit of tasting it more than once a week, but it is given at a time when their enforced rest necessitates but a very limited supply of animal food. In the words of Dr. Hudson, "as the wants of the organism are lessened by the diminished work required of it, so the food should be of low nutritive value if it is to be properly digested and assimilated." The fact is, the regulation of our hospital dietary tables should be made a little more elastic than it is, and modified more in conformity with the previous habits and diet of the patients. To give a lot of animal food to paupers who have never been accustomed to it, and who have been suddenly compelled to change their life of labour and exposure for the rest and other comforts of a hospital ward, is no kindness to the patients themselves, while it is a piece of injustice to the ratepayers or governors that help to support them.

## Drug Contracts for Irish Workhouses.

We exposed some months ago the disgraceful system of drug contracts in Ireland which has existed for some years under the patronage of the Irish Local Government Board, and by which the tax-payers are not uncommonly cheated of the money and the sick poor of their medicine. We arraigned the system of contracting for union drugs as being, to a greater or less extent, habitually dishonest, and we challenged the Irish Local Government Board with knowing it to be so and yet permitting the system to continue. We are conscious that the words we then used and are now using, involve serious accusations, but we use them advisedly, because what we have said, though notorious to those acquainted with the matter, is not generally known or appreciated amongst the public, and we could not truthfully describe the system in any other terms. We cannot enter into details at present further than to quote a couple of excerpts from the Irish provincial press as illustrations—not of the abuses of the contract system, but of the happy-go-lucky style of drug supply to Irish workhouses.

At the Belfast Board of Guardians recently—

Dr. Corry said it fell to his lot to go over the list of accounts for medicines supplied to the union. The items he examined were those that were not in accordance with the scale furnished by the board for medicines that were not estimated for. There appeared to be an extravagance in the way in which some medicines had been ordered. There was one particular medicine (sulphate of atropia) which was very expensive, and was estimated for at 2d. per grain, while the order given for that medicine was two ounces, amounting to £6. He ventured to say that £6 worth of sulphate of atropia was a sufficient quantity to last for the next thirty or forty years. (Laughter.) If other medicines were similarly ordered he did not wonder at the magnitude of the account. He thought that whoever ordered the medicines should be a person who understood the prices to be paid. The resident physician told him that he was not furnished with any list of the prices for the various articles, which he (Dr. Corry) thought was a gross mistake. If the system of the central depot such as had been suggested were adopted, where medicines could be taken in a crude state, and tinctures, pills, and different preparations made, he believed they would effect a saving of 50 per cent.

At a meeting of the Limerick Dispensary Committee Dr. O'Connor, one of the medical officers, complained that the dispensary apothecary, Mr. Lee, had not compounded his prescriptions according to the instructions, that several ingredients were not put into the mixture, and that the medicines were deficient in quantity. For instance—ordered a cough mixture for an old woman. When he visited her again she was livid in the face, and was, in fact, in a very dangerous condition. She said his mixture had done no good whatever. He (Dr. O'Connor) examined the contents with Dr. Brooke, and found them to consist only of treacle and water, all the other ingredients which he had ordered were absent. Some months ago he remonstrated with the apothecary, and the latter promised there would be no further cause of complaint. All went on well for a time, but matters were now as bad as ever. Dr. Holmes made a similar complaint. Mr. Lee, in explanation, stated that he sometimes only gave half the medicines ordered for the purpose of husbanding his resources—for economy. Latterly there was a great run on drugs, and in the hurry he might make a mistake as to the quantity of the ingredients, but he always endeavoured to faithfully carry out the instructions of the medical officers. He heard of persons who fried fish with the cod-liver oil which they got at the dispensary. The Chairman said he heard that people used to feed their pigs with linseed, on account of their getting it in large quantities. Mr. Lee was informed that he should be more careful in the discharge of his duties in future.

The explanation of the tolerance of the frauds here exposed will be found in the following extract from the proceedings of the Naas Guardians:—

MEDICINE CONTRACT.

After an *exhaustive and careful analysis* made by Mr. Driver, it was found that Messrs. ———'s prices were lowest, and they were accordingly declared contractors. The unsuccessful offers were from Messrs. Hunt and Boileau & Boyd.

Mr. Driver, it may be stated, is a cotter farmer, whose conception of medicine may be presumed to be derived from the "dispensing" of a horse-ball or the administration of "the widow Welch's" pills. It would be interesting, if we were in a position to analyse the tenders of Messrs. ———, and find out by what commercial process they managed to undersell every other house in the drug trade.

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The adulteration of annatto, which everyone knows is largely used for colouring butter, has formed the subject of a trial at Northwich under the Sale of Foods and Drugs Act. The adulterator got off because the public analyst found it impossible to prove that annato was either a food or a drug, and the magistrates, therefore, dismissed the case.

## Apothecaries' Weight.

At a recent meeting of the Pharmaceutical Society of London a letter was read from the Standards Department of the Board of Trade calling the attention of the Society to the 20th clause of the Weights and Measures Act.

"Clause 20 of the Act provides that drugs when sold by retail may be sold by apothecaries' weight. There is in the Act no definition of apothecaries' weight, nor in reference to the operation of clauses 8 and 24, are any Board of Trade standards of such weight provided under the Act.

"The Board of Trade asked to be informed what at the present day is apothecaries' weight, what are the several denominations of weights now used by apothecaries in retail trade, and whether or how far in practice they now differ from avoirdupois weight."

In reply to this communication, the council of the Society replied, giving the usual denominations of apothecaries' weight from 1 grain to 1 pound of 12 ounces, and asking that an explanatory deputation might be received. In addition the council forwarded a memorandum addressed to the Board of Trade, from which the following is extracted :—

"It will be observed that the pound of the apothecaries' weight, 12 ounces, is not put down in the foregoing table.

"This is purposely omitted for two reasons, firstly, it is not used, secondly, to prevent confusion.

"Although the troy and apothecaries' ounce are equivalent, it must be observed that section 20 especially limits the articles which may be sold by troy weight, and states the weight which may be used for drugs. Hence the necessity for separate description and verification.

"The measures used by chemists must be of glass, and unlike metal measures are not filled to the brim, answering for one quantity only, but are graduated in many subdivisions.

"It is of course for the Board of Trade to say whether all these minute graduations shall be verified, but seeing that the necessity for them arises more in compounding medicines than in selling liquid drugs unmixed, commercially, it may scarcely be important to do so."

## Residences of Dispensary Medical Officers and Dispensary Houses.

The following circular letter has been issued by Mr. Bruen, M.P., for Carlow, to each dispensary medical officer in Ireland

20th February, 1879.

Sir,—Having been informed that in many of the dispensary districts in Ireland the only buildings available for dispensary houses, and for the dwelling-houses of the medical officers, are so bad as to be utterly unfit for the storage of medicines, or for the habitation of gentlemen of education and civilised habits, I have, with the sanction and assistance of the late Mr. McCarthy Downing, Mr. Mullholland, and Dr. Ward prepared and brought in a Bill, which I hope will give facilities for providing an improved class of houses for the purposes I have mentioned in those districts, by enabling owners of land or boards of guardians to obtain advances of money at a low rate of interest, for the erection or improvement of such buildings under the provisions of the Land Improvement Acts.

It will be necessary for me to produce facts and figures, in order to prove to the House of Commons the necessity for the proposed legislation, and if in your dispensary district you find the house accommodation, either for the dispensary or for your own dwelling, to be seriously deficient, I shall be obliged if you will let me know the facts of the case, also whether it is impossible to obtain better houses.

Please direct your letters to me at the House of Commons, London.

I remain, yours faithfully,
Henry Bruen, M.P.

To the Medical Officer of the
Dispensary District.

Mr. Bruen's effort to have proper accommodation provided as dwellings for the dispensary medical officers, and as dispensaries, is most praiseworthy, and we hope the information he asks for, will be promptly afforded, to enable him to put forward the required statement in the House of Commons.

Many of the dispensary houses in Ireland are as utterly unfit for the storage of medicines as they are for the temporary habitation, while prescribing for patients, of gentlemen of education and civilised habits; the testimony of the medical officers will doubtless be corroborated by the L.G.B. Inspectors. There are many districts, too, in which the medical officers cannot procure suitable dwelling houses for themselves within their districts as required by the regulations of the L.G.B. If Mr. Bruen's Bill become law, not only will the utterly unfit places now used as dispensary stations be abolished and suitable places substituted, but also in districts where there is not at present proper house accommodation for the medical officers, will such be provided, doubtless on satisfactory terms and at a more moderate rent than the other medical officers have now to pay for houses which, in too many instances are not conveniently situated for the public and private practice of the district.

All the points of the proposed Bill will, as a matter of course, be carefully considered by the Irish Medical Association, and any defects which may be found in it will be pointed out to Mr. Bruen, and if necessary further action will be taken to ensure its provisions being made satisfactory in all respects. So far as the principle of this Bill is concerned, it appears thoroughly good and worthy of support, but its provisions will require careful consideration by those who are entrusted with the duty of guarding the interests of the dispensary medical officers.

## The Olfactory Apparatus.

It is familiarly known that no definite and satisfactory information is to be found in our text-books on the origin and relations of the parts of the olfactory apparatus. Whether the olfactory nerves should be taken as the first of the cranial series, or be considered as differing from all these in embryological and morphological detail, the actual morphological nature of the Schneiderian membrane—the real import to be attached to the nasal cleft—all have been to the present vexed questions in anatomy. By a paper read very recently before the Royal Society, containing the results attained to by Dr. A. M. Marshall, after an exhaustive study, much light is thrown upon the subject, and very valuable information afforded to the student. The gist of the work may be summed up in a sentence contained in it, which declares that "The olfactory organ is a visceral cleft; the olfactory nerve is the segmental nerve supplying the cleft in a manner precisely similar to that in which the hinder clefts are supplied by their respective nerves; and that the Schneiderian folds are gills." These conclusions are adequately sup-

ported by explanatory details of observations conducted on a long series of vertebrate embryos, and we may reasonably accept the proposition that "as there are no nerves or clefts in front of the olfactory segment, the olfactory nerve must be taken as the most anterior nerve, and the nose as the most anterior (visceral) cleft." The study of homologies is in itself so fascinating, and being so, calculated to lead the observer to formulate extravagant hypotheses, founded on his observations, that there is, rightly, a certain unwillingness to accept new explanations always apparent. But these results of Dr. Marshall's work derive such material support from the carefully arranged anatomical and developmental details, that they may be safely accepted as the rational explanation of that they seek to make clear. The paper is an important contribution to anatomical literature.

## Chloral in Migraine.

Dr. Seure, in the *Bull. de Therapeutique*, strongly recommends the administration of chloral in an enema, on the occurrence of the paroxysms of migraine, having found it almost infallible, and exempt from the disadvantages attendant on other modes of giving this substance, and far preferable to the employment of morphia, quinine, &c., for the same purpose. He gives, according to the sex or robustness of the patient, from one and a-half to three grammes, in a glass of tepid water, the effect of the chloral being rendered still more prompt by the addition of a tablespoonful of brandy. If a sense of burning in the rectum is excited this may be prevented by adding the yolk of an egg, or substituting tepid milk for the water. When, as in some persons, there is difficulty in retaining the enema, the quantity of the liquid may be diminished, and a drop or two of laudanum added.

## The Vicissitudes of Medical Journalism.

The Index to Medical Literature recently issued by Dr. Billings for the United States Government contains, as we learn from the *Chicago Medical Journal*, the titles of 247 American medical periodicals. Of these, in ten cases only one number was issued; in twenty-one cases the first volume was never completed; in sixty-one cases there was no survival beyond the first volume; in thirty-nine there was no survival beyond the second volume; and but fifty-three journals of the entire number are now current. The *Chicago Journal* says:—"Having carefully perused the list of the fifty-three surviving journals, and deliberately concludes that but from fourteen to twenty are of any permanent value to the profession, and worthy of general circulation, or to be sent abroad, and handed down to posterity as fit exponents of American medical periodical literature."

## The Herbalists and their Parliamentary Apologists.

The remarks which Mr. Serjeant Simon and Mr. Burt recently made in the House of Commons in defence of herbalists and other irregular practitioners were scarcely worthy of educated gentlemen, much less of men holding a responsible position. Mr. Simon may, as he confessed, prefer "going to the herbalist for natural medicines instead of being dosed with mineral poisons;" but he is much mistaken in thinking that there are many of his opinion, or that "a large number of the working-classes had as little faith as he in the medical profession." He assured the House that the herbalists were to be "trusted," as if the House were at all likely to be guided by such an assurance! Sir J. M'Kenna drew a just comparison when he likened the present faith in herbalists to the old faith in witches. And as far as the public are concerned, so far are they from having "little faith in the medical profession" that hospital physicians, and dispensary doctors, and poor-law medical officers, and private practitioners are too often overwhelmed with the multitude of patients who apply to them for their advice. Besides, the observations of these gentlemen were quite uncalled for, inasmuch as neither was Dr. Lush's Bill at all likely to receive the sanction of Parliament, nor would any English Government ever think of prohibiting these irregular practitioners plying their calling, or seek to deprive the public of their right to consult them if they felt so disposed. There is, as one of our lay contemporaries observes, "no legal obligation to consult registered medical men, nor does any penalty fall on a charlatan if, when his services are requested, he gives them to those that consult him." The weak point of Dr. Lush's Bill, which was otherwise a good one, consisted in its attempt to prohibit anybody but a registered medical man giving advice, administering medicines, &c. It is, however, evident that quackery and imposture have a good many patrons among the higher ranks of the community. A short time ago we had an eminent lawyer defending the practice of homœopathy, and now we have gentlemen of the House of Commons advising honourable members to put their trust in herbalists and bone-setters.

## Death of an Apothecary guessed to have been Poisoned.

At an inquest held on the remains of the late Mr. John Joseph Furlong, apothecary and pharmaceutical chemist, Homan's Hall, George's Street, Limerick, Dr. Parker deposed, "I have known the deceased intimately for nearly three years. During the past year his habits underwent a remarkable change; he became very gloomy and silent. I spoke to him very often about it, and tried to cheer him up, but all to no avail. The last time I saw him alone was on last Saturday, when he sent for me to consult me on a matter of business. Although capable of transacting his business, he was still sadly melancholy. I next saw him on Wednesday morning dead." A verdict of death from poison when in an unsound mind, was recorded.

Here is the evidence which convinced the intelligent jury, and satisfied the astute coroner: The doctor swears he was lying on his back. "I examined his body very carefully, first as to the state of his eyes, which were closed, but on elevating them there was a remarkable glistening appearance of the eyes, which I had never seen before in any case of natural death. In addition, the pupils were enormously dilated. The muscles of his body were entirely placid, and the right side of his body was maculated all over. *These four points evidenced that it was a clear case of poisoning.* I made an examination of the room, and could see nothing but a bottle of porter. At a subsequent part of the day a two-ounce phial was

found, containin, a small quantity of fluid. This fluid was composed of prussic acid and cyanide of potassium. I dipped my finger into it and touched my tongue with the fluid, and I had four hours of intense headache."

We have here an interesting contribution to forensic medicine. No longer will poisoning be doubtful, for we have only to look for the "glistening appearance of eye, the placid muscles, and the maculated" side, and the diagnosis is complete.

To speak seriously, it is an utter farce to return a verdict upon such evidence, neither a post-mortem examination nor a proper analysis of the contents of the bottle having been made.

## The Moderate Use of Alcohol.

WE thought that the alcohol question was pretty well used up, but we find that the first paper in the current number of the *Practitioner* is devoted to a few remarks on the subject from the pen of Dr. Dyce Duckworth. The author takes a very rational and temperate view of the matter, and such as we advocated from the very commencement of the discussion. He remarks that the experience of the majority of hard-working lawyers and physicians, would go to prove that a moderate indulgence in mild alcoholic stimulants is "both agreeable and beneficial, agreeable to the sensuous gratification of the palate (a perfect legitimate one, be it remarked), and beneficial for the distinctly better promotion of digestion." Still better, he says, we have not yet had laid before us the disadvantages of water-drinking. "Not to quote my own experience only, but that of others; it may be stated that taken late in the day, digestion is not comfortably completed when a pint or more of water is added to the meal . . . the large ingestion of solid food (an indubitable fact) and of cold water, as practised by teetotalers, cannot be considered in accordance with gastronomise laws." We quite agree with Dr. Duckworth, and could cite two or three instances in which the adoption of teetotalism has been actually injurious to the health.

## The Counter-Prescriber's Protection.

THE 20th clause of the Apothecaries Act, under which counter-prescribers have been hitherto prosecuted, is proposed to be repealed by the Lord President's Bill. We earnestly trust that the Defence Associations and the apothecaries will be sufficiently zealous and influential to prevent its being done.

At the meeting of Council of the Pharmaceutical Society of Ireland on March 5th, the following business was transacted:—

Read, a letter from Dr. Jacob on behalf of the Irish Medical Association, drawing the attention of the Council to the recent action of the Prisons Board, Ireland, in dismissing the apothecaries, or other compounders, of the Irish prisons, and imposing the duties previously performed by them on the prison surgeons. The consideration of Dr. Jacob's letter was postponed to the next meeting of Council.

Letters were read from the Medical Registrar of Trinity College, Dublin; the Secretary of the Royal College of Science for Ireland; and the Registrar of the Carmichael College of Medicine and Surgery, acknowledging the receipt of letters informing them that their institutions had been included in the list of those at which candidates for the licence of this Society could take instruction in practical chemistry.

## The Vaccination (Ireland) Amendment Bill,

INTRODUCED a few days since by the Chief Secretary, is of much importance to Irish Poor-law medical officers. It is an emasculate edition of the Bill which was drafted 3 years ago by the Irish Medical Association, and has since been in the pigeon-hole at Dublin Castle. The Bill is principally intended to facilitate the reporting of vaccinations, the punishment of defaulters, and the taking of lymph; as drafted by the Association, contained a complete assimilation of the fees in Ireland to those in England, *i.e.*, an increase from 1s. to 2s. 6d. per case, and an award to the vaccinator for successful cases; but the Government have cut out the latter proviso altogether, and reduced the proposed fee to 1s. 6d.

This, we need hardly say, will be actively contested by the Irish Medical Association when the proper time comes, for there can be no reason whatever why an Irish doctor should receive less pay than a "Saxon," and as Mr. Sclater-Booth expressed his opinion last year that 2s. 6d. was a reasonable fee per case, there can be no justification for this change in the Bill. Nor is there any just reason why Irish vaccinators should not be rewarded for their efficiency as their English *confrères* are, especially as there is a much greater need to stimulate vaccination in Ireland than in England. The only effort of originality which the Government have displayed in their revision of the Bill is contained in the 7th section, which provides that a re-vaccination patient must return on the 8th day for inspection, and if he omits to do so he shall be liable to a fine of 2s. 6d., to be recovered by the Guardians by process of law. This section seems constructed in order to prevent copious re-vaccination, and to increase the law costs of Poor law Unions, but is probably not intended for that object. In any case, it would be entirely inoperative, for it would be rather a wild-goose chase for the Guardians to sue for a half-crown in each instance; and it is so complicated that, under any circumstances, it could not work.

We shall give a further analysis of the Bill next week. Meanwhile, we may say that if amended, so as to restore it to the condition in which the Chief Secretary received it, it would be a valuable and practicable measure.

## Killed in the Streets.

THE cruel indifference with which the loss of human life in the streets is viewed by magistrates and juries must certainly have the effect of rendering it quite unsafe for pedestrians to move about or cross a road in London. We very much regret to see that the person who wilfully ran over Mr. John Oakeshott, at the Northumberland Avenue, has been acquitted by the jury who tried him. He has thus escaped the hands of justice, whilst the widow and her nine children are left without the slightest redress for the grievous loss sustained at his hands.

The slaughter that goes on in the streets of the metropolis may be pretty tolerably gauged by a glance at a return lately moved for by Lord Templeton. This return

gives the number of persons killed in the streets, and the circumstances under which death took place. We have on several occasions called attention to the frequent and disastrous results of furious and careless driving in the streets of London, but few persons probably will be prepared to hear without astonishment that, according to the report of the Commissioner of Metropolitan Police, during the ten years ending December 31, 1877, the number of persons killed and injured by vehicles in the metropolitan thoroughfares reached a total of 25,538, of whom 1,159 came under the former and 23,379 under the latter category. The terrible significance of 1,159 unoffending pedestrians being killed and 23,379 more or less maimed—many of them for life—within the metropolis, is at first sight difficult of realisation; but a still worse feature in the matter is that these so-called "accidents," instead of diminishing, exhibit an alarming tendency to increase. Thus, while in 1868 there were 1,348 of these "accidents,' causing the death of 83 persons, in 1877 the number had risen to to 2,956, of which 150 were fatal. It is obvious that vigorous measures should at once be adopted to put an end to such wholesale sacrifice of the lives and limbs of peaceable citizens. Certainly, the mere publication of such casualties will not have the desired effect. The police should be instructed to take into custody every person who drives beyond a moderate pace, and the fellows who indulge in the pastime of racing in the streets of London should be sentenced to long terms of imprisonment with hard labour. It may be taken for granted that drastic measures of this description would have a surprising effect in diminishing the terrible evil of which we have only too good reason to complain, and which is too often altogether condoned by the inconvenience and loss of a day's work from having to appear in a police or coroner's court.

## Kew Gardens.

In reference to the recent discussion on this subject in the House of Commons, Mr. Colman writes to the *Echo*, to say that "the promoters of the movement have every reason to be well satisfied with the result of the first real discussion of this question in Parliament. Probably such a minority as 94 in such a case is unexpected on a first division, against not only the Government, but all official influence." We also are very sanguine as to the ultimate success of the agitation in favour of the early opening of these gardens, but perhaps the promoters of the scheme would be pursuing a wiser course were they to confine their demands to the free opening of the gardens for three days in the week only.

In the principal foreign cities the death-rates, according to the most recent weekly returns were in Calcutta 34, Bombay 30, Madras 38; Paris 28; Geneva 19; Brussels 31; Amsterdam 29; Rotterdam 30; The Hague 22; Copenhagen 23; Stockholm 22; Christiania 18; St. Petersburgh 48; Berlin 26, Hamburg 30, Dresden 30, Breslau 28, Munich 34; Vienna 31, Buda-Pesth 38; Rome 29, Turin 27, Venice 30; Alexandria 39; Brooklyn 20, Philadelphia 20, and Baltimore 23. Small-pox caused 56, and fever 49 deaths tn St. Petersburgh. There were 29 deaths in Paris from typhoid fever.

The death-rates last week from the seven principal zymotic diseases averaged 2·7 per 1,000 in the large towns, and ranged from 0·6 and 0·7 in Brighton and Plymouth, to 6·3 and 7·1 in Wolverhampton and Newcastle-upon-Tyne. The fatal cases of scarlet fever were proportionally most numerous in Salford, Sheffield, Nottingham, Sunderland, and Newcastle-upon-Tyne; those of whooping-cough in Manchester and Leeds. Measles showed excessive fatality in Wolverhampton, Leicester, and Newcastle-upon-Tyne. There were 681 deaths in London from diseases of respiratory organs, the highest this winter. Four deaths were referred to diphtheria in Oldham. Small-pox caused 17 more deaths in London, 11 in Dublin, but not one in any of the other large towns.

The joint committee of the College of Physicians and the Society of Arts have recommended that the award of the Cup and Coin, in conformity with the provisions of the late Dr. Swiney, be made in favour of Dr. Norman Chivers, author of "A Manual of Medical Jurisprudence for India." The prize, which consists of a silver goblet, value £100, containing gold coin to the same amount, is presented every fifth anniversary of Dr. Swiney's death to the author of the best published work on Medical Jurisprudence.

In the principal cities and large towns of the United Kingdom the rates of mortality per 1,000 last week were —Plymouth 19, Norwich 20, Bristol 21, Birmingham 21, Glasgow 21, Portsmouth 25, Brighton 27, Bradford 27, Sunderland 29, London 29, Sheffield 29, Liverpool 30, Leeds 31, Salford 31, Newcastle-upon-Tyne 31, Hull 31, Manchester 33, Wolverhampton 35, Nottingham 35, Dublin 36, Leicester 37, and the highest rate 43 in Oldham.

The annual meeting of the Dental Hospital of London, was held on Thursday last under the presidency of Mr. R. C. L. Bevan, the treasurer. In she report, which was unanimously adobted, the managing committee were enabled to speak satisfactorily of the progress of the institution, as regards the funds, which showed a considerable increase in the income compared with that of last year.

A Steam Laundry Company has been started in London for the purpose of providing the metropolis and the provinces with establishments for washing, purifying, and laundry purposes, so much needed at the present time. Contagious diseases are undoubtedly frequently spread through the absence of sanitary supervision, and this danger the new company promises to remove.

A telegram received from General Loris Melikoff, dated Astrachan, 15th March, relative to the plague, states that in consequence of the favourable result of the inspection of the inhabitants of Wetlianka by the physicians, the quarantine at that place has been raised, and is now only maintained at the village of Selitrenoje.

The Grand Jury of the co. Kildare have appointed several police constables stationed in different parts of the county to carry out the 13th section of the 38 and 39 Vic., cap. 63 (The Food and Drugs Act.)

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW DEATH-RATE.—The mortality of Glasgow during the week ending 8th March, was at the rate of 22 per 1,000 per annum, against 29 in the preceding week, and 26, 34, and 27, in the corresponding periods of 1879, '77, and '76, respectively.

THE PRODUCTION OF ARTIFICIAL DEAFNESS.—At a meeting of the Glasgow Medico-Chirurgical Society held in the Faculty Hall, St. Vincent Street, on the 7th March, Dr. J. Patterson Cassells read a paper "On the Production of Artificial Deafness—an experiment in Physiological Acoustics and its bearing on the Ætiology and Evolution of the Diseases of the Ear, and on Aural Therapeutics," &c., &c. Dr. Cassells having described the equality of atmospheric pressure on both sides of the membrana tympani, and the degree of tension of that membrane necessary to perfect hearing, proceeded to show how he could produce three pathological symptoms—viz., deafness, tinnitus, and congestion, by altering the equality of the atmospheric pressure. The experiment, by means of which this was accomplished, the lecturer connected with the name of Maissiat, and which seemed to consist in the act of swallowing with shut nostrils, exhausting the air in the tympanum, the membrane of which collapses, and developes the symptoms. For obvious reasons, the experiment was not carried further, but Dr. Cassells believes that if allowed to remain the result would be inflammation, swelling, suppuration, perforation, otorrhœa, polypus, caries, necrosis, and ultimately death! The collapse of the membrane was easily seen, and the act itself capable of demonstration by means of a mercurial manometer, which first showed a rapid fall, and on the continuance of the experiment caused the mercury to disappear entirely from the tube, to be afterwards found in the external meatus. This remarkable phenomenon was afterwards alluded to by several speakers, but as the diameter of the manometer tube could not be given by Dr. Cassells the statement could not be gainsaid. Dr. Cassells also related how the ear experimented on heard the sound of a watch, having a normal distance of 6 feet, at 9 or 10 feet, but was deaf to articulate speech, a peculiarity of which, however, Dr. Cassells could give no explanation; how in cases of cleft palate with ear disease, the latter immediately disappeared of itself when the deformity was rectified; and how if the sound of a watch pressed on the cranial bones be inaudible, it may be decided with certainty that the patient is over 60 years of age. With Valsalva's experiment the pathological symptoms were also produced, but in a less degree, and in reply to a question Dr. Cassells could give no satisfactory reason why the same symptoms can be obtained by the different methods. —The Medico-Chirurgical Society meets now once a fortnight, and it was anticipated by the older members that by so frequent a tapping the nectar of science would degenerate into very "small beer" indeed. The impression is rather confirmed, than being removed, by such papers as have recently been read.

THE ETIQUETTE OF FEES IN AURAL PRACTICE.—Is it the practice among regular practitioners in London to demand enormous fees *before* undertaking the treatment of a case?

HAS MUSIC CHARMS TO SOOTHE THE SAVAGE BREAST? —On Friday, the 7th inst., a large body of the students of the University of Glasgow, had evidently resolved on a saturnalia, commencing the same at the Italian Opera, Prince of Wales Theatre, much to the annoyance and disgust of the remaining portion of the audience. Their conduct has been described by the daily press as barbarous and disgraceful, and more becoming Zulus than young men with any pretensions to the tastes or feelings of gentlemen. At a public meeting the other evening, the chairman, in apologising for the absence of a well-known clergyman, and reading with difficulty the characteristically bad caligraphy of ministers, remarked "The Rev. Mr. B. expresses great regret at his inability to be with us to-night, having invited for this evening about a score of *gentlemen* (*students* rather) to supper." It is a relief to be able to state that, at the Police Court held on the following morning, as the moral and social reprobation of all decent and well-disposed individuals seems to have no influence on the ruffianism of Gilmore Hill, several of the "young gentlemen" were fined in three guineas with the alternative of thirty days' imprisonment. The cure for all this, it humbly appears to us, lies with the University authorities—rustication for a session, or complete expulsion would, no doubt, have a salutary influence; if, indeed, the charge freely made just now does not hold good, like teacher, like pupil; the one assisting at a sleight-of-hand demonstration for 25 per cent. of the profits, and the other outraging public decency with the unbridled wantonness of the pronounced cad.

THE BOARD OF SUPERVISION AND THE INSPECTION OF DAIRIES.—The Secretary of the Board of Supervision has addressed a circular to the local authorities throughout the country enclosing the order of the Privy Council relating to dairies, cow sheds, and milk shops. The circular says:—"It is now an ascertained fact that disease is largely disseminated from dairies and milk shops in which any person is suffering from an infectious disorder. The important effect which this order, if duly executed, will have upon public health is therefore obvious. The Board apprehend that the order in Council cannot be enforced by the local authority under the Public Health Act; but the local authority should instruct their sanitary inspectors and medical officers to direct their special attention from time to time to those premises within their district to which the order applies, and to report all contraventions of the order to the local authority under the Contagious Diseases (Animals) Act, of the county or burgh, as the case may be—who are responsible for the execution of the order—as well as to themselves. In burghs which return, or contribute to return, a member of Parliament, the magistrates and town council are the local authority under the Contagious Diseases (Animals) Act, and should be addressed through the town clerk. In counties, excluding such burghs, there is a separate local authority under that Act, and they should be addressed through the clerk of supply.

STILL THEY COME—MORE "CURES."—The therapeutic triumphs achieved in Glasgow must surely excite the admiration and wonder of the scientific world. In addition to the list of formidable diseases mentioned in our last issue, as having yielded to treatment in the North, it is now our pleasing duty to add that of another grave malady to the list. Dr. Robert Bell, of Glasgow, well-known by his invention of a uterine douche, and his successful "curing" of diphtheria, has now the gratification to record, in the *Lancet*, the "cure" of three cases of uterine fibroids by ergotine suppositories. What has Braxton Hicks, or Barnes, to say to this? "Cures" of this nature are very apt to impale their recorder on the horns of an ugly dilemma.

COLOUR-BLINDNESS.—At a meeting of the Glasgow Philosophical Society, held on the 5th inst., Dr. Fergus presiding, Dr. J. R. Wolfe read a learned paper "On Colour-Vision and Colour-Blindness." Dr. Wolfe said that colour-blindness

had recently occupied the attention of the literary and scientific world, and he was desirous of ascertaining to what extent this defect existed among the rising generation. With this view he formed a commission, which, with the permission of the School Board, visited several schools, and examined upwards of 2,000 children. He proposed to submit the result of that examination to the Society. Dr. Wolfe referred to the history of colour-blindness, to the writings of Dalton, Goethe, Professor Wilson, Dr. Magnus of Breslau, and Mr. Gladstone's article in the *Nineteenth Century*, on the "Colour Sense of Homer." He referred to the discovery two years ago, by Professor Bell, of the existence of a red colouring principle in the retina, which is acted upon by the rays of light; and somewhat profanely remarked, "This photo-chemical process shows us that the images of objects are actually impressed on the retina, which the mind stores up; memory is the faculty of calling them forth when required. This demonstration brings us one step nearer to a comprehension of the intimacy which exists between mental operations and physical action." Referring to the theory of Magnus, that the primitive man was totally colour-blind, and that he acquired the knowledge of colour by successive stages of development, upon which Mr. Gladstone's views were founded, the author maintained that the Homeric text does not shut us up to such a conclusion. The Greek nation could not have been colour-blind, when they have adjectives for all the colours of the spectrum. Though these adjectives are not applied with precision, the same is the case with the modern poets. Dr. Wolfe then referred to the adjectives used by Homer, and was "prepared to support Homer against Mr. Gladstone." The author then referred to the Prophet Ezekiel—and here, being on his own ground, it would be dangerous to make comments—and said "it would appear that the Prophet Ezekiel was rather deficient in colour-sight, because he described the rainbow, 'I saw as it were the appearance of fire, and it had brightness round about, as the appearance of the bow that is in the cloud in the day of rain, so was the appearance of the brightness round about,' which, Mr. Gladstone thinks, 'cannot be explained but by supposing that for the eye of the prophet, red was the fundamental and exclusively prevailing colour of the rainbow.' Now," continues Dr. Wolfe, "if the Homeric argument applies to Ezekiel, it would prove the Jewish nation of that period to have been colour-blind; and yet it is curious to find that, 900 years before Ezekiel, Moses commanded the children of Israel to set the breast-plate of the high-priest with twelve stones, among which were carbuncle, emerald, sapphire, amethyst, &c., which represent all the colours of the spectrum." Naturally enough, Dr. Wolfe overlooks the weak point in his argument, viz., that here the Jews were dealing with "precious" stones, and that, however much the optical sense might be at fault in matters celestial and unattainable, neither it, nor the sense of touch, have ever failed this race in relation to the products of the earth. One thing may safely be asserted, that in their appreciation of the colour "yellow," in connection with the metallic form, they have never been eclipsed by any race or nation. "Neither must it be forgotten," says Dr. Wolfe, "that the mother of mankind saw the fruit of the forbidden tree, that 'it was beautiful to the eyes;' and we know that a colour-blind person cannot distinguish ripe cherries, strawberries, and apples from their leaves, except by their form." As to the "mother of mankind," most sensible people will regret rather, not that she was not colour-blind, but that she was not stone-blind! Dr. Wolfe is of opinion, as the result of his argument, that "Dr. Magnus, led away by the development theory, has entangled Mr. Gladstone in the meshes of a hypothesis, which, from a physiological as well as from a historico-critical point of view, cannot be seriously entertained." Judging from the record of Herodotus, Dr. Wolfe thinks that Homer was suffering from Egyptian ophthalmia, which he contracted at Ithaca at the age of 34, resulting in nebulous cornea. Colour-blindness is met with in cases of disease or injury of the brain, in hysteria, in habitual drunkards, or excessive smokers—it is hereditary, *transmitted from maternal uncles*. This accounts, doubtless, for the immunity from it, enjoyed by the "mother of mankind." The most likely cause of it, according to Dr. Wolfe, is intermarriage of first cousins, or other near relatives. When congenital, it is incurable. Dr. Wolfe then referred to his conclusions as drawn from the examination of 2,134 children. Government seems remiss in not directing attention to the subject in reference to railway officials. The paper will doubtless be separately published, and attention is therefore directed to it.

MILLER'S "LOCHIAL DISCHARGE."—This is one of the numerous reprints on which the reputation of Glasgow as a medical school is being at present based. We have to apologise to the author for the unavoidable delay in noticing it, owing to pressure on our space. It was originally published in the *Edinburgh Medical Journal*. The author was "indebted" to one of his students "for his kindness in supplying" the short-hand report of the lecture; the paper is thus an extempore production. Dr. Miller's lecture treats, in the first place, of the synonyms applied to the lochial discharge, the function of the womb during gestation, its expulsive force, and ultimate disintegration and absorption. Dr. Miller believes—but his proofs for so doing are of the slenderest description—that the material of the disintegrating uterus, on being absorbed into the blood, is transformed into fat, which ultimately appears in the milk elaborated by the mammary glands, and he sagely remarks, "the ultimate destination of the used-up tissue has afforded further proof to me that no unnecessary waste takes place in the human economy," a confirmation of the teleological argument quite worthy of a Bridgewater Treatise. "I have watched this matter since I directed the attention of the profession to it in 1870, and have found many additional proofs in corroboration of this theory." Attention is directed to circumstances which influence the discharge, and cases are narrated "as examples of the variation which the lochial discharge undergoes in different conditions of child birth." The appearance of the lochial discharge during three periods is thus described; and the following is the outcome of the author's "own investigations." "The ciliated *epithelium* were found both in healthy and diseased lochia. They have also been found in the discharge of non-pregnant women, and so may be considered as not a constant constituent peculiar to the discharge. Neither do they seem to affect the health of the patient, or to be an exciting cause of disease." It is, however, in the matter of treatment that the marked originality of the paper is made manifest. "I would advise you," says the author, "to adopt precautions pointing to the maintenance of a healthy discharge, and towards securing antiseptic protection" . . . . "We are working with a delicate organism, and although labour be a healthy process, the very delicacy of the structure makes a trifle, when in error, produce formidable results . . . In special cases, where I have deemed an antiseptic plan necessary, I have tried the carbolised gauze. I put two or three layers of it, extending from the navel down to the knees, to act as an apron, and over it I applied the binder in the usual way; otherwise the treatment consisted in the use of the gauze instead of napkins to receive the discharge." Robed

thus somewhat between the style of an Egyptian mummy and a village blacksmith, the patient is surely secure. The "apron"—shade of Nunneley!—is to prevent a *coup de main* on the part of the spores. There is nothing for it, but they must enter now at the knees, and what with carbolic to right of them, carbolic to left of them, and the length of the valley of death, the poor spores must have a hard time of it, and the interesting patient be necessarily safe. An error in the Latin prescription is doubtless due to the printer. We beg to direct attention to the paper.

# Medico-Parliamentary.

## HOUSE OF LORDS—March 11th.

### MEDICAL ACT (1858) AMENDMENT BILL.

On the motion for the second reading of this Bill, after some remarks by the Marquis of Ripon, the Duke of Richmond and Gordon said he had very lately an opportunity of expressing his views upon this subject in introducing the Bill. Therefore, but for the observations of his noble friend, he should not have thought it necessary to make any remarks upon the subject. He took this opportunity of thanking him for his support. It was of course impossible for him to say what would happen in the other House, but he believed it would be proposed in the other House in the course of this week to appoint a committee to inquire into the constitution of the Medical Council, and he hoped the reference would be sufficiently large to include all the points adverted to by his noble friend. In conclusion, he had only to propose that the committee on this Bill should be taken on Thursday, the 20th of this month.

The Bill was then read a second time.

## HOUSE OF COMMONS.—March 12th.

### MEDICAL ACT (1858) AMENDMENT BILL.

Dr. Lush, in moving the second reading of this Bill, expressed his regret that the Government had not referred the whole question to a Select Committee. He understood from the statement made the other day by the noble Lord, the Vice-President of the Council, that the only point which the Government would agree to refer to a Select Committee was the constitution of the Medical Council, and the mode in which the medical profession were represented upon it. Looking at the grave importance of this matter both to the public and the profession, it was to be regretted that the whole question could not be considered by a Committee of the House, and settled once for all. The Bill, of which he now moved the second reading, dealt with several points which were not affected by the Government Bill, and in particular it contained provisions for the prosecution of illegal practices and the signature of death certificates by unqualified practitioners. The constitution of the Medical Council was unsatisfactory. It no doubt consisted of very able men, but as a matter of fact, it had become a lesser Parliament, and practical work was sacrificed for ornate eloquence. He would suggest that the whole of the Bills now before Parliament on this subject should be referred to a Select Committee, so that the question might be considered and disposed of once for all.

Mr. Serjeant Simon, in moving the rejection of the Bill, said that there was no demand of the public for legislation on this subject. He ventured to protest against the principle of protection for any profession, and while he did not deny that it was the duty of Parliament to prescribe a standard of qualification, they ought not to protect any special interest or profession. The Bill was not brought in in the interest of the public or at the wish of the medical profession, but solely to meet the views of a narrow section of those who pursued this calling. While the State might require a certain standard of qualification, he objected to any other restriction in the profession. A few years ago there was a dead set made against those who pursued the practice of homœopathy, and attempts had been made to exclude homœopathic practitioners from the profession. The homœopathists had proved that those strong doses of purging medicine, which were given under the old system, were positively injurious, and the most eminent medical men were content to use drugs sparingly, and to leave nature mostly to effect the cure. If he objected to be dosed with mineral poison, and preferred to go to a herbalist, he wanted to know what right Parliament had to stand in the way. Suppose he broke a leg, or dislocated a limb, and he went to a bone setter who had done wonderful things, what right had Parliament to interfere? This was what this Bill asked Parliament to do. He had a right to call in a blacksmith if he thought proper, and Parliament had no right to prevent him. The hon. member for Morpeth was well aware that a large number of working men did not believe in medical men, but believed in herbalists. Experience in this matter was the only teacher, and many friendly societies deliberately employed herbalists rather than medical practitioners. He regarded this as a very mischievous Bill, and he begged, therefore, to move that it be read a second time this day six months.

Mr. Burt seconded the amendment. If they could pass a Bill which would exclude only incompetent persons from the profession, it would do a great deal of good; but this Bill would go much further than that. He knew a great number of herbalists, and they did a great deal of service to the community within a few yards of his own dwelling. In Newcastle there lived a man who had practised the system for twenty-five years, and this man was typical of hundreds and thousands of others. There was no pretence for saying that there was the slightest imposition on the part of such men, or that they practised under false pretences. They did not pretend to have the slightest medical education, or to have gone through college. They were employed, however, as club doctors by many friendly societies, and it would be very hard if they refused to allow them to certify the cause of death.

Sir J. M'Kenna said that his hon. friend who had charge of the Bill would be prepared to consider the objections taken to it in Committee. He hoped the House would read it a second time, and refer it to a Select Committee.

Mr. Errington supported the Bill on the ground that if it were referred to a Select Committee it would afford the means of making a complete inquiry into the subject. The Government seemed to have come to the conclusion erroneously that there was only one large question for them to consider, and that was the medical portion of the system, ignoring altogether the reconstitution of the Medical Council. He hoped the reference to Committee would be extended in its terms, so that the various Bills could be considered and their principle fully discussed.

Mr. Cowper-Temple thought the Medical Council had well discharged the task imposed upon them twenty years ago, and had materially raised the standard of professional competency; but the time had arrived when they might well consider whether there was not such a change in the matters entrusted to the Council as to make advisable a change in the constitution of that body. With reference to the pains and penalties inflicted on persons who might do injury to the public by their practice, he did not think the House would be prepared to prosecute herbalists, however much hon. members objected to homœopathy. The public must be left free to choose for themselves, and despotic power must not be given to even such a body as the Medical Council. He was glad it was proposed to appoint a Committee. The Bill from the other House which was coming down would afford them an opportunity of discussing details in Committee, and the proposed Select Committee would be enabled to consider the principles involved in the other Bills before the House.

Dr. Cameron said it was not the intention of the framers of the Bill to restrain freedom of action with respect to herbalists and chemists. All that was asked was that there should be the same protection as existed in connection with manufactures; they wanted something similar to the registration of trade marks. They wanted to secure that certificates of death should not be given by persons who did not understand anything about the diseases with reference to which the certificates were given. The Bill of the hon. member for Salisbury was the best which could be adopted, because it embodied all that was good in the Government Bill and the Bills of other members which had previously been brought before the House. The under-selling of medical degrees and the assumption by unqualified persons of titles were provided against; but by far the most important point dealt with was the reform of the Medical Council itself. The anomalous state of things which had rendered legislation necessary would never have existed if the Council had discharged its duties efficiently.

Dr. O'Leary said he could not agree in the details of the Bill now under consideration; but with its principle he fully concurred. It had been said by the hon. and learned gentle-

man (Mr. Serjeant Simon) that the measure struck at the herbalists; but he denied that it hit those gentlemen at all. It was very hard for the House to appreciate all the technical details which were bound up with joint schemes and joint examinations; and he therefore thought that in order that the whole question which the Bill only partially covered might be carefully considered—considered in a manner befitting its importance—the measure should be read a second time and then referred to a Select Committee.

Lord G. HAMILTON said that during the whole of the past year his noble friend, the President of the Council (the Duke of Richmond and Gordon), as well as himself, had been in constant communication with the different authorities on this subject; they had also received many communications upon it from the profession outside the Medical Council; and the general result and purport of those communications was in the direction of the proposals contained in the measure which was laid before the House of Lords a short time ago. There were also the Bills of his hon. friends, Dr. Lush and Mr. Arthur Mills, the former of which was now under discussion. These three Bills were almost identical in one respect, and that was in the proposals which they made for insuring greater uniformity in examinations, and more accurate registration of those who passed. But there was one subject which the measure of the Government did not take up that the Bill of his hon. friend proposed to deal with, and that was the reform of the Medical Council. On this matter the Government had always used the same language. That body was composed of most eminent men. In fact, it would be difficult to select gentlemen more widely known, both for their ability and their great practice, than those who held seats on that board; but there were, no doubt, many who thought that the Medical Council had sometimes been somewhat in error. There were, no doubt, those who thought that some of its members had not always been as active as they might have been; but, if that were so, he believed their inactivity would be found to be due to the difficult circumstances with which they had to contend. The Government had looked over the names of those who composed the Medical Council; and they did not feel justified in proposing in their Bill any alteration in the existing constitution of that body. Still, as there was a strong wish that that question should be considered this year the Lord President had no objection to the appointment of a Committee to investigate the subject, and to decide as to whether any measures were necessary for the reform of the Council.

Dr. PLAYFAIR said he had been an examiner for years; and he could testify, from personal experience, that, through its watchfulness and care, the Medical Council had exercised great influence in the promotion of medical study and in producing higher qualifications on the part of medical men. At the same time there could be no doubt that there was a general feeling that there should be more direct representation of the outside profession at that Board; and with this feeling he perfectly sympathised. He failed to discover, however, what reform or improvement would be effected under the plan of representation which the promoter of the present Bill proposed.

Mr. MOWBRAY joined in the remonstrance of the right hon. gentleman against the way in which it was proposed to deal with the Medical Council by the Bill, and said he trusted the hon. member would not attempt to force a division to-day. He altogether objected to the joining together of the Universities of Oxford, Cambridge and Durham for the purpose of electing a member on the Council. Oxford and Cambridge were only a short distance from London, and, as a matter of fact, the delegates from these were among the most regular and attentive members. Moreover, he thought there was a great advantage in having on the Council men who were not taken from the actual ranks of a busy profession, but who came from the Universities. If the hon. member proceeded with the Bill he should feel obliged to give his most strenuous opposition to those parts of it which dealt with the constitution of the Medical Council.

Mr. D. PLUNKET expressed a hope that the hon. member would accept the advice which had been given, and consent to the adjournment of the debate, otherwise he should certainly feel bound to oppose the Bill. The Bill was hastily drawn, and he pointed out several difficulties which would arise in carrying out its provisions in regard to Ireland.

Mr. M. HENRY also hoped the hon. member would consent to the adjournment, but, speaking of the Medical Council, he expressed his opinion that the improvement which had taken place in the profession was due to the pressure of public opinion, and not to the Council. This Council was an unwieldy and expensive body, and he thought when medical reform was seriously undertaken it would be decidedly changed in its constitution and character. The Council now involved an enormous tax on the profession. A small body would answer every purpose, and it would do away with the great waste of time which now took place in the general conversation which necessarily arose when members of a great profession were gathered from all parts of the kingdom. The time would then be devoted to the business before the Council.

Dr. LUSH acknowledged the courtesy with which his proposals had been received. He thought the suggestion that he should wait before proceeding with his Bill a fair one. He, however, trusted that the noble Lord would consent to enlarge the scope of the proposed Committee so as to include the question involved in his Bill.

Dr. BRADY then moved the adjournment of the debate, which was agreed to.

# Literature.

## GANT'S SURGERY. (a)

[SECOND NOTICE.]

THE second volume commences with the subject of excisional surgery of the joints. An explanation is given of the sub-periosteal operation. The operation consists essentially in detaching and reflecting the periosteal membrane by means of paring elevators. The denuded bone is then sawn off, and the membrane replaced, and by its preservation new bone is produced. The advantages of this operation are chiefly: first, that the length of the limb is, to a great extent, retained; and secondly, that tendons detached with the periosteum regain a far better attachment than by the ordinary method. In speaking of excision of the hip-joint, Mr. Gant refers to cases in which a large portion of the innominate bone around the acetabulum was removed, and the patients made a good recovery; showing clearly that, though it is advisable to leave this, unless there is caries within and around the acetabulum, yet it is often necessary to remove it in large quantity. The tables on the cases operated upon for this disease with the results are excellent, and the chapter contains otherwise much useful and practical instruction.

The chapter on injuries of the head is well-collected and worked out. All the information that can be obtained upon this subject is here to be found. Diseases of the eye and its appendages has been revised by Mr. Power, and the chapter contains all that is requisite for the general practitioner and for the public examinations. The various operations for entropion and ectropion are described and figured, but for the former operation, the crescentic excision, which is decidedly the preferable, is not depicted. In this operation the marginal incision is to be made close up to the lashes, and the convex incision as far away as may include in the judgment of the operator, the requisite amount of skin to obliterate the deformity. The marginal incision should be carried deeply, so that when the wound is brought together by sutures, the ciliary margin is, in fact, rotated, and the eye lashes made to turn away from the globe of the eye.

The chapter on diseases of the ear have been referred to Mr. Purves. It is short, and contains all that can be required by practitioners.

In referring to foreign bodies, in the external meatus, a few precise rules are laid down, and as so many mistakes have been made, followed by fatal results, it is advisable that they should be quoted.

(a) "The Science and Practice of Surgery." By F. G. Gant, F.R.C.S., and various authors, 2 vols. London: Baillière, Tindall, and Cox.

1. Be sure that the foreign body is *seen*. To attempt to extract a foreign body without first seeing it is highly dangerous.

2. Determine what the body is, and, if possible, obtain a sample of the body supposed to be in the ear.

3. Remember that a body which will not swell, and has no cutting edge, will generally remain without causing any urgent symptoms.

4. Seeing the body, determine with a probe if it be movable. If easily movable, concussion with a downward position of ear will often remove it.

5. Warm water injection is the best of all methods of removing foreign bodies.

6. If it be a vegetable substance, do not inject fluid unless you have time to extract the body either at one operation, or shortly afterwards.

7. Injection failing, which is very exceptional, a surgeon, with the necessary appliances, ought to be at once consulted, or should urgent symptoms arise from the irritation in the attempted extraction, the extraction by incisions, galvano-cautery, boring out by trephine or conical file the centre of substance, and so causing its collapse; or even detachment of the auricle may be necessary.

The chapter on the teeth, by Mr. Tomes, is a very useful addition to a work on surgery. The subject is limited to the information required by the practitioner, and many useful points are referred to respecting the removal of the temporary teeth, and of those teeth which overcrowd or deform the jaw. The dentigerous cyst is described, a tumor of simple character, on account of which many needless resections of the jaw have been performed.

To diseases of the bladder and prostate, a large space is allotted. The subject has received extra attention from Mr. Gant, an excellent monograph having been recently written by him—much of which has been embodied in the work on General Surgery before us. The chapter is illustrated by several beautifully executed diagrams on the surgical anatomy of the parts.

The whole work contains not less than other works upon the same subject, and in many respects, it is much superior, whilst its value is, as we have before said, greatly enhanced by the assistance rendered in many of the subjects by those who have paid particular attention to separate branches of professional study. Nor should we omit a word of praise to the publishers (Baillière, Tindall, and Cox) who have turned the work out in a most attractive and workmanlike manner; evidently sparing neither pains nor expense in order to give this honest piece of practical literary work the best possible chance of success.

## ROSCOE AND SCHORLEMMER'S CHEMISTRY. (*a*)

This is a second instalment of a work, the first volume of which we noticed some six months back, when we had occasion to express a high opinion of its contents. That volume, though nominally devoted to the non-metallic elements, contained a good deal of introductory matter on the general principles of chemistry, on the history of the science, on crystallography, and so forth, which not only rendered the book interesting to general readers, and gave opportunity for the authors to exhibit their powers, but also exposed a wide field for criticism. In comparison with its predecessor, Volume II. (The Metals) is lacking in diversity, and does not call for much remark. The study of the metals is not the most interesting subject among chemists of the present day; the number of novel scientific facts are proportionately smaller. Such as they are, however, they have not been overlooked, for foot references to papers only a few months old, show that the authors have done their best to render their accounts recent as well as thorough. On the theories of chemistry little is said in this volume; nothing, in fact, but what is absolutely essential for the comprehension of what comes after. Even the doctrine of "atomicity," which is usually found so convenient in classifying the elements and generalising on the constitution of their compounds, is abandoned for the metals, on the ground that reliable data are lacking for such metals as have no volatile compounds. It would seem, in fact, as if the authors have intentionally reduced the theoretical reasoning to the utmost, and employed all their strength in imparting information of a practical nature. The descriptions of the chemical industries are almost as full as in a work on technology, and touch on improvements in manufactnring processes, of which older works make no mention. Medical readers will not be expected to appreciate or estimate at their true value the minute accounts of the alkali trade, bleaching powder manufacture, glass and porcelain making, nor care much for the illustrations being drawn to scale; but these technicalities materially enhance the value of the work in the eyes of the student of applied chemistry.

The authors have apparently found it impossible to compress all the information concerning the metals into a volume no larger than the first, and have, therefore, divided Volume II. into two parts. We regret this, chiefly from the circumstances that it may have the effect of delaying the publication of the Chemistry of Organic Substances, of the most paramount interest to the medical student.

(*a*) "A Treatise on Chemistry." By H. E. Roscoe, F.R.S., and C. Schorlemmer, F.R.S., Professor's of Chemistry, Owens College, Manchester. Vol. II., Metals, Part I. London: Macmillan, and Co.

# Correspondence.

## SURGEON REYNOLDS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In common with all medical men who feel an interest and a pride in the brave and heroic deeds of a professional brethren, I will not hesitate to express through your columns how we should admire the unflinching bravery, under a heavy and constant fire from the Zulu enemy, of Surgeon James H. Reynolds, of the Army Medical Department, and then of the 2nd Battalion, 24th Regiment, at Rorke's Drift, South Africa. The brave and dauntless band to which Dr. Reynolds was attached consisted of only one hundred and thirty effective men, and to their immortal honour be it recorded that they gallantly repulsed an army of over three thousand Zulus, who, a short time before, were inflated by their victory at Isandula, where they slaughtered such a large number of our British soldiers. The following extract has already appeared in the military intelligence, and speaks volumes:—

"The following is the evidence of a wounded soldier at Rorke's Drift. 'After the negroes surrounded us we fought like tigers. I saw Dr. Reynolds (A.M.D.) blazing away at them, cheering us that were hit, running to the fellows, dressing their wounds, and then fighting away like a hero. He and the Hospital Corps men defended the hospital to the last moment. When the Zulus got in they charged through them and got into the laager behind waggons and mealie bags, where they all fought like true Britons until daylight. They made several sorties and drove them off splendidly.'" This statement was corroborated in the official despatch from the commanding officer on that trying occasion.

Having seen in one of the Dublin morning papers a few days ago that Lieutenants Chard and Bromhead were certain of having conferred on them the distinction of C.B.; as a medical man, and though not a military one, I must say I felt deeply that the name of Dr. Reynold's should be omitted from those on whom the highest honours should be conferred, and that if there be not awarded to him the same distinctions (independent of special promotion in his own department) that his brother officers who were engaged with him on that memorable occasion are sure to receive, I say there could be no more potent argument to account for discontent and dissatisfaction amongst medical men. It is already too truly proven by the few candidates for the Army Medical Service that that important branch of Her Majesty's service will not bear to be trifled with. The pages of Grecian history are emblazoned by the gallant defence by the Spartan King Leonidas and his little band of noble heroes against a powerful host of Persians, but the gallant defence at Rorke's Drift is not less worthy of a bright page in the history of England's warfare.

Dr. Reynolds is a graduate in Arts and Medicine of T.C.D. and

a Licentiate of R.C.S.I. He was, as a student, distinguished for his assiduity and great abilities. He entered the Army Medical Service in '68, after which he served in India, and subsequently went in charge of troops to the Cape. He is son of the late Alderman Reynolds, J.P., Dalystown House, co. Longford.

I am, yours, &c.,

FRANK.

[With pleasure we publish the above, and fully endorse the sentiments therein expressed. We consider it would be as ungracious as it would be unjust to withhold from Surgeon Reynolds the highest rewards that can be conferred on an officer who, with the prowess of a hero, faced a shower of bullets in his desire to afford aid to the wounded soldier, and actually fought with sword and rifle to enable him to reach the wounded. Such brave conduct could not fail to encourage those who stood by his side. We shall anxiously watch the opportunity, which we hope will be afforded us, to let our readers know the glorious honours that are awarded to a distinguished army surgeon.]

## TREATMENT OF ASIATIC CHOLERA AND SUNSTROKE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Many years ago I communicated to the *British Medical Journal* a unique case of Asiatic Cholera, supervening to a very slight form of bilious diarrhœa, of which my patient had been the subject occasionally. It occurred in June, 1833, full twelve months prior to its appearance in the epidemic form in Macclesfield and the neighbourhood, and without any conceivable inter-communication with already infected districts. The disease pursued the ordinary course of bilious diarrhœa from the Monday to the Friday evening, when the case suddenly assumed the grave symptoms characteristic of Asiatic cholera, and terminated fatally on the Sunday following, seven days from the accession.

In the early part of August, 1872, I had an equally striking case of relapsing fever, in a healthy young woman, whose family had been patients of mine from the beginning. The complaint was altogether unknown in Macclesfield, the nearest affected locality being Manchester, and I have not heard of a similar case in this district since. Unfortunately I have lost the notes I made at the time, so that I can only report from memory. A smart febrile accession, of eight days' continuance, was followed by complete remission for three days more, my patient sitting up and taking food with ordinary zest. The secondary form of fever which then supervened was unusually severe, high temperature, quick full pulse, with headache, restlessness, and a high degree of delirious excitement, insomuch that it was with extreme difficulty she could be held down in bed. The application of a few leeches, with ice to the head, blisters behind the ears, and a brisk dose of black draught, comprised the active treatment, and on the fifteenth day of the relapse the fever subsided, and all went on favourably, so that in two or three weeks more she was able to resume her business as dressmaker.

My professional interest in the family had previously been awakened by the following coincidence. The father of the young woman, a man of about fifty-eight years, of florid complexion, nervous sanguine temperament, had been walking a few miles out of town on business as an insurance agent about a month before his daughter was taken ill, and as the day was hot, he took off his hat and walked on with his head exposed to the rays of the sun. When he got home he complained of great exhaustion and giddiness, the latter continuing from the Thursday onwards. On the Sunday morning I happened to meet with him as he was returning from his usual place of worship, when he mentioned the vertigo. His countenance was pale and inexpressive, skin cool, pulse slow and feeble. On the following day I called and found him complaining of headache; in other respects, as on the previous day. I ordered him to bed, prescribed a mustard pediluvium and leeches to the temples. On the following day there was much febrile reaction; hot skin, quickened full pulse, and as the head was unrelieved, eight leeches more were applied, which, as the symptoms were urgent, were followed on the evening of the same day by six more to the head and two to the nostrils, spirituous lotions and ice being kept constantly to the head. As the headache persisted, with perfect insomnolency, a high temperature, and a full bounding pulse, I took away twelve or fourteen ounces of blood from the arm. This relieved the active cerebral congestion; the restlessness subsided, and my patient gradually settled down by the aid of small doses of liq. morph. and liq. ant. tart. into a quiet refreshing sleep, and slowly recovered his former vigorous health, himself and daughter having been perfectly well to the present.

The cases are very suggestive (the cholera and the relapsing fever), pointing to the conclusion that, when a perfectly new epidemic disease obtains in a country, sporadic forms of the disease may occur which do not follow the usual laws of epidemic complaints; the morbific germ being altogether independent of its primary source.

The case of sun stroke indicates that a very serious cerebral condition may be masked for several consecutive days, by a train of comparatively slight symptoms.

Yours very respectfully,

J. BIRCHENALL,

Consulting Surgeon to the Macclesfield Infirmary.

Macclesfield, March 6th, 1879.

## A SERIOUS CHARGE.

THE following particulars of a very serious nature against a member of the profession came out in London at the Marlborough Street Police Court on Monday last. The defendant, Adam Addison, L.R.C.P. Ed., L.R.C.S. Ed., of Chelsea, was charged in conjunction with Mary Jane Boyce, of Fulham, with causing the death of an unmarried female named Robinson. The police stated that information reached headquarters that abortion was being practised by the defendants to a considerable extent, and in consequence a watch was set, ending in the arrest of the prisoners on the present charge. After hearing the evidence, the magistrate remanded both prisoners, and declined to admit either to bail. We regret that a member of the profession should be placed in so painful a position, but refrain from commenting on the case whilst *sub judice*.

THERE will be no course of scientific lectures delivered this year at the College of Physicians, Ireland; but it is probable they may be resumed in 1880.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber,' "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions—£1 2s. 6d.—for last year, are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt. Subscribers who pay in advance will oblige by remitting, at the reduced rate of One Guinea for 1879, during the present month.

LUNACY BOOK FOR GENERAL PRACTITIONERS.—Bucknill and Tuke's "Manual of Psychological Medicine," or Winslow's "Manual of Pharmacy," will best answer your purpose.

A CHEMICAL PRIZE.—The Berlin Academy renew an offer of a prize of about £46 for an investigation of the following questions (not yet replied to):—"In what combination does lime occur in the blood of mammals and of birds, and how does the chemical precipitation of its salts in the tissues, and especially in the bones, take place?" It is desired that these questions be answered by experimental researches on growl animals, in which especially the chemical state of the blood and the bones, after long feeding with substances containing phosphorus and (separately) plant-acid salts, is more exactly determined. Papers must be sent in before March 1, 1881.

### SOCIETY FOR THE TOTAL ABOLITION OF VIVISECTION.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—In regard to your leader of the 12th inst., on "Professor Owen and the Anti-Vivisectionists," will you permit me to say, as the founder and Hon. Sec. of the original Association for the Abolition of the practice of subjecting live Animals to Experiments for Scientific Purposes, that our Society never placarded the hoardings of London and Edinburgh with sensational and revolting illustrations, or inserted them in the *Police News*.

We publicly repudiated them in the *Times* and *Morning Post*. Neither

is the small periodical you mention "the organ" of our Society. It is, we believe, the trumpet of a person who desires to distinguish himself in the Lower House, and is the worst enemy our cause has had. The wish of our Society is to *argue* out the question, not to abuse our opponents, and we shall be happy to discuss the matter with Professor Owen on any real and definite case brought before the Royal Commission. Ours is the Society which obtained the appointment of that Commission, and the only one which gave evidence before it.

I remain, Sir, your obedient servant,

Henbury, Macclesfield. GEORGE R. JESSE.

THE COUNTER-PRESCRIBER AGAIN.—A small boy entering the shop of a Scotch druggist said, "My mither sent me for a bawbie's worth o' that stuff for the wind, she dis-na' mind the right name, but they ca't deevil's dirt." To which the Northern Knight of the pestle replied, "Rin hame and tell yer mither that I canna' disturb the deevil for less than a penny."

SOCIETY OF ARTS.—The Council ask for papers on "Our National Water Supply and Sewage" from medical men for the Conference to be held on May 15th and 16th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday), and on Friday next, at 4 p.m., Prof. Flower, "On the Comparative Anatomy of Man."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day (Wednesday), and on Friday next, at 5 p.m., Croonian Lectures: Dr. W. H. Stone, "On some Applications of Physics to Medicine."

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—This evening, at 8½ o'clock, Mr. Francis Fox, "On Cysts of the Mouth."

HARVEIAN SOCIETY.—On Thursday next, at 8½ p.m., Dr. Broadbent: "Cases of Mitral Stenosis." Mr. Malcolm Morris, "On some of the rarer Affections of the Hair."

"INDIAN MEDICAL SERVICE," "Dispensary Statistics," "Homœopathy gone Mad," these communications are in type, but are unavoidably crowded out.

COMMUNICATIONS. Enclosures, &c., have been received from—Dr. Vallin, Paris. Dr. Joshua Chitwood, Connersville, Indiana. Dr. Knapp, Wyoming, Luzerne Co., America. Dr. Thorowgood, London. Dr. Kerr, Preston. Dr. Barrère, Paris. Dr. Waters, Chester. Dr. Smith, Dublin. Dr. Griffith, Pimlico. Dr. Patterson Cassells, Glasgow. Dr. Black, Glasgow. Dr. Octavius Sturges, London. Mr. B. W. Richardson, Dublin. Dr. Corley, Dublin. Dr. Fereol, Paris. Mr. Radcliffe, London. Dr. L. S. Forbes Winslow, London. Mr. Hemming, Bournemouth. Mr. Georges Clasen, Paris. Surgeon-Major Gore, Octacamund, India. The Secretary, Indian Medical Department. Dr. S. Mackenzie, London. Mr. Birchenall, Macclesfield. Dr. Day, London. Dr. O'Neill, Lincoln. Mr. Redman, Lincoln. Dr. McDowell, Baltinglass. Dr. Brereton, Oughterard. Mr. Crofton, Dublin. Dr. Mc. Jones, Cork. Mr. Field, London. Mr. Sewill, London. Dr. Tilt, London. Mr. T. Cooke, London. Mr. Crisp, Martham. Mr. W. Walker, Kentish Town. Dr. Yourelle, Dunboyne. Dr. Murray, Portsalon. Dr. Fawcett, Roscrea. Dr. Carey, Limerick. Dr. Kenny, Leek. Dr. Ormsby, Dublin. Dr. Kilgarriff, Dublin. Dr. Sale, Kilmeague. Dr. Barton, Dublin. Dr. Fisher, Portarlington. Dr. Hewetson, Clonmel. Dr. Sterling, Castlecomer. Dr. Madden, Ballycastle. Dr. O'Brien, Clarina. Dr. O'Reilly, Moville. Dr. Borthistle, Clonevan. Dr. McClury, Fintona. Dr. Dickson, Ballynahinch. Dr. Duke, Dublin. Dr. Campbell, Aldershot. Dr. Darley, Coolock. Dr. Henry, Brookboro'. The Registrar-General for Ireland. The Registrar-General for England, &c., &c.

## BOOKS AND PAMPHLETS RECEIVED.

The Treatment of Dropsy of the Gall-Bladder. By George Brown, M.R.C.S. London: Baillière, Tindall, & Cox.

The Moral and Religious Estimate of Vivisection.

Transations of the Obstetrical Society. Vol. XX. London: Longmans & Co.

Insanity and Lunacy Law. By William Wood, M.D. London: J. & A. Churchill.

Atlas of Histology. Part I. By Dr. Klein and Mr. Noble Smith. London: Smith, Elder, & Co.

Personal Appearances in Health and Disease. (Health Primer.)

A Digest of the Principles and Practice of Medicine. By R. N. Khory, M.D. London: Smith, Elder, & Co.

Inflammatory Fungoid Neoplasm. By L. A. Duhring, M.D.

Baths and Bathing. (Health Primer). London: Hardwicke & Bogue.

The Plague as it concerns England. London: Hardwicke & Bogue.

A Plea for Medical Missions.

The Practitioner for March.

The Veterinary Journal for March.

The Glasgow Medical Journal for March.

The Dublin Medical Journal for March.

## VACANCIES.

Bedminster Union.—Medical Officer for the 4th District. Salary, £40, with the usual extras. Applications to the Clerk to the Guardians, Flax Bourton, Near Bristol.

Bournemouth General Dispensary.—Resident Medical Officer. Salary, £120. Applications to Mr. J. Haggard, Pine Hurst, Bournemouth, before March 29.

Cancer Hospital, Brompton.—House Surgeon and Registrar. Salary, 100 guineas, with board, &c. Applications to the Chairman of the Board, at 167 Piccadilly, London, before March 22. (See Advt.)

Coleraine Union, Articlave Dispensary.—Medical Officer. Salary, £90, with fees, and £22 as Sanitary Officer. Election, April 3.

Coombe Lying-in Hospital, Dublin.—Apothecary and Registrar. Election, March 27.

Lisnaskea Union, Derrylin Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, March 28.

Manchester, Owens College.—Demonstrator in Physiology. Salary, £150. Applications addressed to the Senate up to March 22.

Naas Union, Clane and Timahoe Dispensary.—Medical Officer. Salary, £125, with fees; and £15 as Medical Officer of Health. Election, March 24.

Stockport Infirmary.—Visiting Medical Officer. Salary commencing at £70, with board, &c. Applications to the Hon Sec. up to the 24th inst.

Tuam Union, Abbey Dispensary.—Medical Officer. Salary, £120, with fees, and £20 as Sanitary Officer. Election, March 24.

Wexford Union, Wexford Dispensary.—Medical Officer. Salary, £125, with fees, and £25 as Medical Officer of Health. Election, March 26.

Youghal Union, Killeagh Dispensary.—Medical Officer. Salary, £120, with fees, and an allowance as Sanitary Officer. Election, March 24.

## APPOINTMENTS.

CANNY, D. J., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Teignmouth District of the Newton Abbot Union.

COLLINS, F. H., M.D., C.M., L.R.C.S.I, a Surgeon to the Hulme Dispensary, Manchester.

GADSBY, J. T., M.B. & B.S., M.R.C.S.E., House Surgeon to the Richmond Hospital, Surrey.

LOVELL, R. H., M.R.C.S., Resident Medical Officer at St. Mary's Hospital.

MURPHY, E., L.R.C.S.I., Medical Officer to the Dunfanaghy Dispensary, Dunfanaghy Union.

O'KELLY, T. E., L.R.C.S.I., Medical Officer to the Maynooth Dispensary, Celbridge Union.

O'ROURKE, C. T. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer and Medical Officer of Health for the Ballinrobe Dispensary District of the Ballinrobe Union.

PLAYFAIR, D. T., M.B., C.M., Assistant Medical Officer to the Royal Albert Asylum for Idiots and Imbeciles, Lancaster.

PROCTOR, R. F. S., M.B., C.M., Medical Officer and Public Vaccinator for the Parish of Belhelvie, Aberdeenshire.

REDMOND, J. M., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Assistant Physician to the Mater Misericordiæ Hospital, Dublin, and Temporary Physician to Cork Street Hospital.

RICHARDSON, T. W., M.R.C.S.E., a Medical Officer to the Norwich Dispensary.

SAYER, P., M.R.C.S.E., Medical Officer for the No. 4 District of the Parish of St. Pancras.

SHEARER, G., M.D., L.R.C.S.Ed., an Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

SHERIDAN, M. J., M.D., L.R.C.S.I., Medical Officer to the Wexford Union Workhouse.

STONEY, J. H. L., M.D., F.R.C.S.I., sole Lecturer on Anatomy at the Carmichael School of Medicine, Dublin.

URQUHART, A. R., M.D., Assistant Medical Officer to the Warwickshire Lunatic Asylum.

VACHER, F., F.R.C.S.Ed., Public Analyst for the Borough of Birkenhead.

ARMY MEDICAL DEPARTMENT.—Surgs-Major O'Brien, D. O'Donovan, and Surgeon F. G. Curran, have returned home to appear before a medical board.—Surgeon-Major Turner has resumed medical charge of the 1st Infantry Brigade.—Surgeon-Major W. Lougheed has assumed medical charge of the 2nd Brigade at Aldershot from the 3rd instant.—Surgeon-Major Elgee is *en route* for Natal in steamer *City of Venice*, in medical charge of 3rd and 4th Companies Army Service Corps.—Surgeon-Major Blake has taken up duty in the Cork District.—Surgeon Tobin embarked at Kingstown, 5th March, in H.M.S. *Assistance*, and assumed medical charge of the draft from 89th Foot for Portsmouth, *en route* for India.—Surgeons-Major Parr, Watling, and Chapman, and Surgeon Quill, sailed for India on Thursday in the troopship *Euphrates*.

NAVY MEDICAL DEPARTMENT.—Staff-Surgeon Henry N. M. Sedgwick (1869) has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet, with seniority of the 17th February, and to appear on the list as senior to Fleet Surgeon A. B. Johnson.—Staff-Surgeon Wm. Conolly, M.D. (1867), has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet, with seniority of the 1st of March.

# Birth.

HENRY.—On the 5th inst., at Lansdowne, Stewartstown, the wife of Robert Henry, M.D., of a son.

# Deaths.

BEEVOR.—On the 9th inst., at Bawtry, John Beevor, M.D., of Mansfield-Woodhouse, Notts.

BRIETZCKE.—On the 11th inst., at Portsea, Hants, Henry Brietzcke, F.R.C.S., L.R.C.P. Lond., Medical Officer to H.M. Convict Prison.

BRIMS.—On the 9th inst., at his residence, Mount Villa, Burnley, of acute pneumonia, James Brims, M.D., aged 43.

FURLONG.—At 17 George Street, Limerick, John J. Furlong, L.A.H.

JEFFREY.—On the 11th inst., at Jedburgh, John Jeffrey, M.D., of Ayton, aged 68.

JENKINS.—On the 12th inst., suddenly, at Copelands, Hereford, Hy. J. Jenkins, M.R.C.S.

JOHNSTON.—On the 4th inst., at Ballard Lodge, Alverstoke, Hants, J. B. Johnston, M.R.C.S.

JORDISON.—On the 10th inst., at Hornchurch, Essex, Robert Lloyd Jordison, M.R.C.S.E., aged 37.

LATHAM.—On the 9th inst., at Wigan, John Latham, L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., aged 77.

LAWLESS.—On the 11th inst., at St. Patrick's Hospital, Dublin, Edward Lawless, M.R.C.S.E., Resident Medical Superintendent, aged 58.

MARKHEIM.—On the 11th inst., at Sorrento, Italy, Alfred J. H. G. Markheim, M.D.

SPARK.—On the 1st inst., at Millom, Cumberland, James S. Spark, L.F.P.S.G., aged 29.

TRAVERS.—On Dec. 13, killed by Natives while travelling from Queensland to the Northern territory, Wm. Travers, F.R.C.S., aged 29.

WALSH.—At Castlebar, co. Mayo, Charles J. Walsh, L.R.C.S.I.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 26, 1879.


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## LETTSOMIAN LECTURES. (a)

### LECTURE III.

### TREATMENT OF ASTHMA.


By JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Physician to Victoria Park Hospital for Diseases of the Chest, and to the West London Hospital.



(*Concluded from page* 199.)


THE chemical products resulting from the combustion of nitre paper have been examined by M. Vohl (see *Journal de Pharmacie et de Chimie*, 1866, p. 155,), and he found the nitrous fumes to contain watery vapour, traces of cyanogen, carbonic acid and nitrogen gases, ammonia, and nitrate of potash. To the ammonia and nitrate of potash, M. Vohl attributes the anti-spasmodic action of the nitrous fume. The constituents of the fume seem so closely allied to the adventitious impurities found in the air of smoky towns, that I went over Salter's table of his 223 asthmatics, to see if I could make out that those persons who are put down in the table as being notably relieved by the nitrous fume, were also those who were either much relieved, or quite cured by London air. I found that of the 22 who are reported to have obtained marked relief to their breath from the air of London, there were nine to whom the nitre paper was very valuable. Two, who are said to have been quite cured by London air, found the paper more serviceable than anything else they had tried. One, who suffered much in London, found nitre paper rather harmful than otherwise. It is to the ammonia and carbonic acid gas that I think we may attribute some of the anti-spasmodic action of the burning paper, for it has been shown by Trousseau and others that often ammonia vapour will speedily cut short an attack of bronchial spasm; and Salter reports one case where the spasm was at once nipped in the bud by cautiously inhaling the vapour of diluted ammonia. An asthmatic sea captain was free from his breath trouble when conveying a cargo of guano, a product which slowly evolves ammonia. To carbonic acid gas some degree of anti-spasmodic power has been attributed; for it has been stated that the reason why an asthmatic, when black in the face, and apparently at the very verge of asphyxia, suddenly begins to mend, is that the carbonic acid in the blood acts as an anti-spasmodic and sedative to the nerves of the bronchial muscle, and so relaxes the spasm—a theoretical notion which as yet does not seem to me convincingly demonstrated.

That the nitre paper fume is an anti-spasmodic I judge from the very speedy way in which it eases sudden seizures of breath difficulty. A man whom I saw a few days ago with extensive heart disease and dropsy, but now no bronchial spasm, had his symptoms commence with sudden asthmatical seizures, the spasm coming on in such force that he had to leap out of bed in fear of suffocation. Burning nitre paper gave relief speedily; but he was glad to give up his practice of now and then smoking his pipe, for tobacco brought on faintness and great depression. Among Salter's tabulated cases I observe how frequently those who were relieved by the nitre paper, found good also from the use of a pill containing half-a-grain of extract of stramonium.

Stramonium we know to be an anti-spasmodic medicine, and Dr. C. J. B. Williams proved that it had, in common with belladonna, a power of diminishing the contractile excitability of the bronchial muscle.

Nitrate of potash forms, I expect, the basis of the numerous list of proprietary papers sold for the relief of asthmatic persons. Some patients fancy one kind of paper, some another, and very many think nothing can surpass their own home-made nitre paper. I have made and tried papers containing iodide of potassium, as well as nitrate of potash and chlorate of potash, but do not find them to be in any way superior to the nitre paper. Nitrate of ammonia added to the nitrate of potash appears to have no

(a) Delivered before the Medical Society of London. Erasmus Wilson, F.R.S., President, in the Chair.

further effect than to diminish the activity of the combustion, while chlorate of potash increases it.

The use of such antispasmodic inhalations as tobacco smoke and the smoke of burning stramonium, tatula and belladonna, in the form of powder, cigarette, or pipeful, is so familiar to such an assembly as the present that I need not dwell on the subject.

Dr. Robert Bree tried the stramonium smoke in eighty-two asthmatic cases: in fifty-eight it had no permanent effect, and in the remaining twenty-four it acted injuriously. General Gent, who first introduced this practice of smoking stramonium for the cure of asthma, himself died from the over-use of his specific. The Datura Tatula seems a safer and better herb for smoking than the datura stramonium, and in asthma complicated with slight bronchitis I have known the datura tatula smoke prove very soothing. In common with many of my friends, I have had my attention drawn to a variety of powders which, when ignited, burn and give off an antispasmodic smoke, and it is right to say that the powders of which I have had experience, known as Senier's, Himrod's, Clery's, are really valuable remedial agents. A patient of mine at Victoria Park Hospital carries some of Senier's green powder in a tin box, and, if taken in the street suddenly with spasm in her breathing, retires to a corner, puts some powder on the lid of the box, and lights it with a match; in a minute or two her breathing is relieved. Another hospital patient carries always some nitre paper of his own make, and uses it in a similar way, and with an equally satisfactory result. I have myself soaked nitre paper in tinctures of stramonium and verbascum, having seen the verbascum thapsus recommended in the treatment of asthma, but the objection I find to the use of papers thus medicated is that their fume, when burning, while it relieves the asthmatic breathing, is apt often to produce an unpleasant headache afterwards. I prefer to let the patient try simple nitre paper first, and if that fails he may sprinkle on it some of one of the powders just named, or dry powder of stramonium leaves and seeds, or of dry belladonna leaves, and see if such addition proves of service to him.

Speaking of antispasmodic inhalations, I should like to say a word or two on the use of arsenious acid. That the vapour of arsenious acid has a special action on the respiratory organs seems a well established fact; and I am informed, on good authority, that men who work in the Cornish arsenic works are seldom affected with phthisis. Indeed, in one instance brought to my knowledge, all the symptoms of phthisis seemed to be removed by exposure to the vapour of the arsenic subliming flues. Whether this happy result was due to the antiseptic action of arsenic vapour, or to some special action of the same on the nerves of nutrition I cannot undertake to say. The fact reminds us that the smoking of arsenical cigarettes has been highly commended by good authority in the treatment of chronic phthisis.

There are various formulæ given for preparing the arsenical cigarettes, known as cigarettes of Dioscorides, of Boudin, and of Le Vasseur. Trousseau recommended that each cigarette should contain one grain of arsenite of potash—rather too strong a dose, I think, for a few full inhalations of a cigarette containing half, or less than half this amount of arsenite will usually answer the desired purpose well.

It is well known how, in Styria, the peasants eat small quantities of white arsenic to improve the breathing powers, and with the British public the use of arsenical inhalation to relieve asthma is not unknown. Dr. Wilks told me of a former out-patient of his at Guy's Hospital who, in his occupation as a stuffer of birds and animals, used much white arsenic. This man was a smoker, and very liable to asthma, and he said he always found a ready cure for his breath spasm by adding a little arsenic to the contents of his tobacco pipe.

Of the inhalation of nitrite of amyl in asthma I have not much to say. I have used it, and prefer to employ chloroform, as being more certain, more agreeable, and perhaps more safe. The nitrite varies much in strength, and acts with corresponding uncertainty on the patient. The best way to use it is in the hermetically sealed capsules. So far as my present experience of iodic ether or iodide of ethyl goes, it is encouraging, and as this is a new remedy I will give what report I can of its effects. Pure iodide of ethyl $(C_2H_5)_2I$ is prepared by mixing amorphous phosphorus with absolute alcohol and then adding iodine. After a few hours the process is complete, and the iodide of ethyl can be separated by distillation; alcohol and iodide of phosphorus, producing iodide of ethyl, phosphoric acid and water. The iodide so prepared should be almost colourless, and should be kept in a dark place or it will become decomposed and of a brown colour from the separation of free iodine. My late chemical assistant at Victoria Park Hospital, Mr. Macdonald, has been good enough to provide me with the notes of three cases, under Dr. Andrew and myself, in which the iodide of ethyl was tried. I will read a summary of these notes.

Case I.—C. D., æt. 42, admitted November 19th, 1878, asthmatical five years, has an attack every morning at five A.M., which lasts for about three hours, then passes off, and leaves him free from dyspnœa till the following morning.

Nov. 23.—Ordered to inhale 10 drops of iodide of ethyl four times in the day. The effect was diminished expectoration, and what is coughed up is white, having formerly been of a greenish hue. He said on December 12th that his attacks were neither so severe nor so frequent as they had been before he used the iodide. The urine and sputa when tested gave decided evidence of iodine.

Case II.—Elizabeth S., æt. 17, had been under my observation at intervals for two years, and has suffered severely with attacks of spasmodic asthma and frequent cough and expectoration. Twelve months ago she improved greatly, and gained weight under the use of small doses of arsenical solution.

December 10th, 1878.—Has come from Lincolnshire into Victoria Park Hospital, and every morning till December 14th she had at five A.M. a bad attack of spasmodic asthma, with tightness and wheezing of the chest. Strong coffee relieves her, and during the day she is to all appearance perfectly well,

Dec. 14th.—Began to use 10 drops of iodide of ethyl four times a day. She used it thus for one week, and then left it off, having had no asthma; and when she quitted the hospital she had been three weeks without needing the iodide; she had not a trace of dyspnœa, even after meals, no cough, and no expectoration.

In the third case, that of a man with bronchitic asthma of seventeen years' standing, the iodide, deeply inhaled, caused a temporary sensation of vertigo and dizziness; the breath, however, was relieved, and expectoration promoted.

A patient, who for 20 years had suffered much from asthma and bronchitis, told me he attributed a great improvement in his case to the use of iodide of ethyl for three weeks. "I think (writes he) it tended to discuss or lessen the swollen condition of the bronchial tubes; my doctor wishes me to continue it, but being a new remedy I am rather afraid, though it gives me more permanent relief than anything else I have tried." The iodide of ethyl seems to be, an anti-spasmodic, and further, an anti-congestive remedy, allied in action to iodide of potassium, a salt which, when freely and perseveringly given, is well known to be a trustworthy remedy in congestive asthma.

In two cases recently I have observed excellent effects follow on the employment of citrate of caffeine. One patient was an eminent medical practitioner in a large town in the north. He had suffered most severely from paroxysmal asthma, and the utter failure of a list of approved inhalations and medicines (far too long to be here enumerated) was most distressing. Four grains of citrate of caffeine produced an undue degree of wakefulness, but one grain, taken regularly at bedtime, had a

most happy effect indeed. So far as we can at present judge, it appears to have been really curative of the asthma. The last report says: "*Pari passu* with the asthma my cough and expectoration have gone, and I now have next to none of either." In another case a highly informed and observant patient of Dr. Kingsford's, who had found much benefit from the inhalation of iodide of ethyl for an asthma and bronchitis of twenty years' standing, tried the citrate of caffeine in two-grain doses every afternoon for a fortnight without any marked result. One day, however, being sadly worn out by a protracted attack of bronchial spasm which had lasted for eight hours, this patient took four grains of citrate of caffeine in coffee, with the effect of obtaining immediate relief to the spasm, followed by three hours' quiet sleep in his chair. The citrate of caffeine appears to allay the abnormal excitability of the nerve centres, and then repose ensues as a natural result. I have seen similar calming effect from the use of nux vomica in bad emphysematous asthma, with failing pulmonary innervation, and this soothing and soporific action of remedies reputed, nerve-tonics and stimulants, in cases of great exhaustion of the nerve-centres is an interesting therapeutical fact, ably set forth by Dr. Milner Fothergill in his Fothergillian prize essay. The citrate of caffeine is not a new remedy. It has been employed in neuralgic headache and sickness for many years, and a friend of mine saw it given for asthma in Paris more than twenty years ago. Lately Dr. Lewis Shapter (*a*) has employed the citrate as a diuretic in cardiac dropsy. Like belladonna and atropia, caffeine appears to stimulate the respiratory and circulatory nerve-centres, and to increase the blood-pressure in the small vessels, so that it may prove an efficient diuretic. As such it may be employed in cardiac dropsy, where digitalis does not appear to agree. The citrate of caffeine, a fine specimen of which has been sent to the Society by Messrs. Corbyn, occurs in delicate silky crystals soluble in water, but best administered in a small cup of coffee. The dose may commence with one grain and extend to four or five.

Space does not allow me to dwell further on the subject of the treatment of asthma. In old-standing emphysematous asthma it is important to relieve any abdominal plethora and congestion of liver; and when this is done by means of saline aperients, Carlsbad salts, and abstinence from all forms of alcohol, then great benefit will often follow on the use of small doses of the extract and tincture of nux vomica. I have repeatedly proved the value of nux vomica and strychnia in cases of emphysematous asthma, with very prolonged expiration, and apparent tendency to paralysis of bronchial muscle. It is in cases of old emphysematous asthma that the compressed air bath is so much commended. My experience of this mode of treatment is not very great. I have known a well-arranged compressed air-bath perseveringly tried by a youthful subject of bronchial spasm, whose heart and lungs as yet manifested no sign of structural change, without any beneficial result. In the case of elderly persons with overfilled lungs, long weak expiration, and tendency to obstruction of the circulation, I certainly think the bath is worth a trial. In one case of this description a free expectoration came on under the influence of the compressed air, and in another the effect of the bath was to cause tranquil and refreshing sleep. One great effect of the compressed air-bath I consider is the production of more perfect oxygenation of the blood, hence its very marked effect in curing cases of obstinate anæmia. Coupled with this we may bear in mind the fact that the inhalation of oxygen gas has been found by Dr. Cayley and others of great service in relieving the dyspnœa of chronic emphysematous bronchitis, and also that Trousseau, in treating some very severe forms of anæmia, found no remedy so powerful as the inhalation of oxygen.

(*a*) *Practitioner*, for January.

# Original Communications.

## ON THE GENERAL PATHOLOGY OF EAR DISEASE.

By GEORGE P. FIELD,
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PATHOLOGY has certain laws to which all tissues are liable, and the structures of the ear form no exception to this rule. We may therefore say that the ear has no special pathological anatomy, or very little; the special interest that attaches to the pathological changes occurring in it, is the effect which they produce upon the organ of hearing, and the relation which the diseased part bears to the surrounding structures. I desire to point out the analogies existing between the diseases of the tissues of the ear and those occurring in similar tissues elsewhere in the body, and thus to see from the broader standpoint the general laws or first principles which should always guide our diagnosis, prognosis, and treatment.

Let us, then, briefly proceed to trace these general principles in relation to the tissues forming the external ear. Here we find skin, subcutaneous cellular tissue, fat, a small amount of muscle, and yellow elastic fibro-cartilage, with some fibrous tissue forming ligaments. These tissues we find affected exactly as in other parts; thus, take the skin, erythema, eczema, psoriasis, pemphigus, lupus, ichthyosis, and purpura may all affect the skin of the ear as they do that of other parts, and in each condition a constitutional or local cause must be looked for; we should remember that erythema is often a manifestation of rheumatism, and seek for it accordingly in the patient, or, on the other hand, that it may be of reflex production, and due to disordered stomach or uterus. Eczema may be gouty, or due to local causes: thus the position and shape of the organ will suggest intertrigo, and its proximity to the scalp the possibility of a vegetable or animal parasite. Psoriasis, again, may have one of its numerous constitutional causes, or be apparently a purely local disease; the pemphigus and lupus will probably depend upon syphilis, and the ichthyosis have a congenital origin. Remembering the isolated position of the auricle, and its exposure of a large surface for the radiation of its heat, we shall not be surprised to find it affected with gangrene, due either to impoverished blood, or enfeebled circulation and diseased vessels; thus it is common in feeble infants; after typhus or other fevers; in heart disease, or general atheromatous degeneration of the vessels; or after frost-bite. The subcutaneous cellular tissue may become inflamed, either from injury, or the poison of erysipelas.

New growths found in the auricle will owe their origin to the tissues of which it is formed, and the analogies of these tissues in similar parts of the body will suggest the nature of the tumour. Thus the subcutaneous tissue will give rise to fatty and sebaceous tumours, and that part where it is most abundant, namely, the back of the auricle and the lobule, will be the favourite sites for such new growths; fibrous thickenings, the result of the irritation of ear-rings, sometimes amounting to tumours, or even to the more dangerous keloid, also occur here; the latter is seen especially affecting the lobule in negresses.

Large nævi, like those common enough in the scalp, are occasionally found in the auricles.

Hæmatoma auris (othæmatoma) is a curious affection resulting from inflammation of the cartilages of the ear; the perichondium is raised by the effusion of the products of inflammation, and there is much swelling of an inflammatory nature, combined with effusion of blood, in the cellular tissue of the concavity of the auricle, as well as below the perichondium. The inflammation commonly subsides, and a cretaceous, or bony nodule, often results.

Passing inwards towards the external meatus, we must look for its diseases among those which effect similar parts of the body, namely, where skin is about to change to mucous membrane. Some of these are very characteristic;

we see them on the lip, about the anus, and genital orifices. The diseases to which these parts are especially liable are epithelioma and condylomata. Epithelioma of the auricle is not unfrequent, and it takes origin more commonly from the central part in the immediate neighbourhood of the meatus than at the periphery; this distinguishes it in some measure from lupus, and perhaps from rodent ulcer, which may be regarded as a special form of epithelioma, having a clinical history and appearances peculiar to itself; both of these diseases may affect the auricle, but take origin more frequently at its periphery. The malformations of these parts can scarcely be said to be the results of diseased action.

While studying the diseases of the external meatus, we shall, as usual, find a key to them in the anatomical structure of the part. It will be remembered that the outer half of the passage is formed by cartilage, the inner half by bone; the skin is thicker over the outer half, where it consists of both cuticular layer and corium, and contains hairs, follicles, and ceruminous glands, while the inner half is lined by skin, which consists only of a cuticular layer, the corium being blended with the periosteum of the bony walls of the tube. Upon this anatomical basis we may build up the pathological history of the part.

Von Tröltsch has pointed out that the common term "catarrh of the external meatus" has anatomically no justification whatever, "except, perhaps" (as Schwartze says), "in those cases in which the epidermis has been destroyed, as, for instance, in acute moist eczema." A discharge of pus from the external meatus nearly always proceeds from the middle ear, through perforation in the tympanum. The various forms of chronic suppurative inflammation of the external meatus may be grouped together under the name of *otitis externa*, but it is always desirable to seek as far as possible their ultimate cause. The skin of the meatus may be affected by erythema, eczema, herpes, pemphigus, and erysipelas. The outer half of the canal is subject to an ordinary phlegmonous inflammation of the corium and subcutaneous cellular tissue, while the inner half, if inflamed, suffers from a periostitis, for its corium forms periosteum, and it has no subcutaneous tissue; caries or necrosis may result from this, if inflammation be severe.

Furuncles are common affections in this position; they are inflammations, commencing apparently in the follicles of the ceruminous glands; they occur, therefore, in the locality where these bodies are to be found, namely, in the anterior lower wall of the meatus. These inflammatory changes often lead to stricture of the meatus, and thus call for surgical interference; things, therefore, which would be of little importance elsewhere, eczema, for instance, occurring here are frequently of the gravest moment, for chronic eczema induces hypertrophy of the corium and stenosis of the meatus (Schwartze).

Tumours, causing strictures of the canal, are not unfrequent, and take their origin from the anatomical elements. The ceruminous glands will produce, when obstructed, sebaceous tumours or cholesteatometa. The cartilage forming the wall of the meatus gives rise to enchondroma; the bone at the inner end of the canal produces exostoses of two kinds, the inflammatory and non-inflammatory. Sarcomata doubtless occasionally occur here, but little is known about them, and none have been recorded under that name. Indeed, it appears particularly noteworthy how little liable the external meatus is to malignant growths, especially when we consider the great amount of chronic irritation to which it is liable by many of its diseases—such as irritating discharges from the middle ear, chronic eczema, and the presence of inflamed ceruminous and sudoriferous glands, or of accumulations of hardened and irritating concretions of wax. Such irritations as these we have good evidence of as causes of malignant growths in other parts of the body, and I have strong suspicions that many of the so-called aural polypi which show such great proneness to recur, may, with great propriety, be ranked among the sarcomata. Among these we should probably find examples that might be classed as fibro-sarcoma, round-celled (or granulation) sarcoma, myxo-sarcoma, osteo-sarcoma, and osteo-chondromata.

The pathology of the membrana tympani appears at first sight complicated, but its anatomical structure is the key to all the changes to which it is liable. It consists of a layer of skin, chiefly composed of epithelium, with a very delicate and imperfect corium, a fibrous membrana propria, and a layer of mucous membrane. Each lamella has a pathology of its own, and every inflammation of the structure commences in only one layer, though it may eventually involve all. Thus the outer layer of skin is liable to eczema, pemphigus, and epithelial growths; it is also liable to idiopathic or traumatic inflammations, either acute or chronic, but these are rare. In acute inflammation of this layer the epithelium is raised up and subsequently destroyed by the swelling of the corium, due to exudation of leucocytes and proliferation of connective tissue cells. It is evident that such changes as these will produce permanent thickenings and opacities of the membrane. Very frequently the inflammation involves all three lamellæ, and sometimes they produce ulceration and perforation, though this is rare. The middle or fibrous layer is especially liable to calcarous deposits, chiefly urate of soda, occuring in gouty individuals; sometimes to fatty deposits, and also occasionally to increased growth of connective tissue. Other calcareous deposits, the residue of bygone inflammations, are also found in the membrane. These, however, usually include all three layers; they commence most commonly in the internal layer; sometimes they are the results of inter-lamellar abscesses. A new growth of bone has been demonstrated in the neighbourhood of these old inflammatory calcareous deposits by Politzer and Wendt. The membrana propria having a deficient supply of blood-vessels, is the least liable of the three lamellæ to inflammatory changes. On the other hand, the internal or mucous layer for the opposite reason is, like other mucous membranes, especially liable to inflammatory changes. These we shall have to allude to more particularly when speaking of the mucous membrane lining the tympanum. The inflammation may be catarrhal, or of a more severe character, often producing perforation of the membrane. Minute tubercles occur in this membrane, in the submucous tissue, and are occasionally seen in acute tuberculosis; they may thus lend an important aid to the diagnosis of an obscure medical case, just as we find in similar cases tubercles in the choroid, which will often clear up otherwise obscure symptoms. At present, observations of this nature have been so rarely made, that it is impossible to say with what degree of frequency they will be found, or whether they are more particularly associated with tubercular meningitis than the tubercle elsewhere; the examination of the membrane is manifestly less painful to patients with meningitis than that of the retina; while in many cases severe photophobia exists and entirely precludes all possibility of observations on the latter; examination of the membrane for tubercle appears to me well worthy the attention of physicians. Inflammations of the internal layer often produce enormous thickenings of it, sometimes so much as to increase by five times its normal thickness.

*(To be continued.)*

## BLOOD-LETTING.

By Z. JOHNSON, A.M. T.C.D., F.R.C.S., L.R.C.P.,
Surgeon to the Kilkenny County Infirmary.

THE important question of "blood-letting" having been lately brought under notice in the *Lancet* by Prof. Wharton Jones, and still more recently by the very judicious leader in the *Medical Press and Circular* (Nov. 20), the record of some cases bearing very forcibly on the subject, and occurring at various periods during a practice of considerable duration, may not be out of place just now.

It is not meant by any means to advocate the indiscriminate use of blood-letting, and it seems scarcely necessary to premise that it is a measure which requires the greatest caution, and which ought to be approached only with the most deliberate circumspection and anxious care. But the cases about to be recorded have impressed the writer with the belief (some of them long since) that the outcry against blood-letting has been too indiscriminate, and that a powerful and very valuable adjuvant to the remedial means at our command has been too much discarded, and many cases in which it would have done good service, lost, or retarded in their convalescence, by its omission and neglect.

The first case which led the writer to suspect that the outcry against blood-letting needed qualification came under his notice some thirty years ago. It was that of an old clergyman who consulted him for a troublesome bronchitis, resulting from a recent cold. For many weeks the resources of the Pharmacopæia, aided by various forms of counter-irritation, were exhausted in vain; but as the patient was considerably over 60 years of age, and his medical attendant imbued with the prejudices then rife against venesection, such a measure was not so much as thought of. He was lost sight of for a short time, and when next seen was completely freed from the complaint which had at first proved so intractable and obdurate. His explanation was, that a medical man, who was on a visit in his neighbourhood, had taken blood from his arm, that he slept well the ensuing night, instead of being harrassed as usual by his cough, and that from that out the cough abated rapidly, and soon left him altogether. He added that the doctor took the blood in "a tiny little stream." This remark and the result made a deep impression on the writer's mind, and he at once "made a note on't" for future use.

It was not long after this the writer was sent for in urgent haste to see a retired army surgeon who was threatened with apoplectic seizure. He was an aged man, not far from his 70th year, who had seen foreign service. But, before the writer could arrive, he had taken his own lancet and freely opened a vein in his arm. The immediate danger appeared to have been averted. The old gentleman was in no wise the worse for the operation, and his apprehensions, whether exaggerated or not, were certainly appeased, and his mind calm and tranquil. No bad consequences ensued, and he lived for many years afterwards without appearing to suffer in any way from the self-inflicted depletion.

It was not long after this the writer was sent for, in the utmost haste, to see a farm servant who had been suddenly prostrated by a veritable fit of apoplexy. On arrival, an old man in profound coma lay on some straw in the corner of a barn. He was of spare and attenuated form. His pupils were largely dilated and wholly insensible to the impression of light; his pulse, between 20 and 40, varying and intermittent; his breathing loudly stertorous. His condition altogether was such as made it highly probable that he would not survive more than a few hours unless relieved by prompt and very decisive measures. That he was not insensible from drink was quite certain, as he had suddenly dropped, when at his work in his master's fields, far from any public house, while he did not betray the least smell of alcoholic drink, or any of the other symptoms of drunkenness.

It had happened that a short time previously a case had fallen under the writer's notice which influenced him much in his decision as to the course to be pursued on the present occasion. He had been called on to make a post-mortem examination at an inquest on the remains of a pale, exsanguineous, attenuated woman who had dropped dead very suddenly. Her appearance during life was such as would have naturally averted all suspicion of sanguineous apoplexy, and it was presumed that she had died of heart disease or the rupture of some internal aneurism or vomica; but the organs of the thorax and abdomen all proved to be free from any trace of lesion or disease, and it remained only to seek for the cause of death within the cranium To the surprise of the writer, he found a large, solid, sanguineous clot in the parietal region, evidently produced by rupture of one of the cranial sinuses and compressing one of the hemispheres of the brain. The physique and aspect of the party during life rendered such a discovery highly improbable.

With the recollection of this case deeply impressed on his mind he did not hesitate as to the course to be pursued in the present case, but at once resorted to his lancet and took blood freely from the arm of the old man, carefully watching the effect on the pulse. As soon as the indications of cardiac action showed that the limit of safety had been reached, the venous flow was arrested, and the tongue being well drawn forward, a strong purgative bolus of calomel and jalap was deposited as far back as possible on its base. The patient was now left until the following day, when considerable improvement was found to have taken place. The bowels had acted freely, the stertor had ceased, the pulse had lost its peculiar slow bounding character, and was increased in frequency, and the patient was capable of being roused and of exhibiting signs of sensibility. He could swallow and answer questions. From this out he recovered gradually, without any paralysis. Years afterwards he was to be seen at his wonted occupation of ploughman on his master's farm, apparently quite free from any vestiges of the attack, or any evil consequences from the venesection.

These three cases, occurring within a tolerably short period of each other, made a deep impression on the mind of the writer. The circumstances appeared to favour a conclusion that blood-letting ought not to be condemned absolutely, and that perhaps the prejudice against its use was too indiscriminate. In this view he was amply justified by the result of subsequent cases, a few of which shall be briefly submitted as examples.

In what is now regarded as the "heroic practice" of our professional ancestors, blood-letting was considered an important resource in the case of injuries of the head. In numerous instances the writer has found it a most useful and important auxilliary. He retains drawings of two cases of depressed fracture of the skull, which recovered, after free depletion, without trephining, and without paralysis or defect of either physical or mental powers. A still more remarkable case recovered with a piece of bone nearly the size of a sixpence, punched deeply into the brain, where it still remains, the only effect complained of by the patient being that he cannot drink whisky without suffering from his head.

Within the last year a remarkable case was under treatment in the Kilkenny County Infirmary, which further illustrates the usefulness of free blood-letting in cranial injuries. Some nine or ten fragments of bone were removed, after trephining, from the parietal region of the brain of a young man who had received a blow of a pointed stone. Some of the fragments were imbedded deeply in the brain, beneath the point of the stone, which had broken off and was impacted firmly in the skull and penetrated the substance of the brain. The patient made a slow but satisfactory recovery, and was able to prosecute his assailant at the late winter assizes. He suffers no serious defect or consequence from either the injury or the operation, save the deficiency of bone. He was bled freely and largely previous to the operation of trephining, and to this measure the fortunate result is believed by the writer to be in great measure attributable.

In some cases of puerperal convulsions blood-letting is undoubtedly useful. Here there is of course, as in every other case, necessity for discrimination. Where the patient is young, robust, and plethoric, there can scarcely be a doubt of the propriety of venesection, especially in localities and under circumstances where leeches are not procurable. In promptitude of effect, no remedy can be compared with venesection, but it must be used with great caution and circumspection.

In some obstinate skin diseases it was the practice of

the late Robert Graves to precede the usual remedies by venesection. Cases which resisted all the resources of the Pharmacopœia before the operation yielded readily after a blood-letting. Mindful of this, the expedient was lately tried on a case occurring in the Kilkenny County Infirmary. An otherwise healthy young woman, of the peasant class, was tormented for years by frequently recurrent crops of furunculi. They yielded temporarily to alteratives, antimonials, cathartics, &c., &c., but were sure to reappear after a little time again. At last a free venesection was determined on; she got immediate relief, her tormentors disappeared, and have not now, for some years, returned.

In acute pulmonary affections the efficacy of venesection in relieving embarrassed breathing and cutting short inflammatory action is unquestionable. Of course it is not meant that every case will admit of it; but where the patient is sufficiently vigorous, and the disease not of asthenic type, it may often be resorted to with decided advantage.

Two cases illustrative of this recently came under the writer's notice. One, that of a military pensioner, affected with acute pneumonia of right lung. This man had seen foreign service, and suffered from ague and liver affection in India. In January, 1878, he was seized with rigor, followed by the phenomena of pneumonia. About the third or fourth day, the symptoms not yielding to the usual remedies, he was bled to the extent of 12 ounces. The effect was immediate, his breathing was at once relieved, and respiration rapidly returned to the dull and impervious portions of the lung. He made a rapid recovery, and has since continued perfectly free from all pulmonary trouble.

The second case, which occurred in October last, was much more remarkable. The patient was of intemperate habits, a hard liver, and hard worker. The disease, double pneumonia, was, when seen, of a fortnight's duration. The respiration was extremely shallow, some 50 in the minute. The lungs were both dull on percussion, and nearly impervious to air, excepting the upper portions. The aspect was livid, showing the blood was not oxydised, and the distress was excessive. The patient could not lie down, but sat nearly erect in bed. A bleeding from the arm of some 12 ounces was followed by immediate relief. Of course, as it proceeded, the pulse was carefully watched, and was found to improve in character, until it was deemed judicious to arrest the flow. Liberal support and free stimulants were enjoined; for some days he took a half glass of whisky every two or three hours. In consequence of his former habits, it was considered necessary to keep up this free stimulation. He made a remarkably rapid recovery, and has continued wonderfully well, taking drives of 18 or 19 miles during the late inclement weather, without taking cold, and without cough or any apparent pulmonary defect.

This case is the more remarkable, in consequence of the advanced stage of the disease when the bleeding was resorted to, as well as the previous habits of the patient and the state of exhaustion consequent on the length of his illness.

The writer, when a student, was himself bled from the arm by the orders of the late Sir Henry Marsh, for an acute pulmonary inflammation. Whether it was pleuritic, pneumonic, or bronchitic, he does not know, as he was a mere tyro at the time; he only knows that he got prompt relief, made a rapid and good recovery, and still survives.

The foregoing are but a few from many cases in which blood-letting did good service, and have been selected as being typical of some of the classes of disease or injury in which it is capable, when used with due discretion, of doing good.

It may not be amiss, for the benefit of junior readers, to make a few remarks on the peculiar features of some of these cases.

That of the old clergyman, first cited, is remarkable, in the fact that his cough had merged into the chronic stage before the bleeding was resorted to, and this circumstance, coupled with his age, enhances the lesson which it teaches. It is worth noting, too, that the blood was taken in a tiny stream, so as to avoid shock or collapse; add to which the prudence of placing the patient in the recumbent position during the operation ought not to be omitted.

Of the cases of puerperal convulsions, some were plethoric, florid subjects, but some were of spare habit and irritable nervous temperament. In country practice, leeches are often an *impossibility*, and the lancet often comes to the aid of the practitioner as a valuable auxiliary, *but* must be used with extreme caution.

In injuries of the head, especially with depression of the skull, to lessen the volume of the cranial contents is a desideratum not to be overlooked. In no way can this be so effectually accomplished as by free bleeding, aided by free purgation; but of course no one would think of resorting to either during concussion or collapse, or until reaction was fully established.

The case of the spare anæmic woman is a very instructive one. Her appearance during life, as well as after death, was such as to completely avert all suspicion of a sanguineous effusion; and yet the inexorable evidence of a post-mortem exploration showed a large firm sanguineous clot compressing the left hemisphere of the brain.

The second of the two cases of pneumonia is remarkable, on account of the late period at which the bleeding was performed, the habits of the patient, and the rapidity of the recovery. The disease was of a fortnight's standing, the subject a hard liver, and the circumstances apparently almost hopeless; but desperate cases sometimes justify desperate remedies, and the truth of the adage was fully realised in this one, as the recovery surpassed all expectation, alike in expedition and completeness. But lest the record of these cases might mislead some of the junior and more "sanguine" of our body into the rash or injudicious practice of a measure fraught with danger and requiring the most astute discrimination, a few words of caution to junior practitioners may be allowable. As a rule, depletion, especially blood-letting, is borne much better by the rural population than by the inhabitants of cities. The habitual inhalation of a pure well oxydised atmosphere seems to compensate for the want of many of the requisites of life, and a badly fed and overworked peasant will bear depletion which would kill at once the dissipated citizen, or the idle slave of luxury and fashion. The cases which have been cited all occurred in provincial practice, and this must be kept strictly in view. It is not meant to advocate the same practice in all cases of the same kind. In city practice it would be often inadmissible; but it may be asked, have we not grounds for inquiry as to whether the scare about venesection has not been carried too far, and whether the prejudice which prevails on this subject ought not to be reconsidered and submitted to the test of cautious and discriminating experience?

Since penning these lines, the writer has had an opportunity of conferring with some of his brethren on the subject, and has heard of other cases where marked and decided benefit was derived from blood-letting; and he has no doubt that the experience of practical men, especially in the provinces, could supply many more. Should the few cases he has brought under view lead to any further evidence or information on this most important subject, he will not regret having trespassed so far on the pages of the *Medical Press*.

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The Council of the Hospital for Women, Soho Square, ask us to announce that H.R.H. the Prince of Wales has consented to become Patron of this institution.

# Clinical Records.

## ST. PETER'S HOSPITAL.

*Stone in the Bladder—Lithotomy—Recovery.*

Under the care of Mr. TEEVAN.

THOMAS F., æt. 6, was admitted into the hospital on Dec. 9, 1878, having been put under Mr. Teevan's care by Mr. Latty, of Southminster, Essex.

*History.*—It appeared that the boy had suffered from nocturnal incontinence of urine for three years, and that one year and a half ago he began to experience much pain when he urinated. On several occasions he had hæmaturia. The boy and his parents were natives of Essex. There was no family history of stone.

*Condition on Admission.*—The child was in fair health, and there was but little mucus in his urine. He was much troubled with priapism and prolapsus ani.

*Treatment.*—On Dec. 18, at 3 p.m., the patient was put under the influence of chloroform by Mr. S. Knott. Mr. Teevan then introduced a rectangular staff, and gave it to Mr. F. Heycock to hold. He performed the ordinary lateral operation of lithotomy, and extracted a phosphatic stone weighing three drachms. There was no constitutional disturbance afterwards.

On Dec. 20th, the temperature, as taken by Mr. White, the house surgeon, was 98 deg., and the pulse 90.

On Dec. 21st, the temperature was 97·9, and pulse 100.

The patient made a rapid recovery, and after Dec. 28th passed all his urine by the penis. He left the hospital with the wound quite healed on January 11, 1879. He was quite cured of his incontinence.

Mr. Teevan remarked that he had cut twenty-one boys for stone, all of whom recovered. In each case he had performed the lateral operation, and he was so satisfied with it that he did not think he should ever try any other form of lithotomy for boys. Lithotomy was an easy or difficult operation, according as whether the finger could be introduced into the bladder or not, and as it could always be insinuated into the child's bladder the operation was, therefore, an easy one, provided only that the incisions were sufficiently free. Everything hinged upon this. If the aperture were not large enough to admit the forefinger with ease the urethra would be torn across at the membranous portion, and the bladder pushed before the operator's finger, or the latter would slip into the space between the bladder and rectum—accidents the most unfortunate which could happen to any surgeon.

*Stricture of the Urethra and Perineal Fistulæ—Internal Urethrotomy—Good Result.*

Under the care of Mr. TEEVAN.

Charles C., a lighterman, æt. 23, was admitted into the hospital on Dec. 9, 1878.

*History.*—Five years ago the patient had a clap, for which he was treated by medicines and injections. Three years ago he commenced to experience difficulty in making water. Two years and a half ago an abscess formed in the perineum, for which he went into the *Dreadnought* Hospital, where it was opened: a fistula resulted. Six months ago, another abscess appeared, for which he entered Guy's Hospital: a fistula remained after it was opened.

*State on Admission.*—The patient was in fair condition, but of scrofulous aspect; there was but little albumen in his urine. On either side of the median line of the perineum, just in front of the anus there was a fistula. There were two strictures—the first one was one and a half inches from the meatus externus, and was only about half an inch long; the second one was five inches down, and was one inch long. The largest instrument which could be introduced was No. 10 Charrière, about No. 3 English. About half the urine came by the penis, and the remainder by the fistulæ. The urethra was 6¾ inches long, and its calibre in the penile portion, 22m. The penis was 4 inches long and 4½ in circumference.

*Treatment.*—By gradual and continuous dilatation the stricture was enlarged to No. 16 Charrière—about No. 7 English, but beyond this point the dilatation could not be carried. The patient was next taught to pass a catheter, and when he had become a proficient in the practice he withdrew all his urine by the instrument. For six weeks he efficiently performed his allotted task, but without being able to close the fistulæ. Under these circumstances Mr. Teevan determined to perform internal urethrotomy.

On Feb. 12, 1879, the patient was put under the influence of ether by Mr. Knott, and Mr. Teevan divided both strictures from before backwards, with his modification of Maisonneuve's urethrotome. A No. 20 (Charrière) silver catheter was then passed and immediately withdrawn. No instrument was left in the bladder, nor was the urine drawn off. Five days after the operation the fistulæ were closed. There was no rigor. The temperature never rose above 99 deg., nor the pulse above 88. The patient left the hospital on Feb. 27 quite well and watertight.

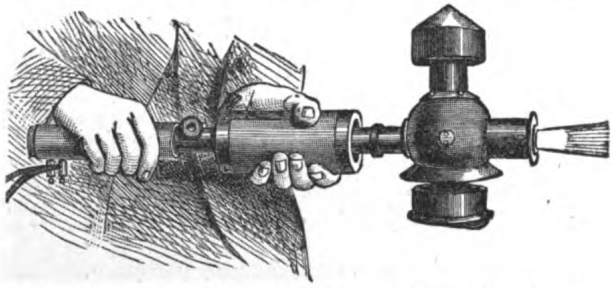
# Special.

## SURGERY UNDER THE ELECTRIC LIGHT.

A LARGE gathering of the profession assembled on the afternoon of Thursday, March 13th, in the Theatre of the Royal United Service Institution, to hear a lecture upon and to witness the trial of an experiment for facilitating surgical operations and examinations in dull weather, or after dusk, by means of the Jablochkoff electric light, by Mr. Balmanno Squire, M.B. Lond.

The lamps which the lecturer had devised, and the practical trial of which formed the subject of the demonstration, were two in number, and were respectively, a hand-lamp for use in surgical operations, such as amputations, &c., and a bracket-lamp for use in ophthalmic, aural, laryngeal, dental, endoscopic, vaginal, and rectal examinations and operations.

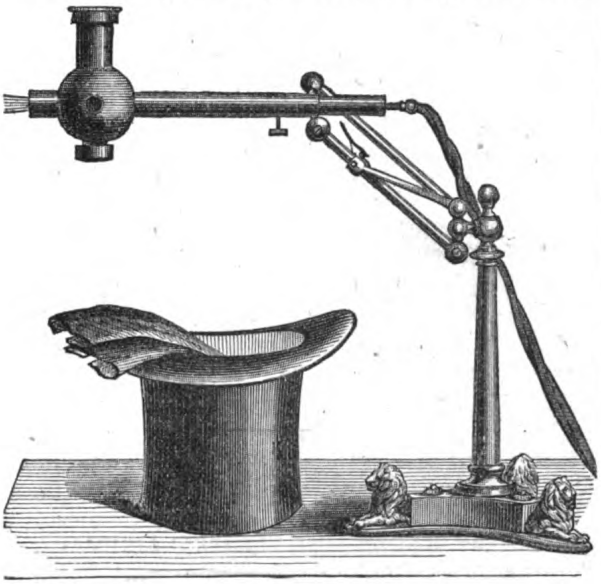
In explaining the construction of the hand lantern, of which we append an illustration, Mr. Squire showed it to be extremely portable, and being accommodated with a long



handle, the person holding it was thus enabled to keep himself out of the way of the operator, while since the dimensions of the lantern itself were remarkably small, and as there was no machinery or apparatus of any kind underneath it, it was possible to bring the light very close to the person of the subject undergoing the operation. The hand lantern exhibited was so contrived as to throw a disc of the light eighteen inches in diameter, at a distance of two feet, but by means of a short draw-tube the area of the disc could be enlarged or diminished to any required extent. The lantern would throw a disc of the full power of the electric light, or by means of caps fitted with ground glass, or with opal glass of varying thickness, the brilliancy of the light could be toned down to any gradation of softness. All of these modifications of the light were demonstrated, and the hand lantern being attached to long wires, for the purpose, it was carried about in full action amongst the audience by an assistant, in order to afford the opportunity of a close inspection of it.

The bracket lantern, figured below, differs in no respect in general appearance from the gas bracket lantern which has now for so long been in common use by aurists and laryngoscopists, excepting only that it was much smaller, and somewhat neater in shape.

The light is obtained by an ordinary Jablochkoff candle or taper, which is about nine inches long by three-eighths of an inch wide, and which passes along the centre of the narrow tubular handle, while to prevent it burning down into the



handle of the apparatus, there is a rack and pinion adjustment for pushing the candle a little, from time to time, so as to keep its illuminating extremity in the centre of the globe.

The candle itself is held in a socket which forms the front end of an inner cylinder, which latter works forward within the outer cylinder of the tubular handle, by means of the rack and pinion movement, just like the tube of a microscope. The inner cylinder contains two insular copper wires which pass back respectively from the two jaws of the small spring candle clip or socket, and are brought out into two connecting screws or clamps, which are attached to the back end of the inner cylinder at its lower side. These two clamps pierce the outer cylinder and travel forwards (as the inner cylinder is screwed onwards), through a slit or longitudinal aperture cut (for the required distance) in the lower side of the outer cylinder.

At the side of the lantern is a minute window of very dark blue glass, through which the person holding the lamp may ascertain the exact position of the burning candle-end, from time to time. This window is provided with a minute hinged metal shutter. To ascertain the position of the candle point it is not necessary that the assistant should stoop his head down to look, since by merely placing his hand opposite the window, the direction in which the dark blue ray is thrown on the hand (forwards or backwards, as the case may be), indicates with great accuracy the exact position of the candle point, and tells him whether the screw requires moving or not.

The hand lantern was constructed from Mr. Squire's designs by Mr. Fred. Weiss, jun., of the firm of Weiss and Son, of the Strand. The bracket lantern similarly was constructed by Mr. Mayer, of the firm of Mayer and Meltzer, of Great Portland Street.

The practical availability of his electric bracket lamp were demonstrated by Mr. Squire, who examined Mr. Weiss' larynx and tympanum by means of it, a ground-glass cap being used on the lantern for this experiment. Mr. Squire pointed out the advantage of such a light for ophthalmic practice, in which case an opal glass cap, of small aperture, is used, giving a small ray of mild but perfectly white light. While with the ground glass cap the lamp was admirably adapted for the use of aurists, laryngoscopists, dentists, gynæcologists, endoscopists, and those who practised in diseases of the rectum. Laryngoscopists in particular, and he believed the same remark applied to aurists, found that a London ground floor, whether at home in their consulting rooms, or at a hospital in the out-patient department, presented such rare opportunities of sufficient sunlight that they were in the habit of working entirely and invariably by gas illumination, so that many of them would probably be scarcely able to recognise the appearances that were familiar to them by the yellow illumination of gas light, if they were called upon to examine the same conditions by means of white light. This he regarded as a grave disadvantage, since, as was well known, the natural appearances, such as are presented under illumination by white light, are, when viewed by yellow (gas) light, disguised to an extent which could scarcely be conceived by any one who was not practically acquainted with the difference.

For ophthalmoscopic examinations, which are necessarily always conducted in a dark room, he conceived that a white artificial light must be a special advantage. But in all of the other examples he had instanced a strong artificial white light could not fail to be of advantage in detecting and watching those yellow deposits and discolourations, and that admixture of yellowish hues, blended with other discolourations, which were often of so much moment in studying the pathology of each of the organs he had referred to, and which alterations were often but faintly, if at all, perceptible, at least in their earlier stages, if viewed by yellow light.

There could be no doubt that a dentist attempting on a dark day to scrape out a carious cavity as perfectly as possible, but with the least possible destruction of sound tissue, would find such a light as this of very considerable assistance to him.

The problem of applying the electric light to surgical purposes was, Mr. Squire considered, a matter which admitted of easy solution, so far as the light itself was concerned, the only drawback to its immediate use being the expense and the question of the portability of the necessary electric-generating apparatus in the case of operations undertaken at the patient's residence, and equally in the case of operations performed in military field hospitals. In the case of ordinary hospital practice, and of naval practice, the question of the portability of the apparatus would not present itself; but in all cases the question of cost was a hindrance. However, in the navy the chief item of cost—namely, the motive power—was already at hand in the numerous subsidiary steam engines with which, in addition to the propelling engine, every ship of war was now provided, so that after the purchase of the electrical machine and the lantern no further expense remained beyond the electric candles, which cost only fourpence per hour; moreover, in many ships electric machines worked by steam power already existed for producing the electric light as a safeguard against torpedo attacks. In the dark cockpit of an ironclad a good artificial light is always essential, even on a bright day, and during an engagement, when every lamp on board, except those used in the cockpit is extinguished, and when powder is being handed freely about, a light which will burn in vacuo, and so can be hermetically enveloped, and thus rendered absolutely safe, must be a special desideratum. These conditions are present in the electric light only.

As to the requisite portability of the generating apparatus as part of a military train, a small one-light electric machine, associated with a one and a half-horse power steam engine, would very well travel in fixed connection with one another on the same carriage, and would together be much less cumbersome or heavy than an ordinary piece of field artillery. Fuel for a small engine and water for a small boiler are always at hand, and these, with a few Jablochkoff candles, are all that are needed.

As to the question of cost, the Jablochkoff light (which Mr. Squire had selected as the best kind of electric light for lanterns) can at present only be obtained on the condition that a four-light "Gramme" electrical machine be supplied with it; and this machine requires a steam or gas engine, of rather more than four-horse power to work it. The cost of a four-light Gramme machine is £180, and the cost of a corresponding steam engine would come to nearly £100, so that the total cost would fall not far short of £300. But for the purpose in view only one light is required, and Mr. Squire trusted that the requisite machine for one light only would soon be forthcoming. This, as he estimated, would bring the total cost down to £100, or perhaps somewhat under that. Now this as an expenditure of capital for some of our larger hospitals at least would probably not be too much for such a purpose, nor would it be so for an army corps, or for one of our larger ships of war.

For home use, say in dental practice, some of the more frequented dentists living in the same street might readily share one apparatus between them, with wires laid on to the house of each.

Suggestions had been made to Mr. Squire to employ a battery, but leaving out of consideration the very considerable

battery-power required for producing an electric light of any kind, and the infinite trouble and expense of managing a battery, there remained the consideration that no battery would produce, but that only an electro-magnetic machine could emit what was an essential for the Jablochkoff candle, and that was a rapidly alternating or "reversing" electric current. Manual power had also been suggested to him, but seven men were the estimated equivalent of one horse power, which was the minimum force required to produce one light; and the perfect steadiness of the light that was desirable was not attainable except through the steadiness of action of a steam-engine. Mr. Squire concluded his lecture amid applause. M. Berly, engineer to the Société Générale d'Electricité de Paris, was in attendance, to superintend the working of the electrical apparatus.

## HOSPITALS: THEIR USES AND ABUSES.

A PRIVATE meeting of members of Parliament, treasurers, &c., of the principal hospitals, and others, was held in London on Saturday last, at the residence of Sir T. Fowell-Buxton, "to discuss the present position of hospital and medical charities; how far they supply the wants of the population; their want of uniformity in the treatment of patients, their financial condition, and the possibility of introducing the provident system and better organisation by the aid of one central board for all the hospitals of London."

Mr. E. H. Lushington, Treasurer of Guy's Hospital, who was called to the chair, said it would be in the recollection of several gentlemen present that some years ago the treatment of patients at hospitals had attracted attention, and more especially as regarded out-patients, the system followed respecting them, and the method by which medicines were supplied. Some inquiry took place, which confirmed the idea that the funds of hospitals were not applied to the best of purposes, or with due regard to the wishes of the founders. At a meeting last year, called by Sir Sydney Waterlow, it was determined to send out a circular of inquiry, and he regretted he was not able to place before the meeting its results, which were both interesting and important. When published it would be seen, however, that about 600,000 people came annually to 13 of the best hospitals in London for medical advice and assistance, at a cost for medicine of £15,000 a year. The average attendance of these patients varied from three to seven hours before each could be attended to, and the rush was so extreme that the medical advice they received was almost perfunctory. Most of these were able to purchase medicines, and to pay for medical advice, and the system had a most debasing influence on the patients at large. It was thought that if some official and independent inquiry were instituted it might be possible to put things on a better footing throughout the metropolis, to shut the door against people able to pay unless they did pay, and to educate the poorer classes in the idea that they ought to pay for medicines which they needed for themselves. Some difficulties might arise in making so great an alteration, perhaps from the students and others interested, but all those might easily be surmounted.

Sir T. F. Buxton said the whole hospital system was in a state of disorganisation; it had no unity of purpose, and very little uniformity of practice. Every large hospital ought to be the centre of a district, and all dispensaries in that district ought to be affiliated to it. There ought to be only two sets of hospitals—pauper hospitals, and those in which payment was made; and it should be in the option of every labouring man, should he need it to choose one or the other. If that option were given, the working men of London would very soon originate for themselves provident associations, and by periodical payments secure admission to the better hospitals. He moved "That in the opinion of this meeting the present system of medical relief in London is inadequate and unsatisfactory; and that a deputation be appointed to wait on the Secretary of the Home Department and request him to advise her Majesty to appoint a Royal Commission to investigate and report on the subject."

Sir C. Treveylan, in seconding the motion, said he retained his faith in the good old English principle of voluntary charity, of which the grand medicinal institutions of London were the great achievement. Hospitals should be consultative, operative, and clinical, and all who knew what those three words implied would see that the system of medical relief had now been extended to purposes to which it had never been designed. Hospitals were intended to be courts of appeal, as it were, for cases requiring particular treatment, clinical treatment, and bedside watching, but they had in these days undertaken the medical relief of the entire population. It was a perfect scandal to talk of medical assistance in nine-tenths of these cases. What was wanted was a more intimate and family acquaintance with the persons who came for assistance. The only practical remedy seemed to be the establishment of an undergrowth of localised self-supporting medical institutions on the mutual assurance principle. This undergrowth, he was happy to say, was making satisfactory progress, and the working men, by their Hospital Saturday, which, although it had made serious mistakes, was a true representation of the working population of London, showed they were beginning to appreciate the principle of self-dependence. The statistics which had already been gathered proved that of 600 patients who resorted annually to five or six of the larger hospitals, two-thirds ought not to be patients at all—they were trumpery cases of colds, indigestion, and imaginary ailments. The principle of limitation had been already carried out at St. George's Hospital. They only took there as many cases as could be properly dealt with; they confined themselves to those which were really hospital cases, and they had three provident dispensaries working in connection with the hospital.

Ths Rev. J. T. Rowsell said it was utterly impossible for the hospitals to go on as they were, because the larger part of their support came from voluntary subscriptions, which, owing to changes of residence and the departure of the wealthier classes from the localities in which they were placed, were gradually diminishing. In fact, those located, like the London Hospital, on the east side of London, in the centre of an enormous population, were now obliged to dispose of their investments.

Mr. Stansfeld said it was not difficult to make out a *prima facie* case for inquiry, but the remedies suggested involved the very difficult problem, whether there should be an enactment to control voluntary subscribers, or a rate in aid. They could scarcely go to the Home Secretary until they had agreed what remedies they would recommend.

Mr. Coope and Sir Rutherford Alcock were in favour of a Royal Commission.

Mr. W. E. Forster suggested an amendment in the resolution, to the effect that a committee should be appointed to collect and digest information, and to prepare a statement with a view to future action.

This was seconded by Sir Rutherford Alcock, and after some discussion agreed to.

A vote of thanks to the Chairman terminated the proceedings.

# Department of Lunacy.

## LUNACY CERTIFICATES.

UNDER the existing state of our Lunacy Law a person can be confined in an asylum on two lunacy certificates, which may be signed by any two medical men who may be ignorant of the very elements of insanity. Those who sign these documents must examine the patient separately in order to elucidate the indications of the mental disorder. There is no clause relating to lunacy certificates that prevents the two medical men from consulting together either previous or subsequent to the certifying of the lunatic. We have carefully looked through the Act and cannot find any section which can be so construed. This question has, however, of late been discussed, and we take the opportunity of drawing the attention of our readers to it. There is no doubt but that the important question of confining persons in asylums should receive the careful attention of the Legislature; but it is difficult to suggest anything in lieu of the present system. Lunacy certificates must exist, but the granting of them must be differently arranged, either by some officially appointed assessors, or

by members of the profession, who must be licensed to sign certificates in the same way as some solicitors are authorised to deliver oaths in the High Court of Chancery, and this only after they have proved themselves competent to be considered as sufficiently versed in mental disorders. As long as the present system is in force so long will the practice of signing lunacy certificates be open to grave suspicion. If a certificate is not signed by a specialist, or one who has had experience in mental disorders, there is invariably some omission or mistake which, though not invalidating the document, will, nevertheless, cause much trouble to the official Board who have to peruse carefully all the certificates. At the present time the forms are too complicated, and consequently those who sign are liable to make some error, and they might with advantage be improved.

Psychological Studies at the Hospitals.—Dr. W. Allen Sturge is collecting statistics of the number of students who have attended the various psychological classes during the last five years, for publication. We understand that no students attended the classes at University College Hospital or Westminster Hospital during the last summer session.

The Temperature of the Brain in Connection with Insanity.—Margaglaino in conjunction with Sepilli (*La Salute*, No. 19, 1878) made some investigations into the temperature of the brain in 115 insane patients at the asylum of Reggio with the following conclusions :—In all cases except those of dementia and ipomania the average temperature is higher than normal. In insane as well as in sane individuals the temperature of the occipital region is higher than that of any other part of the head. The temperature of the frontal lobes is like that of the parietal lobes in ipomania agitata, dementia agitata, imbecility, and idiocy ; it is higher in mania and simple dementia, and it is lower in progressive paralysis. In all sorts of insanity the temperature of the halves of the head alike except in congenital brain lesions where the temperature of the right half of the head is higher than that of the left. These conclusions coincide with the pathological condition encountered on autopsy, inasmuch as in mania, in progressive paralysis, as well as in cerebral excitations followed by depressions, hyperæmic conditions of the brain are found, and progressive paralysis, the parietal regions are the seat of the disease. As control experiments the two Italian experiments made temperature measurements of the brain. also on twenty healthy persons and got higher figures than Broca and Grey.

The Urine of the Insane.—M. Albert Robin (*Societe de Biologie*) had occasion to examine the urine of a madman who died at the Hopital Beaujon, and communicates the very interesting result of his researches. The quantity of the urine was diminished to 300 grammes in twenty-four hours ; the specific gravity was 1030 ; the reaction acid, remaining so after exposure to the air for eight days. The amount of solids was 25 grammes in twenty-four hours, that of urea only 10·22 grammes, but uric acid, on the contrary, was present in large proportions. The chlorides were diminished, the phosphates normal ; sugar and albumen were not present. In the sediment, after evaporation, he found crystals of the hippurate of calcium, margaric acid, leucine, and an enormous quantity of uric acid. Many bacteria of a special nature were found on microscopical examination. M. Robin asks whether it might be possible to inoculate madness by means of urine?

Mrs. Dodwell's Petition to the Queen.—Mrs. Dodwell in her great distress has presented a petition to the Queen in the form of a letter which we append. It has appeared in all the daily papers. The letter is praying for the release of her husband from Broadmoor Criminal Lunatic Asylum, where he has been confined for more than a year for an offence which can be only regarded as a misdemeanour, no proof having been given that he acted from an insane impulse, or from an exaggerated sense of the ill-treatment he had received at the hands of the Brighton Guardians, his alleged delusion. If this is imaginary, then Mrs. Dodwell entertains the same morbid idea, as may be gathered from her appended letter.

"To the Queen's Most Excellent Majesty,—I have taken the great liberty of writing to your Majesty to make an appeal on behalf of my husband, the Rev. Henry John Dodwell, who is detained during your Majesty's pleasure at Broadmoor Lunatic Asylum. I humbly submit to the general opinion that he deserved some punishment for his unwise act, but after the long and happy married life we have lived, his uniform kindness to our children and myself, his calmness and perseverance for five years under the irritating difficulties experienced in endeavouring to obtain redress for the wrongs that had been done to him, is not to me consistent with his being branded as a lunatic. And as the eminent medical men who have examined him are divided in opinion, I humbly and earnestly pray that your Majesty will give him the benefit of the doubt and liberate him, so that he may return to protect our four children and release me from the helpless position I am in, and save me from my only resource, the workhouse.—I beg to remain your Majesty's most humble and obedient subject, Eliza Dodwell, wife of H. J. Dodwell, 77 Great College Street, London, N.W., 6th March, 1879. To Her Majesty, Queen Victoria, Windsor Castle."—"Home Office, Whitehall, 15th March, 1879.—Madam,—In reply to your application to her Majesty, praying the release of the Rev. Henry John Dodwell from Broadmoor Asylum, I am directed by Mr. Secretary Cross to acquaint you that the same has been laid before the Queen, who was not pleased to give any instructions thereon.—I am, madam, your obedient servant (signed), A. F. O. Liddell, Mrs. Dodwell, 77 Great College Street, N.W."

The following has been received from "Psychological Inquirer" :—

"The Watch."—It is said that this expression is often used by the insane, who have a great dread of being "watched." It would be curious if the origin of this fear could be traced. As there is frequently "reason in madness," probably a rational explanation might be found for this and other peculiarities attributed to mad people ; but from which eccentricities, so-called sane individuals are not always free.

[The insane are naturally timid and morbidly suspicious, but we have never met with patients who have laboured under the peculiarity of using this expression from the dread of being watched. Mad persons are doubtless very keen, and are always conscious of being observed, and this in some people is very marked.—Editor.]

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The rates of mortality per 1,000 last week in the principal large towns, were—Edinburgh 19, Brighton 20, Wolverhampton 22, Bristol 23, Newcastle-upon-Tyne 23, Norwich 23, Plymouth 24, Portsmouth 25, Glasgow 25, Salford 26, Sunderland 26, Birmingham 27, Liverpool 29, London 29, Hull 29, Sheffield 29, Bradford 30, Oldham 31, Manchester 33, Leeds 34, Leicester 34, Nottingham 37, and Dublin 38.

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The death-rate last week from the seven principal zymotic diseases averaged 3·0 per 1,000 in the large towns, and ranged from 0·2 and 0·7 in Bristol and Plymouth, to 5·6 and 5·8 in Sheffield and Leicester. The high death-rates in Sheffield and Leicester were mainly due to the fatal prevalence of whooping-cough ; this disease was also epidemic in Manchester and Leeds. The deaths from scarlet fever showed the largest excess in Oldham, Sunderland, Sheffield, and Liverpool. Small-pox caused 17 more deaths in London and its suburban districts, 18 in Dublin, but not one in any of the other large towns.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 26, 1879.

## THE PARLIAMENTARY PROGRESS OF MEDICAL REFORM.

THE past week has been pregnant with the greatest interests of our profession, for within its six days much has been done towards the deciding of those momentous issues upon which the future of medical education and medical practice so largely depend. When we laid down our pen this time last week, the Lord Presidents' Bill was the focus of hot debate. It had made its appearance shorn of many of the qualities which had made it acceptable last year, and materially altered from the form in which it had stood when withdrawn from the consideration of the Commons at the end of last session.

Disregarding minor details, which would have been of importance if they were not overshadowed by greater issues, the Bill of 1879 was seriously faulty in two respects—firstly, that it no longer contained the assurance given by its predecessor, that the examination, curriculum, and fee, requisite for admission to the conjoint examination should be the same in every division of the kingdom; secondly, that it did contain a proviso which gave over to the Medical Council the disposal of the surplus fees (if any) which might remain, after payment of costs of examination.

It is almost supererogatory for us to point out that these two points were cardinal and vital errors in the measure, and their effect is so palpable that we can hardly conceive that the clauses which embody them had received the full attention of the Lord President before the Bill was "tabled" by him. In the absence of uniformity of examination, curriculum and fee, throughout the kingdom, it is plain that conjoint examination would effect no purpose but to intensify the diploma-competition, which the Bill was intended to terminate for, as in shopkeeping, the fewer are the competing sellers, the worse for the customer so in diploma granting, the reduction in number of the competing licensing centres would have only aggravated the evils under which the profession and the public have laboured. The omission of this uniformity is, in fact, a complete surrender of the principle, not only of this Bill, but of all measures since that of Sir James Graham; and such omission will make it altogether impossible for the Irish Conjoint Board to erect or maintain a proper educational or social standard of the profession, subjected as it will be to the competition of the Glasgow and Edinburgh schemes.

The second fault of the Bill was that it allocated, at the absolute will of the Medical Council, the surplus which might remain over after the payment of the conjoint examiners. It would seem to have been wholly forgotten that the licensing authorities which hold the examination and grant the diploma to the certified candidate, are intrinsically entitled to the appropriation of the fee paid by him; that according to the English and Irish Conjoint Schemes that surplus was rateably apportioned amongst those bodies, and that the very existence of many of those bodies, and of the libraries, museums, and lectureships maintained by them for the public use, depends altogether on this surplus, they having no means of sustenance, either by private income or State grant.

These, as we have said, were the two cardinal errors of the Bill, and upon them it was instantly decided by the Irish and English bodies to take action. Delegates were appointed by the Colleges of Physicians and Surgeons Ireland to proceed to London and represent to the Lord President the effect of these clauses.

The result of this step is at once apparent on the face of the Bill. The views of the Colleges having been laid before the Duke of Richmond, Lord Emly was entrusted with, and kindly undertook, to move amendments when the Bill was committed. These amendments were:—

(*a*) To give the making of examination rules to the General Medical Council, not to the medical authorities.
(*b*) To impose upon the Medical Council the duty of providing absolute uniformity of examination, curriculum, and fee throughout the kingdom.
(*c*) To enable the medical authorities to appropriate the surplus fees to their own public purposes, subject to the control of their charters.
(*d*) To withhold from the General Medical Council the power of delegating the making of examination schemes to a "person or persons," as was proposed by the 27th clause of the Bill.

On Thursday evening last, the Committee upon the Bill came on in the House of Lords. Upon the same morning, the corrected Bill introduced by Messrs. Mills and Childers, in behalf of the British Medical Association, had appeared, and it was found to provide for perfect uniformity; and on the same afternoon, the General Medical Council, after a lengthened debate, had accepted, with one dissentient voice, Mr. MacNamara's resolution to the same effect. Thus encouraged by the approval of the medical Parliament and the British and Irish Medical Associations, Lord Emly moved his amendments in a convincing

and lucid speech. He was supported by the Marquis of Ripon, Lord O'Hagan, and Lord Courtown, and the representations thus made were so forcible that the Lord President accepted the amendments in all points, save one, which he reserved for decision when the Bill is reported to the House.

The question thus reserved is that of uniformity of fee, and we encourage the hope that his grace will at once see that this change in his Bill follows as a natural sequence of its principle, and is absolutely essential to its success. It is clearly in the public interest—setting aside all medical considerations—that the student should not be bribed by cheapness to run from Dublin or London to Glasgow or Edinburgh. It is manifest that the money competition, engendered by want of uniformity, would overthrow the design of the Bill as certainly as the educational competition; and it is equally obvious that the very existence of the unendowed licensing bodies depend upon the payment of a uniform and adequate fee.

Therefore we venture to hope that his grace will accept Lord Emly's amendment on this point. Should he do so, the Bill will merit the warm and active support of all earnest medical reformers, and will be as perfect as all the circumstances permit.

That support will be sorely needed. The Scotch bodies have met, and will meet this or any other measure of medical reform with uncompromising hostility. Their spirit is wholly irreconcilable, and they have met the Duke of Richmond's Bill with a plain declaration that they don't want improvement, and won't consent to be improved. They do not seek concessions or amendments, and avow their intention to resist, delay, and obstruct the Bill in all and every stage until they postpone it out of existence. Already they have taken up their positions by an amendment, which was moved by the Duke of Buccleuch, to exempt Scotch universities from conjoint examination, but that proposition was at once firmly negatived by the Lord President; and in the lower House they have initiated the war by their opposition to the appointment by Government of a Select Committee upon the constitution of the General Medical Council. In the General Medical Council, again, they have tried their best to carry a resolution of delay, to refer the whole Bill to a Select Committee, but were defeated on Saturday last, upon the motion of Professor Humphry, on a division, in which the Scotch representatives to a man, and with them the Queen's University representatives, voted for delay, and the whole of the rest of the Council, with one voice, for progress.

The question is, will the Government be able to carry the Bill through the Commons in spite of this resistance? It seems to us that this question, though raised upon a piece of class legislation, involves, to some extent, the prestige of the Government. They are met by a hostile phalanx, bent on the defence of a system which Government, and the whole medical profession, declares to be nothing less than corrupt, and, in our view, a responsibility lies upon them to vindicate the principles which they have already adopted, even by a distinct outvote of the party of obstruction. If the principle of the Bill be fully carried out by the adoption of a provision for uniformity of fee, the Irish and English Licensing Bodies, and all the professional Associations will throw their whole influence into the Government scale, and, without doubt, the Bill can be passed. If, however, the support of these bodies is alienated by the sacrifice of that principle, then it seems equally certain that the measure will be obstructed by all those influences when it comes to the lower House.

## THE MEDICAL ACTS (1858) AMENDMENT BILLS, 1879.—III.

Foreign and Colonial Degrees. — Practitioners from without the kingdom have a right to be registered without examination, under secs. 7, 8, and 9, if they hold "some recognised medical diploma," and are of good character," and if they—

*a.* Are "not domiciled in the United Kingdom," or

*b.* "Have practised medicine or surgery for more than ten years *elsewhere* than in the United Kingdom;" or

*c.* In the case of persons practising in the United Kingdom at the passing of the Act, have practised for ten years *in or out* of the United Kingdom.

A "recognised medical diploma" is defined to be (sec. 9) "such diploma, &c., &c., as may be recognised . . by the General Medical Council as furnishing sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of both medicine and surgery, including therein midwifery, and as entitling the holder thereof to practice medicine and surgery in such British possession or foreign country."

If refused registration, a foreign or colonial practitioner may appeal to the Privy Council.

These clauses are of greater importance than may appear at a glance. They admit to the Register persons who have not passed any conjoint examination, not who hold a "recognised medical diploma." The clause was introduced into the Bill as a substitute for Mr. Cowper-Temple's Bill of 1877 for the Registration of all Foreign Degrees. That Bill was drawn up in consequence of the introduction into the French Parliament, on the 29th of May, 1876, of a proposition by Dr. Roger Marvaise, that all medical practitioners, though holding a legitimate diploma from a foreign country, should be required to graduate in a French University before they were permitted to practice in France. That proposal took the form of a regular "projet de loi" on the 29th of April, 1878, and it was submitted to a select committee of the Chamber of Deputies. That Committee reported to the Chamber, on the 26th of November last, decisively and uncompromisingly approving the proposal of M. Marvaise, and recommending that English (or other foreign practitioners) should *not* be admitted to practise in France until examined and diplomate in that country.

So far, then, as the recommendation of the Select Committee of the Chamber of Deputies can go, France has definitely refused any reciprocity with Great Britain in the recognition of Foreign Degrees, and we cannot understand, therefore, why we should receive as competent practitioners persons of whose qualifications our information is altogether insufficient, and who refuse to recognise our home degrees. It is indeed obvious that the General Medical Council has, or can have, at its disposal no adequate means of forming a judgment as to

whether any particular foreign degree furnishes "sufficient guarantees for the possession of the requisite knowledge and skill for the efficient practice" of the profession. The President of the Medical Council, in a memorandum addressed to the Privy Council upon the Marvaise Bill, says, that "the Council would consider the proposal (for home registration of foreign degrees) even if it were thought requisite to send, under conditions an occasional representative to personally report on certain examinations abroad;" but it must be evident that a mission of a visitor from the Medical Council to inspect an examination in Ohio or Moscow would be utterly impossible, and, if possible, quite futile, inasmuch as such an inspection would not afford the least guarantee that the examination which was adequate at the particular occasion when it was inspected would continue to be so. Moreover, the General Medical Council having once recognised any foreign diploma, could not revoke that recognition without the approval of the Privy Council; and it would be plainly impossible for them, even if disposed to trouble themselves about the matter, to collect such evidence of the insufficiency of the examination as would justify the Privy Council in revocation of the recognition. As a matter of fact, we know that the Medical Council has recognised as sufficient the preliminary examinations held by certain antipodean bodies, of which they knew absolutely nothing except from the *ex parte* assurances of those bodies themselves; and it would be nothing less than calamitous to the profession if they acted upon the same principle in reference to medical diplomas, and admitted to practice in Great Britain a host of diploma holders from obscure American and Continental qualifying bodies.

It is true that the words of the Bill prohibit the registration of any diploma which does not "entitle the holder thereof to practice medicine and surgery in such British possession or foreign country." This proviso would be a perfectly sufficient protection for us in the case of diplomas issued (as in Germany) after a "Staats Examen," or with a Government impress, but in other places, as in America—any or every diploma entitles the holder thereof to practice, and the phrase of the Bill would, therefore, afford us no protection whatever against Canadian or American diploma-holders. The proposition contained in the Margin of the Marquis of Ripon's Bill of 1871, and adopted by the Bill of the British Medical Association of 1878, is much preferable to that contained in the Lord President's Bill. It provides (sec. 22, the Marquis of Ripon's Bill); Firstly, that the foreign medical diploma must "represent the like degree of knowledge, as tested by examination, to that which is required for obtaining a licence" in Great Britain. The Lord President, on the other hand, recognises any foreign diploma which, in the opinion of the Medical Council, "furnishes sufficient guarantees of the possession of the requisite knowledge and skill," a phrase which would enable the Medical Council to register any low-class foreign degree they pleased

Secondly—The Marquis of Ripon's Bill only gave power to the Medical Council to register a particular person holding a foreign degree upon his personal application to them. The Lord President gives them power to recognise the degree itself, and, once recognised, all holders of that degree have a right to registration without the sanction of the Medical Council, or any one else.

Thirdly—The Marquis of Ripon's Bill recognised only such foreign degrees as were granted under "the authority of the Government of a British possession or foreign country"—a very different proposition from the recognition of every diploma which confers the right to practise in its own country, which is suggested by the Lord President's Bill.

While we are quite conscious of the necessity for recognition of foreign and colonial degrees at some future period, and in some sort, we do not consider that the existing circumstances are such as to render such recognition now necessary or desirable. But, it it must be, it should not be without—1. A distinct guarantee of the country in which the diploma is granted. 2. A degree of knowledge, so far as the Medical Council can judge, equivalent to that required for the conjoint examination at home. 3. The consideration of the Medical Council of each particular application for registration.

Honorary Degrees.—"The General Medical Council shall make orders for the registration in a separate column" of such additional diplomas as have been granted . . . as testimonials of special distinction, and which appear to the Council . . . to deserve recognition as higher medical diplomas in the Medical Register. (Sec. 10, subsec. 7, line 11.)

This is a very reasonable and proper proviso, and it cannot be used for the admission to the Register of unqualified medical practitioners, because the honorary degree must be "additional" to a medical qualification previously obtained.

Dentists.—The whole of the dental clauses of the Bill of 1878 are withdrawn, as the Act of Sir John Lubbock renders them unnecessary.

Midwives.—The section (25) referring to midwives has been struck out of the Bill, the Lord President undertaking to introduce a new measure on the subject.

# Notes on Current Topics.

## The General Medical Council.

The General Medical Council is not fortunate in conducting its discussions in such a manner as to secure the respect and approbation of those who take an interest in its proceedings. It seldom meets without giving fresh provocation, even to those who were the least dissatisfied with the work it has done, and without justifying in a great measure the agitation that has been long going on in favour of its re-construction. As on many previous occasions, the Council may be justly blamed for having wasted so much of its time last Tuesday and Wednesday in discussing matters which had already received its full consideration. The present Medical Bill is substantially the same as that which was settled last year. The great point in the Bill, the clauses relating to the Conjoint Scheme, are just the same as the majority of the Council had recommended "over and over again;" and what amendments have been made in the Bill of last year might have easily been accepted without discussion, or left for consideration.

Yet neither the good judgment of Mr. Simon, nor the representations of Sir W. Gull and Sir James Paget, could prevent the Council from going over some of the old ground again. Mr. Simon moved "That the thanks of the Council be given to the Lord President for having communicated to this Council the Medical Bill before the House of Lords, and that his grace be informed that the Council having, last year, fully submitted to him their views on all questions which are involved in his grace's Bill, and still adhering to these views, do not, in the present stage of the Bill, think it requisite to submit any new observations."

The object of this motion was, as Mr. Simon said, to save unnecessary discussion, but as time and money are of no consequence to the Medical Council, and as "battledoring and shuttlecocking with regard to little amendments" is rather a pleasing pastime with this august body, Mr. Simon's motion was lost; and it was resolved "to consider the Lord President's Bill so far as it differs from the recommendations of the Council."

## The Registration of Arts' Qualifications by Doctors of Medicine.

We understand that the Earl of Courtown will, on behalf of the University of Dublin move, on the bringing up the report of the Medical Bill in the Lords, on Friday next, an amendment which will entitle the holders of University Degrees in Arts to be registered in a column of the Medical Register.

This is a proposition well worthy of consideration, and, we think, of support. Its purpose is to do tardy justice to the M.Ds. of universities which grant their doctorate only after full academic graduation. At present, especially in Ireland, as our readers know, there are two classes of doctors of medicine—those who have passed through four years of academic study and graduated in Arts, and those who have simply passed a matriculation examination, such as is required from any medical student, and put in a few months' nominal instruction in Arts. It is manifestly unjust and inexpedient that there should not exist—as there does not—any means of distinguishing these two classes of M.Ds., and the absence of such a means of differentiation has had a most injurious effect upon medical culture, because it has discouraged the taking of the higher-educated degree.

The number of those who are aggrieved by this state of things is, by no means insignificant, or unworthy of the consideration of Government.

The average annual numbers of doctorates granted within the last four years by Oxford, Cambridge, and Dublin Universities, after full arts' graduation, were respectively, 7, 15, and 46—making a total of 68 per annum. This means that little less than one-tenth of the whole number of registrées are aggrieved by the omission that Lord Courtown seeks to remedy. We certainly hope that the Lord President may see his way to give properly educated doctors in medicine the advantage derivable from their four years of academic study, and thus to stimulate medical men to undergo an education which ought to, but does not, raise them to their deserved position in public estimation.

## Dr. Wood's Motion.

Were it not that we cannot be surprised at anything that crops up with regard to the vexed question of Medical Reform, we should certainly have been astonished that a member of the Medical Council attempted at the eleventh hour to burke the Medical Acts Amendment Bill, to undo all the work of the last two or three years, and to refer the whole subject of medical reform "to a Select Committee of the House of Commons, for investigation and report, previously to further medical legislation." The grounds on which Dr. Wood made this extraordinary proposition were that the constitution of the Medical Council was about to be referred to a Select Committee, that the questions connected with medical reform were important, difficult, and had given rise to much diversity of opinion; that there was no urgent necessity for any kind of medical legislation, that the House of Commons was as yet but very imperfectly informed on the subject, and that an independent Committee would go into the whole question, examine witnesses from all quarters, and see for themselves whether and where the present system of medical examinations, &c., is found wanting. We need only remark that the specious nature of Dr. Wood's arguments was, notwithstanding his forcible and eloquent speech, quickly recognised by the majority of the Council. It was not a difficult matter to show that there was practically little or no difference of opinion with regard to the general principle of the present Government Bill and the general propriety of its several clauses; that the speedy settlement of the whole question is earnestly called for by the profession, by the majority of the Council, by both Houses of Parliament, and by the public; that the House of Commons would not, from its ignorance of medical matters, be competent to take the subject of medical legislation into its own hands; and that it would be a most foolish and undignified proceeding for the Medical Council so far to stultify itself as to cancel all its past proceedings as to medical reform, and to delegate to Parliament functions which, as Sir W. Gull very justly remarked, properly belong to the Medical Council.

Dr. Wood's motion, however, met with very little support. Dr. Humphry moved the following amendment, which was seconded by Sir W. Gull, and carried by a large majority:—"That the subjects regarding which legislation is proposed by the Lord President's Bill, now before Parliament, have been long and sufficiently discussed, and that the continued uncertainty respecting legislation upon them retards the improvement of medical education, and is detrimental to the interests of the profession and the public; and the Council trusts that the Lord President's Bill, with such alterations as have or may be suggested by the Council, will be passed during the present session of Parliament; and the Council is of opinion that the reference of the Bill to a Select Committee of the House of Commons is not necessary."

## The Plague and General Sanitation.

We are glad to see that the plague which, owing to the much abused precautions taken by the Russian Government has been stamped out of Astrachan, and is now likely to be of some service to that country by arousing local authorities to adopt some systematic method of precaution

against the spread of either this or any other infectious disease. A correspondent of the *Daily Telegraph* says that a recent visit to Moscow has convinced him that this plague scare will do the country some permanent good. "A Sanitary Commission has been appointed here, consisting almost exclusively of intelligent men of business. Each commissioner has a separate district under his charge, and a staff, consisting of a medical man and two policemen, at his orders. Under stringent regulations the work of sanitary clearing, which was urgently required, is now being briskly carried on." It is impossible to read this statement without giving due credit to so excellent an organisation. Sanitary science cannot be very backward in Russia, nor can the better class of people of that country be so ignorant of the first principles of sanitation, when we find the inhabitants of Moscow putting their shoulder to the wheel in such a thorough and systematic manner. We may ask, could our local authorities and our staff of medical officers of health, sanitary inspectors, &c., do more?

## The Cremation Society.

We cannot be surprised that so novel a method of burial as that of cremation should have attracted the notice of Parliament, or that the Cremation Society should have met with some opposition in carrying out its scheme at Woking. On Friday the Earl of Onslow called the attention of the House of Lords to the subject, and Earl Beauchamp not unreasonably remarked that this new practice should not be adopted without proper precautions being taken. Moreover, the Home Secretary, in a letter to the Society, which has been laid on the table of the House of Commons, stated that the public interest required that cremation should not be adopted until many matters of social importance have been duly considered and provided for.

Without discussing the question on which we have already expressed our opinion, we may remark that one of the great advantages of cremation, from a sanitary standpoint, would consist in the early destruction of the corpse, especially in crowded districts where the body is retained above ground in rooms actually occupied by the family to the great prejudice, not only of the relatives of the deceased, but also of the surrounding community. Against the early burial and complete destruction of the corpse it has been argued strongly and with good reason, that the ends of justice would be defeated in cases where death had been brought about by poisoning or by some forms of violence, but this matter will no doubt receive due consideration in the discussion about to take place in Parliament. We trust that Parliament will not declare cremation to be illegal as there are a large and increasing number of people amongst all classes of society in favour of this practice.

## The Medical Council and Medical Morals.

At the meeting of the Council on Friday Mr. Simon moved, "That the Council submit to the Lord President that the parts of the Bill which relate to the purpose of keeping the medical profession free from persons whose moral character would disgrace it, require, in the opinion of the Council, to be strengthened by certain additions," one of which was to the effect that the Medical Council may refuse registration to an applicant for any reason which, if he were already registered, would entitle the Council to erase his name from the Register. This proposition, however, as well as a similar one respecting the corporations, was very properly objected to by most of the members of the Council. As we remarked a short time ago, the social status and education of the rank and file of the profession are not such as will prevent any one from entering it who might be guilty of immoral or dishonourable conduct. At the same time the general character of candidates is not, we hope, so bad as to necessitate their immorality being specially provided against. There are, perhaps, certain cases in which the authorities would be warranted in preventing a person's name being put upon a Register, but for such rare and exceptional cases special legislation is quite uncalled for. Besides, such cases could always be met by the rules and conditions under which the Licensing Bodies at present grant their respective license. They all expect from the candidate a "certificate of good moral character;" and in the event of the candidate being guilty of any grossly criminal conduct on the eve of his being registered as a licensed practitioner, and enrolled in the ranks of the profession, it would be clearly within the power of the authorities to reject them, without the risk of their incurring an action for libel. It would, moreover, be difficult in an Act of Parliament to define that amount of criminality or unprofessional conduct which would justify a corporation in refusing the license or the Medical Council in refusing registration.

## Reconstruction of the Medical Council.

It is evident that the Medical Council is not much in favour of the profession having a voice in the management of its affairs. In the first place the report of its Executive Committee, respecting the nature of which, so much curiosity has been excited, turned out after all to be a very poor affair, and scarcely such a one as we might expect from a large and influential body like the Medical Council. Not only does it not represent the unanimous opinion of the council, or of a majority of the Council, but not even the unanimous opinion of the small number of members who constituted the committee. Three of the members either dissented from some of the suggestions that were made by the rest of the committee, or were of opinion that no report should have been issued until after the inquiry which the government has determined to make into the subject. The report, moreover, is of so simple and conservative a character that we cannot imagine why it was so long in making its appearance. The reporters are far from thinking that the constitution of the Council is so defective as most of us have represented. They are disposed to look upon that body as almost perfect, and in need of little or no reform. There is, moreover, every probability of the opinions of the committee being endorsed by a large majority of the Council. On Monday, Dr. Humphry moved that the Council should recommend that the principle of direct representation be not adopted, and his motion was supported by a large majority of those who

took part in the discussion on the subject, amongst whom were Sir W. Gull, Dr. Storrar, Dr. Wood, Mr. Macnamara, and others.

## Preservation of Anatomical Specimens by the Aid of Paraffine.

THE preservation of specimens is of the utmost importance. Various methods have been adopted with success, and amongst others paraffine has been recommended. In confirmation of the value of the latter agent, M. Franc, in the name of M. Fredericy, exhibited before the Biological Society, Paris, at a recent sitting, the brain and liver of a dog which had been preserved in this substance.

The two specimens were well-hardened, and had preserved their normal colour. Mr. Fredericy has made his plan known in the Bulletin of the Academy of Science, Belgium.

He begins by macerating the specimens for several days in pure alcohol, then in essence of terebenthine, then he plunged them into a heated solution of paraffine. M. Fredericy adds that it is only applicable to small specimens, human brains being too large. M. Duval, in discussing this paper, remarked that he was in the habit of using paraffine, and that previously to plunging the preparations in it, he first heated them with azotic acid and chromic acid.

THE rates of mortality in the principal foreign cities according to the most recent weekly returns were in Calcutta 37, Bombay 30, Madras 40; Paris 29; Geneva 20; Brussels 32; Amsterdam 26; Rotterdam 25; The Hague 26; Copenhagen 27; Stockholm 25; St. Petersburgh 49; Berlin 23, Hamburg 37, Dresden 30, Breslau 31, Munich 28; Vienna 32, Buda-Pesth 43; Rome 22, Turin 25, Venice 26; Alexandria 41; New York 30, Brooklyn 21, Philadelphia 20, and Baltimore 19. Of the 1,093 deaths in Paris, 40 resulted from typhold fever, 22 from diphtheria, and 18 from small-pox.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ST. ANDREWS' STUDENTS.—Eight students were on Saturday, the 15th inst., charged at the St. Andrew's Borough Court with a breach of the peace in front of Principal Shairp's house on the 14th ult. The disturbance was supposed to have taken place in connection with the "Kate Kennedy" Masquerade. Several of the professors were examined. The charge was found not proven.

GLASGOW DEATH RATE.—The mortality of Glasgow for the week ending 15th March, was at the rate of 25 per 1,000 per annum, against 21 in the preceding week, and 24, 23, and 29 in the corresponding periods of 1878, '77, and '76. The medical officer reports 20 cases of typhus fever.

FATAL ACCIDENT TO A MEDICAL MAN.—About half-past twelve o'clock on the morning of the 19th inst., Edward Macdonald, a carriage greaser, found the body of a man lying on the outside rails near the entrance to the tunnel of the Caledonia Railway, Buchanan Street, Glasgow, and, securing the assistance of a sergeant of police, had it removed to the Northern Police Office. From the clothing of the deceased, and other evidence, the body was identified as that of Dr. R. T. Thornburn, formerly residing at Harelesshohn, Dalserf, and now at Larkhall. Dr. Sloan inspected the body, and found a large deep wound on the forehead, with fracture of the skull. How the deceased met his death there is no evidence to show. The case is being investigated by the authorities.

EDINBURGH ORPHAN HOSPITAL.—Dr. Halliday Douglas was elected physician to this hospital, at a meeting recently held; Dr. Graham Brown standing second. The votes in connection with all the candidates were taken by ballot.

ODONTO-CHIRURGICAL SOCIETY OF EDINBURGH.—The annual meeting of this Society was held on the 13th inst., in the New Dental Hospital, Mr. Hepburn, L.D.S., president, in the chair. After the election of office-bearers for the ensuing year, and the reading of the secretary's and treasurer's reports, which showed an increase in the membership and funds of the society, Mr. W. H. Williamson, M.B., C.M., read a paper on "Retarded Eruption of the Teeth." In his closing address, the President took occasion to congratulate the society on the fact that it had now found a settled home in the Dental Hospital. He hoped the members would do all in their power to assist their Curator in the formation of a dental museum, which would form an instructive and valuable adjunct to the hospital. After the exhibition of various objects of interest, the meeting separated.——The annual dinner of the licentiates in dental surgery and the Odonto-Chirurgical Society took place in the evening at the Balmoral Hotel, Princes Street, Mr. W. Campbell, L.D.S., the newly-elected president, in the chair, Mr. D. Hepburn, L.D.S., acting as croupier. The following places were represented:—Glasgow, by J. R. Brownlie, L.D.S., and J. Austin Beggs; Aberdeen, by W. H. Williamson, M.B., C.M.; Dundee, by W. Campbell, L.D.S.; Stirling, by L. G. Platt; Berwick, by J. Wells, L.D.S. After the usual loyal and other toasts, the Chairman, in giving "The Dental Diploma," commented upon the fact, that the possession of that diploma, which had previously been optional on the part of those practising their art, had by the passing of the Dental Practitioners Act been made compulsory, so that all who enter their profession after August of last year must pass through the educational course it demanded. He dwelt upon the advantages which must accrue to the profession as a body, and to the public generally, by restricting the practice of their specialty to thoroughly trained and educated men. The Croupier, in proposing "The Edinburgh Dental Hospital and School," said it had given him great pleasure to see the old Dental Dispensary developed into the Edinburgh Dental Hospital. The dispensary had served its day and generation, doing good work in its time. The present institution was a natural outcome of the times, called for alike by the ever-increasing demands of the poor for the special help and relief it affords, and for the practical training of students in the specialties of that curriculum which recent legislation had rendered compulsory. He was glad to see the subject taken up so earnestly by the profession here, and by many of their brethren in the South, to whom they were greatly indebted for sympathy and help. He trusted the public would come forward, and by their liberal subscriptions express their sense of the benefits which such an institution conferred upon the suffering and the poor.

EDINBURGH BOTANICAL SOCIETY.—The fifth meeting for the present session of the Botanical Society took place on the 13th inst., in the Bible Society's Rooms, St. Andrew Square, Dr. Thomas A. Goldie Balfour, president, in the chair. A good deal of business was transacted; and several communications were made to the society.

ROYAL SOCIETY OF EDINBURGH.—A meeting of this society was held on the 17th inst., Professor Kelland in the chair. A paper was read by Sir William Thomson, on "Vortex Motion: Gravitational Oscillations in Rotating Water," in the course of which he spoke at length of the tidal phenomena of the English Channel. A contribution on the "Action of Anæsthetics on Blood-Pressure," by Dr. J. Coats, Dr. Wm. Ramsay, and Professor McKendrick, was communicated by Dr. Coats. An account was given of part of an inquiry conducted at the request of the British Medical Association, in the physiological laboratory of the University of Glasgow, on the "Action of Anæsthetics," by a committee consisting of Professor McKendrick, Dr. Wm. Ramsay, and Dr. Coats. The committee found that chloroform lowered blood-pressure to a marked extent, whereas ether scarcely affected it at all. The general result was that chloroform was by no means a safe anæsthetic. On the other hand, ether, which had been used in America instead of chloroform, whilst safer, had certain great disadvantages. The committee accordingly searched for an anæsthetic substance which should be as efficient as chloroform without its risks, and which should not have the disadvantages of ether. Such qualities they found in ethidene, a substance nearly related in chemical composition to chloroform. They found that whilst it was not entirely devoid of risk, a condition scarcely to be expected in any anæsthetic substance, it acted much less injuriously than chloroform on the heart and on the respiration. This was demonstrated by a series of curves taken by the kymograph, an instrument for registering blood-pressure. The new anæsthetic was used some years ago by a German surgeon, who spoke highly of its qualities. His observations, however, were not taken advantage of by the profession, and they were not known to the committee when they first employed ethidene. The substance had been given to about twenty persons, of all ages, during various surgical operations, often prolonged, with satisfactory results. The whole question of the physiological action of anæsthetics was being investigated by the committee, and it need scarcely be said that it was of great importance to find a substance which should be efficient, and as devoid of risk as they could expect such substances to be. Professor Rutherford spoke in high terms of the exertions and discoveries of Dr. Coats and his coadjutors. Professor McKendrick remarked that he had applied ethidene in twenty cases, and had found it most satisfactory. It certainly had many advantages over ether, and did not produce the pallor which was the usual result of other anæsthetics. The patients seemed to take it easily, although in a few cases it had occasioned sickness. Other papers were subsequently read.

DR. GAIRDNER ON "MODERN FETISH WORSHIP."—In connection with the melancholy exhibition in the new Public Halls, Glasgow, Professor Gairdner has written to the *Glasgow News* what, we fear, must be characterised as a perfectly becoming letter on his part. It is difficult to determine whether the most proper course would be to publish this letter in its entirety without comment, or to ask our readers, simply out of regard to our space, to accept the subjoined excerpts as perfectly genuine. "Now, with respect to the so-called 'disease of the faculty of wonder,' I don't wish to be bound over to any absolute theory that there is, or is not, strictly speaking, a 'faculty of wonder,' much less that it is, as the phrenological faculties were supposed to be, a simple faculty or organ in the brain. . . . . It would be perfectly just to say that I am no kind of 'ist' at all, but simply a physician, seeking for intelligible phrases to convey what is, after all, the essence of my philosophy—that the state of mind which you and *I* alike *recognise* and describe in our own way is a state, actually or proximately, of disease." Dr. Gairdner's signal failure in his search after "intelligible phrases," coupled with the recollection of his confession of defective memory not long ago at a professional meeting, and the above sentence, have, we hope, no serious import. "I think there is 'something more in it' than sheer ignorance, and that something is disease; perverted action of a faculty—call it what you please—a faculty *whose natural, normal,* and *healthy* action is to enable us to *recognise with wonder* and reverence what is *clearly above us,* and clearly beyond *the scope of our limited* faculties of *intelligent comprehension.*" In other words, a disease of a faculty, *which normally enables us to recognise with wonder and reverence that which is clearly beyond the reach and comprehension of our faculties!* "The worship and love of God, the mysterious relation between spirit and matter, almost always to be understood as within the realms of fact and law, but always and altogether out of the scope of our conceptions, and therefore essentially incomprehensible and inexpressible." Otherwise, *that which is almost always within the realms of fact and law, is always and altogether out of the scope of our conceptions, and therefore essentially incomprehensible and inexpressible.* . . "Suppose," continues Dr. Gairdner, "for the sake of *argument* (Heaven, save the mark!), that 'something,' or somebody, was said to be knocking away at all the tables in the next house, and that the something or somebody was said to be a spirit, the attitude my mind naturally takes is, Well, what then? If a spirit can't do anything more to the purpose than knock on tables, what need I to care? If the disturbance becomes serious, one can always send for a policeman" *Send for a policeman to take a spirit in custody.* Of the existence of spirits—"always and altogether out of the scope of our conceptions, and therefore essentially incomprehensible and inexpressible"—Dr. Gairdner seems to have no doubt whatever; it is of the *pastime* that he seems dubious, a point on which it suffices to say that if *disembodied* spirits are capable of such inanities as the *embodied,* nothing seems too whimsical or contemptible to meet their approbation. Have none of his numerous satellites any influence with Dr. Gairdner? The reputation of a once famous University is without doubt in jeopardy.

GLASGOW SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS.—This Society held their annual meeting in the Religious Institution Rooms, on the 8th inst. Sir James Watson presided. During the year the Society had to deplore the loss of Mr. John Matheson, jun., Vice-President; and during the same period 204 cases of cruelty had been investigated, and of these, 97, implicating 155 persons, were deemed fit subjects for prosecution, resulting in the conviction of 146 persons; while three cases were found not proven. The attention of the directors had been called to cruelty perpetrated on the Highland roads in connection with the summer tourist traffic, and this would be watched next summer. Irish shippers were also held in view. The magistrates, on the representation of the directors, were about to erect additional drinking troughs for horses. Professor McKendrick advocated the use of the "Bruneau Mask" in the slaughtering of animals. Professor Veitch and Mr. J. C. Burns were appointed Chairmen for the ensuing year.

REGISTRAR-GENERAL'S WEEKLY RETURN.—The death-rate in the eight principal towns of Scotland during the week ending with Saturday, the 15th March, 1879, was 23·7 per 1,000 of the estimated population. This rate is 0·4 below that of the corresponding week of 1878, and 1·7 above that

recorded for the tenth week of the present year. The death-rate from the seven most familiar zymotic diseases was 3·8 per 1,000. The only diseases in this class requiring notice were whooping-cough and diphtheria, which were rather prevalent in Glasgow, Dundee, and Greenock. There was a considerable diminution in the number of acute diseases of the chest. The mean temperature of the week was 37·2 degrees, being 5·8 degrees lower than that of the week immediately preceding, and 2·9 degrees lower than that of the eleventh week of 1878.

# Literature.

## THE MICROSCOPICAL JOURNAL.

THE February number of the Journal of the Royal Microscopical Society appears under new auspices, and in a somewhat altered garb. The editor, Dr. Frank Crisp, a gentleman whose name is somewhat new to journalism, shows a mastery over his work that will doubtless be highly appreciated by the Fellows of the Society. The contents of this first number for 1879, presents features of varied interest for the microscopist. It opens with a paper from Dr. Hudson, on a new species of Rotifer, a remarkably handsome one, of those interesting cave-dwellers which will long continue to be a source of wonder and delight to the possessor of a microscope. A disquisition by Dr. Royston Pigott, on the limits of microscopical vision, stands next on the list, and on this point we think with the Doctor, the limit has by no means been reached, even by the aid of the modern and much improved immersion objective. Prof. Helmholtz believes that, even with further improvements in the construction of objectives, and the assistance afforded by the immersion and reflex illuminators, no great increase in the present resolving power of the microscope will be obtained. Dr. Pigott is followed by some two or three papers of interest on Immersion Illuminators. That by Mr. John Mayall is, perhaps, the most valuable of the three. This writer sketches out the several improvements effected in illuminators since their invention by Mr. Wenham, nearly a quarter of a century ago, and then proceeds to explain very clearly their action. Professor Abbe, of Germany, and Dr. Woodward, of America, are amongst the most active and ardent workers in this direction; and it is to them we now look for further improvements in the development of the immersion system of illumination. Amongst other papers of interest, we notice that "On some recent Forms of Camera Lucida," by the editor, and a "Description of a New Camera Lucida," by Dr. Russell, of Lancaster, both useful in their way, and as offering improved mechanical aids to the less practiced draughtsman amongst microscopists. Then follows numerous valuable notes and memoranda of the microscopical investigations of biologists all over the world, and to which is added an extremely useful Bibliography. We cannot conclude our brief notice of the Journal without some reference to the excellent choice displayed by the Fellows in their new President. They certainly do themselves honour by their selection of one of the foremost microscopists of this country to fill the Presidential Chair. In Dr. Lionel Beale they have a president well skilled in the use of their favourite instrument, and an ardent promoter of microscopical science.

# Correspondence.

## "HOMŒOPATHY GONE MAD."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The idea struck me on reading your observations about homœopathic posology, to work out to their conclusions the centesimal dilutions of homœopathic therapeutics, and to show by the *reductio ad absurdum* reasoning, the nonsense of their posology. The following calculations are strictly accurate, at any rate they are not in excess of the truth, but quite the contrary; they may interest, amuse, and perhaps amaze some of your readers, including very likely some homœopathists.

The moderate dilution which the learned professor, Dr. Hughes himself, adopts is limited by the 30th centesimal potency, which I daresay would be considered by his American brethren a rather strong solution. The 30th centesimal dilution is expressed by 60 ciphers, that is a decillion. Now to dilute one entire grain of say aconitina, to that extent, would require a decillion grains, or, say minims, of water; 277 minims are equal to a cubic inch, and 71,000 billions to a cubic mile. A decillion minims would fill ten thousand billions of times over a hollow globe large enough to inclose the whole solar system.

What shall I say of the 200th centesimal dilution which "physicians of scientific reputation" employ, and "the evidence of the efficacy of which is undeniable?" It is expressed by 400 ciphers. Now I find that the number of minims expressed by only 80 ciphers would not leave room in the visible universe, inconceivably enlarged as it has been by the vast space-penetrating power of the great Parsonstown reflector, light requiring about thirty millions of years to reach us from its frontier, a journey of about 200 trillions of miles, which is radius; its cubic space therefore is $= \frac{4\pi \times R^3}{3} = 33 \times 10^{60}$ cubic miles, which multiplied by the number of minims in a cubic mile ($77 \times 10^{18}$) gives $234 \times 10^{77}$; or in round numbers, 2 with 79 *cyphers*, which is within the number I have already stated, would more than fill the visible universe. As to the number of units expressed by 400 ciphers, it transcends, I should say, the power of any created intelligence—human or archangelic—to conceive, and this is only the 200th centesimal dilution!

I should think the knowledge of these facts ought to cure any one outside Bedlam of his homœopathic delusions.

E. T. C.

## THE HERBALISTS AND THEIR PARLIAMENTARY APOLOGISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With some anxiety I awaited your remarks upon the above distinguished but somewhat indiscreet individuals (*i.e.*, the apologists in the House of Commons) in your last issue. And now that those remarks have appeared they err, in my opinion, in the measure of their extreme mildness.

From the Parliamentary representative of the Northumberland miners much in the way of liberality in dealing with the affairs of one of the (so-called) liberal professions need not be expected, but from a lawyer, at least, more intelligence, more knowledge of his subject, and more common sense might, not unreasonably be hoped for.

The men and women who, when the coal-mining trade was good, lived upon the "fat of the land," and dressed themselves in broadcloths, silks, furs, and sealskins—who clad their dogs in woollen coats, and ornamented them with "fancy" collars—and who, while they fed those interesting pets on legs of mutton at a shilling a pound, paid their doctors for attendance and medicine for a whole family of eight or ten the munificent sum of three-pence sterling! a week cannot have from the very nature of things, an enlarged idea of the doctor's faculty, or yet of the doctor himself. The herbalists, on the contrary, they can and do appreciate, because their fee for "consultation" and medicine is often a greater number of pounds than the threepenny wages of their doctors. As the representative, then, of the miners, and as one of themselves, Mr. Burt, M.P., knows intimately their peculiarities, and therefore the exigency of his position compels him to give a representation to views and utterance to opinions which he, as an educated and intelligent man, must know to be both illusory and unsound. To him, therefore, we may extend our pity, but the lawyer merits only our contempt and utter abomination. In venturing "to protest against the principle of protection for any profession," &c., he outtwaddled all the impudent twaddle that ever fell from lips beneath a horse-hair wig. The lawyers and the judges take every precaution that no unlicensed man among them shall trade in law for wages. Irregular he may be, and very often is, but to be unlicensed is intolerable. If that is not "protection" I wonder, in the name of Lord Beaconsfield, what the word "protection" really means. What the public, as well as the doctors, really want, however, is a due reform of

the legal profession, as without it any measure, no matter how good, of medical reform will prove to be, in the words of an eminent lawyer himself, "a mockery, a delusion, and a snare."

I am, Sir, yours respectfully,

THE AUTHOR OF
"Medical Men and Manners."

22nd March, 1879.

## DISPENSARY STATISTICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have tabulated some results of the figures given in the "General Summary of Dispensary Statistics," which are, I think, of interest. The death-rate I have taken from the Quarterly Reports of the Registration Office. It is very remarkable that Leinster, which has the highest ratio of visiting tickets to the population, has also the highest death-rate, and that, as the death-rate diminishes so do the number of visiting tickets. Can we infer from this that where there is a high death-rate there is also a large amount of severe illness? Again, why is Leinster at the top of the scale? Can it be that the enormous death-rate of Dublin, and its great and sickly pauper population, influences the death-rate and the number of visiting tickets for the whole province? Again, the question arises whether Connaught is really such a very healthy province. The dispensary districts are nearly twice as large as those in Leinster. Can it be that because of the long distances to be travelled the people do not seek medical relief, and for the same reason do not come in to register deaths when they take place?

| Province. | Percentage of tickets to whole population. | | Cost of drugs to 100 patients | Payme't for each visiting ticket. | Area of D. D.s, | Death rate. |
|---|---|---|---|---|---|---|
| | Visiting tickets. | Dispensary tickets. | | | | |
| | | | £ s. | s. | | |
| Ulster | 3 | 6 | 4 0 | 8-88 | 25,623 | 16·4 |
| Munster | 3·7 | 10 | 3 14 | 9-40 | 29,599 | 18·0 |
| Leinster | 4·5 | 11.8 | 3 5 | 8-77 | 24,024 | 21·0 |
| Connaught | 2 | 6·9 | 4 10 | 14-00 | 44,837 | 14·0 |

It appears that the cost of medicines and medical appliances was £4 10s. in Connaught, and only £3 5s. in Leinster for every 100 patients relieved. If the whole country had been as economically worked as Leinster in this respect it would have effected a saving of £3,000. I am of opinion, however, that a larger saving even than this might be effected under a different system of supplying medicines. I believe a great deal of medicine is wasted by being ordered in too large quantity, and being kept in damp dispensaries. And, further, that the medicines being often of inferior quality leads to their being thrown out as useless. I have therefore recently adopted the following plan:—I have made out a list of about twenty remedies, chiefly made up in pearl-coated pills, and these I have claimed as specialties, to be got by the contractor from Richardson and Co., of Leicester, and to be charged for at a fair price. I am only beginning the experiment now, but I fully expect that I shall thus supply my dispensary at less cost to the rates, and certainly with far less trouble and more satisfaction to myself and safety to the sick. It appears to me that if the medical officers of dispensaries could carry out any arrangement by which the ratepayers could be saved several thousands a year, we could with the more force claim a retiring allowance as a right and not a gratuity.

Another subject of interest suggested by these figures is the payment for each visiting ticket. It appears that our Connaught *confréres* are paid much better than others are, but it is very probable that any advantage they have in this respect is more than balanced by the largeness of their districts and the want of private practice. The lowest payment is 8s. 6d. for each visiting ticket, and as it probable that each ticket involves at least three visits on an average, this is little more than 2s. 6d. a visit, setting aside the attendance at the dispensary altogether. There certainly seems room for improvement here. Among the suggestions that have been recently made in reference to "abuse of medical relief," there has been one for the formation of clubs for medical relief similar to those in England. There have a number of letters recently appeared in the *British Medical Journal* on the social position of the profession in England, and on "unqualified assistants" which afford matter for much reflection. The outcome of it, to my mind is, that the club doctor is the servant of a class of men who have proved themselves in various ways to be the worst masters under the sun, because they can neither rule themselves nor their lusts. He must be at their beck, he must compound their medicines for them, and he is under the temptation to eke out his scanty pay by supplying their wives and daughters with perfumery and hair-oil. If one adds to all this what politico-religiously a club would be in Ireland—a guild would probably be its designation—one feels that the profession here had better remain as it is.

Yours, &c.,

A. W. WALLACE, M.D.

Parsonstown, March, 1879.

# Obituary.

## DR. BEEVOR, OF MANSFIELD.

THE gentleman whose death we announce was at one time physician to the Newark Hospital, where, after obtaining his M.D. degree in 1841, he first commenced practice. Three years later he took the F.R.C.P. Ed. diploma, being already a member of the London College of Surgeons. At the time of his death Dr. Beevor was suffering from angina pectoris; he had several seizures, and at last succumbed somewhat suddenly to an attack at the house of a friend at Bawtry, Yorkshire, on the 9th inst. Dr. Beevor had scarcely fallen into the "sere and yellow leaf," but he had in large measure that which should accompany old age—

"Honour, love, affection, troops of friends;"

and at Scarborough, where he lived for many years, he was widely esteemed and respected by people of all classes. His kindly, genial nature; his openheartedness; his sincerity; made him lasting friends wherever he went. Dr. Beevor had a distinguished college career, and was a sound medical practitioner; but lately he had retired from the active pursuit of his profession, and had accepted the appointment of officer of health to a large district in North Notts. He was of a good old family, but more than that, he was a gentleman at heart. Not only his family and relations, but a very large circle of friends, will mourn and long in vain "for the touch of a vanish'd hand, and the sound of a voice that is still."—J. P.

## PARLIAMENTARY WORK OF THE COMING WEEK.

WEDNESDAY, MARCH 26TH.

ADJOURNED debate on Dr. Lush's Bill, second reading; and at same stage of Messrs. Mill's and Errington's Bill. Motion by Mr. Sergeant Simon on behalf of herbalists and quacks to throw out Dr. Lush's Bill. Motions by Mr. Errington, Dr. O'Leary, and Mr. James Stewart, to refer all to a Select Committee.

THURRDAY, 27TH.

Lord George Hamilton.—To move for a Select Committee to inquire into the constitution of the General Medical Council of Education and Registration for the United Kingdom under "The Medical Act, 1858;" and to report whether any, and if so, what changes are desirable in the constitution of that body to render it more efficient for the purposes for which it was formed.

Mr. Errington.—Amendment. That the appointment of the said Committee be postponed until this House has had time to consider the measure of medical reform which the Government have announced their intention of introducing, and the scope of the reference to be made.

Dr. O'Leary.—Amendment. After "1858," to insert the words "and the conjoint scheme of examination as defined by the Medical Act (1858) Amendment Bill of the present session."

Dr. Cameron.—Amendment. To add, at the end of the question, the words "and also to consider the various Bills relating to medical reform at present before Parliament."

Dr. Lyon Playfair.—Amendment. To add, at the end of the question, the words "and to consider how far the Medical Bills now before Parliament are calculated to affect the teaching of Medicine in the Universities and other Schools of Medicine."

FRIDAY, 28TH.

Report of the Lord President's Bill as amended in House of Lords.

Probable amendment to be moved by the Earl of Courttown to enable Arts degrees to be inserted in a separate column in the Medical Register.

Probable amendment by Lord O'Hagan to provide for uniformity of fee throughout the United Kingdom.

MISCELLANEOUS MOTIONS.

THURSDAY, 27TH.

Vaccination Acts (Ireland) Amendment Bill. Second reading. Motion thereon by Mr. Hopgood (on behalf of the anti-vaccination party) to throw out the Bill.

Mr. Macartney.—To ask the Secretary to the Treasury whether a scheme has yet been drawn up for arranging a system of payment to the medical officers of prisons in Ireland, who, being at the same time surgeons of the county infirmaries, have since the handing over of the prisons to Government, been performing the duties of medical officers of such prisons without any remuneration; and if so, whether those medical officers are to receive payment for their services from the date of the transfer of the prisons from the county to the Government authorities.

## NOTICES TO CORRESPONDENTS.

INQUESTS IN GAOLS.—A correspondent says: Since the Government took up the Irish prisons two inquest have been held in the male jail to which I am surgeon. I had to attend at both and give evidence. The coroner presented at the present assizes for my fees, but the grand jury refused to pay, as they held it was my duty to attend such as surgeon to the jail without further fee than my salary. Is this the law?

We believe it is *not* the law, but we are aware that in some places in Ireland the fee for inquest evidence which had been always paid was stopped long ago, and has since never been allowed. The section of the Coroner's (Ireland) Act bearing on the subject (see "Irish Medical Directory") is as follows: "XXXII *Inquest in Hospital, &c.: no remuneration to Medical Officer.*—And be it enacted, that when any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or in any building or place belonging thereto, or used for the reception of the patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid to the fees or remuneration herein provided." The county gaol is certainly neither a "public hospital or infirmary," nor a "county or other lunatic asylum," nor a "public medical institution," and, therefore, we believe that the medical officer is entitled to his fee. In connection with this subject, we protest against this law, even in its application to hospitals. It is the business of hospital medical officers to treat disease, not to instruct juries; and the State has no moral right whatever to expect such service for nothing. There is talk of a Bill to amend the Irish coroner's system, and, if such a measure is framed, we hope that a decisive effort may be made to repeal this very unfair proviso.—ED.

DR. SOMERS.—We should have been most happy to chronicle the fact, but it is hardly a medical appointment.

DR. B.—Most certainly.

ETIQUETTE BETWEEN MEDICAL MEN.—Referring upon a case in the Scotch law courts, the *City Press* of Saturday last makes these sensible remarks:—"It is certainly injudicious for a medical man when called in to bind up a wounded man to ask whether a brother practitioner, who had previously dressed the victim, was drunk at the time at which he was called upon to employ his professional skill. The remark having been repeated and passed round a circle of select friends, it is not perhaps surprising that the injured man should bring an action against his slanderer. To have exclaimed when called in to treat a bruised eye, 'Good gracious! who dressed it?' and to have followed this with the inquiry, 'Was he drunk?' is apparently 'evil speaking and slandering.' Twice, however, the Scotch courts have decided against the plaintiff in the action, and have refused to allow expenses to either party, although, as an afterthought, their lordships of the Court of Session characterised the remarks of the defendant as 'incautious and injudicious.'"

MR. WILLIAMSON.—Gant's "Surgery," or Erichsen's, will answer every requirement; you will find special subjects more fully treated in the former, and as you require something short and reliable in "Dental Surgery," the chapter by Mr. Tomes in Gant will probably suffice.

DR. B. W. RICHARDSON, F.R.S., President of the Medical Defence Association, will deliver an address on "Medical Defence," at the rooms of the Medical Society of London to-day (Wednesday) at 4½ p.m. After the address the members of the Association and their friends will dine at the Grosvenor Restaurant, Old Bond Street. Members of the profession who are not members of the Association will be admitted to the President's address on presenting their cards.

A GENERAL PRACTITIONER.—The answer given in our last to your inquiry (as to which were the best books for your purpose) was, by the printer's blunder, made to appear very absurd. It should have read thus:—Bucknill and Tuke's "Manual of Psychological Medicine" and Winslow's "Manual of Lunacy."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day (Wednesday), at 5 p.m., Croonian Lectures: Dr. W. H. Stone, "On some Applications of Physics to Medicine."

HUNTERIAN SOCIETY.—To-day (Wednesday), at 8 p.m., Mr. Reilly will exhibit a Patient suffering from Chronic Œdema of one Leg.—Mr. Jacobson, "On a Case of Acute Intestinal Obstruction, ending fatally ten days after Operation, with Remarks on Treatment."

CLINICAL SOCIETY OF LONDON.—On Friday, March 28, at 8½ p.m., Mr. Heath, "Foreign Body (end of a Silver Catheter) in the Bladder; Median Lithotomy: Recovery."—Mr. Keetley, "A Case of Severe Traumatic Meningitis treated in the stage of Coma by Cold Douche for 2½ hours; Recovery."—Mr. Teevan, "A Case of Cystotomy" (living specimen).—Mr. MacCormac, "A Case of Unreduced, old-standing Thyroid Dislocation of the Femur, in which Excision was successfully performed with the object of obtaining a useful Limb."

## VACANCIES.

Coleraine Union, Articlave Dispensary.—Medical Officer. Salary, £90, with fees, and £22 as Sanitary Officer. Election, April 3.

Coombe Lying-in Hospital, Dublin.—Apothecary and Registrar. Election, March 27.

Olgar Union, Essex.—Medical Officer for No. 1 District. Salary, £105, with the usual extra fees. Applications to the Clerk before April 1.

Queen's University.—Examiner in Medicine. Salary, £100. Election, April 18. (See Advt.)

Royal Westminster Ophthalmic Hospital.—House Surgeon. Personal applications to the Secretary, between 1 and 4 o'clock.

St. Georges in the East, London.—Assistant Medical Officer. Salary, £120, with board. Applications to the Clerk, Charles Street, E., by March 27.

Sunderland Infirmary.—House Surgeon. Salary commencing at £80, with board. Applications to the Chairman of the Medical Board before April 23.

Wrexham Infirmary.—House Surgeon. Salary, £100. Applications to the Secretary, Temple Row, Wrexham, before April 3.

## APPOINTMENTS.

BATTERSBY, H. J., M.B., C.M., Medical Officer, Medical Officer of Health, &c., for the Hacketstown and Coolkenno Dispensary District of the Shillelagh Union, co. Wicklow.

CLOWES, J. S., M.R.C.S.E., Medical Officer of Health for the Smallburgh Rural Sanitary District, Norfolk.

GOLLAND, A., M.R.C.S.E., House Surgeon to the Bolton Infirmary and Dispensary.

GWYNNE, C. N., M.B., C.M., a Medical Officer to the Sheffield Free Hospital for Sick Children.

HALL, J. C., M.B., B.Ch. Univ. Dub., Medical Officer to the Scotstown Dispensary, Monaghan Union.

HEARN, R. T., M.B. Univ. Dub., L.R.C.S.I., Medical Officer to the Rathmines Dispensary, South Dublin Union.

JEWELL, C. C., M.R.C.S.E., House Surgeon to the Scarborough Dispensary and Accident Hospital.

JOSEPH, G. W., L.K.Q.C.P.I. & L.M., M.R.C.S.E., Medical Officer for No. 1 District of the Warrington Union.

KELLY, J. D., L.R.C.S.I., L.R.C.P.Ed., Medical Officer to the Mullingar Union Workhouse.

MCENIRY, D., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, Medical Officer of Health, &c., for the Ballymacarbry Dispensary District of the Clonmel Union.

MURPHY, E., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Dunfanaghy Dispensary District of the Dunfanaghy Union, co. Donegal.

NUNDY, E., L.R.C.S.Ed., Resident House Surgeon to the Beckett Hospital and Dispensary, Barnsley.

O'KELLY, T. E., L.R.C.P.Ed. & L.M., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Maynooth Dispensary District of the Celbridge Union, co. Kildare.

PALMER, F. W., L.R.C.P.Ed., Medical Officer to the No. 4 District of the Devizes Union.

SELLS, C. J., L.R.C.P.L., M.R.C.S.E., a Medical Officer to the Royal Surrey County Hospital, Guildford.

## Deaths.

BUCKLEY.—On the 12th inst., at York Place, Harrogate, William H. G. Buckley, M.R.C.S.E., aged 62.

BUSH.—On the 7th inst., at Frome, Edwin Bush, M.R.C.S.E., aged 71.

DUCKWORTH.—On the 6th inst., at Addingham, Yorkshire, Walter Duckworth, Surgeon, aged 67.

EDMONSTON.—On the 7th inst., at Halligarth, Unst, Shetland, Laurence Edmonston, M.D., aged 84.

FLETCHER.—On the 7th inst., at Brook Road, Stoke Newington, George F. Fletcher, M.R.C.S.E., aged 56.

JAMES.—On the 14th inst. (suddenly, in a railway train), Thos. James, M.R.C.S., of Louth.

MARTIN.—On the 16th inst., at 36 St. Peter's Square, Hammersmith, W., W. Martin, F.R.C.S., late Bengal Medical Service, aged 65.

OLLARD.—On the 8th inst., at York Row, Wisbech St. Peter, William Ollard, M.R.C.S.E., aged 79.

O'REILLY.—At Adelaide, South Australia, Charles O'Reilly, M.D., L.K.Q.C.P.I., formerly of Dublin, aged 80.

ROSE.—On the 6th inst., at Hermon Hill, Wanstead, Charles Rose, L.R.C.P.Ed., aged 71.

# IRISH POOR-LAW INTELLIGENCE.

## VACCINATION ACTS (IRELAND) AMENDMENT.

A BILL TO AMEND THE ACTS RELATING TO VACCINATION IN IRELAND.

1. *Short Title.*—This Act may be cited as the Vaccination Amendment (Ireland) Act, 1879.

2. *Extent of Act.*—This Act shall apply to Ireland only.

3. *Parents and Guardians of Children to have such Children Vaccinated within three months after birth.*—The father or mother of every child born in Ireland *after the passing of this Act* shall, within *three months* after the birth of such child, or in the event of the death, illness, absence, or inability of the father and mother, then the person who shall have the care, nurture, or custody of the said child, shall within *three months* after receiving the care, nurture, or custody of such child, take or cause to be taken the said child to the medical officer of the dispensary district in which the said child is resident for the purpose of being vaccinated, unless he shall have been previously vaccinated by some duly qualified medical practitioner, and the vaccination duly certified; and the said medical officer shall and he is hereby required thereupon, or as soon after as it may conveniently and properly be done, to vaccinate the said child; provided that in the vaccination of children who are inmates of the workhouse or other public or charitable institution, the master, matron, or chief officer of the workhouse or other such institution shall take the steps required to be taken under the provisions of this Act by the father or mother of the child, or other person having the care, nurture, or custody thereof.

4. *Provision for Inspection of Vaccination.*—Upon the same day of the week following the day on which any child has been vaccinated as aforesaid, the father or mother, or other person having the care, nurture, or custody of the said child, shall again take or cause to be taken the said child to the medical officer by whom the operation was performed, in order that such medical officer may ascertain by inspection the result of such operation, and, if he see fit, take from such child lymph for the performance of other vaccinations; and in the event of the vaccination being unsuccessful, such parent or other person shall, if the medical officer so direct, cause the child to be forthwith again vaccinated and inspected as on the previous occasion.

5. *Certificate of successful Vaccination to be transmitted to the Registrar, and duplicate given to the Parent.*—Upon and immediately after the successful vaccination of any child the medical officer or practitioner who shall have performed the peration shall deliver to the father or mother of the said child, or to the person who shall have the care, nurture, or custody of the said child, a certificate under his hand, according to the form in the first schedule to this Act marked (A), that the said child has been successfully vaccinated, and shall also transmit a duplicate of the said certificate to the registrar of births and deaths of the district within which the birth was registered; but if such district is not known to the medical officer or practitioner, or if the birth of the child has not been registered, to the registrar within whose district the operation has been performed; and such certificate shall, without further proof, be admissible as evidence of the successful vaccination of such child in any information or complain which shall be brought against the father or mother of the said child, or against the person who shall have had the care, nurture, or custody of such child as aforesaid, for non-compliance with the provisions of this Act; provided that if the medical officer of any dispensary district is also the registrar of that district, it shall be sufficient for him to sign one certificate, to be delivered to the father or mother or other person as aforesaid, and to register the fact of such vaccination in the manner provided by the Vaccination (Ireland) Acts.

6. *Rate of Payment for successful cases of Vaccination.*—And whereas by the fifth section of the Act of the twenty-sixth and twenty-seventh years of the reign of Her present Majesty, chapter fifty-two, it is provided that the Board of Guardians shall pay to the medical officer of each dispensary district, in addition to any salary or allowance payable to him, the sum of one shilling for every person successfully vaccinated by him: Be it enacted, that the said section shall be and is hereby repealed; and the Board of Guardians shall pay to every such medical officer for every person successfully vaccinated by him within his dispensary district, after the passing of this Act, the sum of *one shilling and sixpence*, provided that the said medical officer shall have made the report to the committee of management, regarding the persons so successfully vaccinated, which is required by the Act of the session of Parliament held in the twenty-first and twenty-second years of the reign of Her present Majesty, chapter sixty-four.

7. *Payment of fee by re-vaccinated person where not Inspected.*—Where the operation of re-vaccinating any person is performed on the application of such person by the medical officer of the dispensary district without charge to such person, the medical officer shall deliver to such person a notice requiring him to attend at the same place on the same day in the following week, in order that he may be inspected, and the result of the operation ascertained, and stating that in default he will be liable as in this section mentioned; and the medical officer, if required, shall deliver to the person re-vaccinated a certificate of the result of the operation of re-vaccination; and if such person fails to comply with such notice, or to permit the medical officer to ascertain the result of the operation, he shall pay for such re-vaccination the sum of *two shillings and sixpence*, which fee shall be a debt due from him to the guardians of the union in which such medical officer acts, and all such fees shall be paid to, and all expenses of the guardians incurred under this section shall be paid out of the fund out of which the expenses of the guardians under the Vaccination (Ireland) Acts are paid.

8. *Legal Proceedings.*—Every person who prevents any dispensary medical officer from taking from any child lymph, as provided by section two of this Act, shall be liable on summary conviction, to pay a penalty not exceeding *twenty shillings*.

The defendant in any proceedings under the Vaccination (Ireland) Acts may appear by any member of his family, or any other person authorised by him in this behalf.

Where any parent or other person having the custody of a child fails to produce such child when required so to do by any summons under the said Acts, such parent or other person

shall be liable, on summary conviction, to a penalty not exceeding *twenty shillings*.

Every parent or person having the custody of a child who neglects to take such child or to cause it to be taken to be vaccinated, or after vaccination to be inspected, according to the provisions of the Vaccination (Ireland) Acts, and does not render a reasonable excuse for his neglect, shall be guilty of an offence, and be liable to be proceeded against in a summary manner, and upon conviction shall be liable to a penalty not exceeding *twenty shillings*.

9. *Penalty on Vaccinator and Parent neglecting to transmit Certificate, and Persons signing false Certificates.*—Every medical officer, parent, or person, as the case shall require, who shall neglect to transmit any certificate required of him by the provisions of the Vaccination (Ireland) Acts, completely filled up and legibly written, to the registrar within the time specified by the said Acts, and every medical officer who shall refuse to deliver the duplicate to the parent or other person, on request, or who shall refuse to fill up and sign the certificate of successful vaccination, shall be liable to pay upon a summary conviction a penalty not exceeding *twenty shillings*; and every person who shall wilfully sign a false certificate or duplicate under this Act shall be guilty of a misdemeanour, and punishable accordingly.

10. *Notice not to be proved by prosecutors. Certificates to be Defence.*—In any prosecution for neglect to procure the vaccination of a child it shall not be necessary in support thereof to prove that the defendant had received notice from the registrar or any other officer of the requirements of the law in this respect; but if the defendant produce any such certificate as herein-before described, or the register of vaccinations kept by the registrar, in which the certificate of successful vaccination of such child shall be duly entered, the same shall be a sufficient defence for him, except in regard to the certificate marked B in the first schedule to this Act, when the time specified therein for the postponement of the vaccination shall have expired before the time when the information shall have been laid.

11. *Power to Guardians of Poor to direct proceedings, and Remuneration of Medical Officers of Dispensary Districts.*—The guardians of any union in Ireland may direct proceedings to be instituted for the purpose of enforcing obedience to the provisions of the Vaccination (Ireland) Acts. The medical officer of any dispensary district who may be required by the guardians of the union to attend and who shall attend at any such proceedings shall, in addition to his actual expenses, be entitled to receive for his remuneration for such attendance such sum not exceeding *one guinea* for each day upon which his attendance shall have been required and given, as the court before whom the proceedings are had shall certify; and as to such remuneration and expenses, and all other expenses incurred in the prosecution, if the court is of opinion that they should be allowed, the justice or one of the justices shall ascertain and certify the amount thereof to the guardians of the said union, as set forth in Form C in the first schedule of this Act, and such amount shall be payable out of the poor rates of the union in which the neglect or default shall have arisen; and such proceedings on account of neglect to have a child vaccinated may be taken at any time during the continuance of the neglect.

12. *Transmission to the Medical Officer of List of Births and Deaths.*—Every registrar of births and deaths for any place, not being the dispensary medical officer of the district, shall, once at least in every month, transmit, by post or otherwise, to each dispensary medical officer whose district is wholly or partly comprised in such place, a return, certified under the hand of the registrar to be a true return, of all births and of all deaths of infants under twelve months of age, which have, since the date of the last return (or in the case of the first return, since the passing of this Act), been registered by such registrar as having occurred in the district of the dispensary medical officer to whom the return is sent.

The registrar shall be entitled to a fee of *twopence* for every birth or death entered in such return; and such fee shall be paid to him out of the same funds, and by the same persons, and in the like manner, as the fees for carrying out the provisions of the Registration of Births and Deaths (Ireland) Act.

The returns under this section shall be made in such form and contain such particulars as may be from time to time prescribed by the Registrar-General of Births and Deaths in Ireland, with the approval of the Local Government Board for Ireland; and forms necessary for such purpose shall be supplied by the said Registrar-General to every registrar of births and deaths.

13. *Interpretation.*—The term "the Vaccination (Ireland) Acts" shall mean the Act passed in the session of Parliament held in the twenty-first and twenty-second years of the reign of Her present Majesty, chapter sixty-four, and the Act passed in the session of Parliament held in the twenty-sixth and twenty-seventh years of the reign of Her present Majesty, chapter fifty-two, and the Act passed in the session of Parliament held in the thirty-first and thirty-second years of the reign of Her present Majesty, chapter eighty-seven, and this Act.

14. *Repeal.*—The Acts specified in the second schedule to this Act are hereby repealed, to the extent specified in the third column of that schedule: Provided that this repeal shall not affect the past operation of any enactment hereby repealed, nor anything done or suffered under any enactment hereby repealed; nor any right, interest, obligation, or liability accrued or incurred under any enactment hereby repealed; nor any penalty, forfeiture, or punishment incurred in respect of any offence committed against any enactment hereby repealed; nor any investigation, legal proceeding, or remedy in respect of any such right, interest, obligation, or liability as aforesaid.

SCHEDULES REFERRED TO BY THIS ACT.

*First Schedule.*

FORM (A).

I, the undersigned, hereby certify that the child of of aged in the county of has been successfully vaccinated by me.

Dated this day of 18

(Signed) A.B.,
Medical officer of the dispensary district (or other medical practitioner, as the case may be).

FORM (B).

I, the undersigned, hereby certify that I am of opinion that the child of of in the county of aged is not now in a fit and proper state to be successfully vaccinated, and I do hereby postpone the vaccination until the day of

(Signed) A.B.,
Medical officer of the dispensary district (or other medical practitioner. as the case may be).

FORM (C).

To the guardians of the Union.

I one of the justices of the peace presiding at petty sessions at , hereby certify, under the provisions of the Vaccination (Ireland) Acts, that the expenses herein set forth have been this day incurred at the prosecution of certain persons for an offence against said Acts.

Fee to dispensary medical officer for attending as a witness, £; expenses of medical officer, £; other expenses, £.

(Signed) Justice of the peace.

## IRISH CORONERS AND MEDICAL EVIDENCE.

"I ATTENDED at an inquest held in my district on a child, æt. 2¼ years, who fell 4½ feet into a ditch containing 1 foot of water. At the *dictation* of the coroner, and without any examination being made of the body of the child, a verdict was given that the child had been accidentally drowned. The foreman of the jury and one of the jury asked for me to be examined, but their application was completely ignored, as was also my presence. Would you oblige me by letting me know if it is legal for an inquest to be held without the evidence of a doctor, particularly when that evidence has been asked for by members of the jury? I may state that the coroner in this case has not the excuse that he himself is a doctor; although holding a dispensary and being a medical attendant to the police, he is neither qualified as a physician or surgeon."

The sections of the Coroners (Ireland) Act referring to this matter (see the "Irish Medical Directory") are as follows:—

"XXXIII. In all cases where any Coroner shall hold an inquest on any dead body, and shall deem the attendance of some medical witness to be necessary at such inquest, he shall summon as such witness any legally qualified medical practitioner, being at the time in actual practice at or near the place where such death happened; and it shall be lawful for the Coroner, at any time between the issuing of such summons and the termination of such inquest, to direct the performance of a post-mortem examination by such medical witness.

"XXXIV. And be it enacted, that whenever it shall appear to the majority of the jurors upon any inquest that the cause of death has not been satisfactorily explained by the evidence of such medical practitioner, or of the witness or witnesses who shall have been examined at such inquest, it shall be lawful for the said jurors, by a requisition in writing, to call upon the Coroner to issue his summons for the attendance of some other legally qualified medical practitioner or practitioners; and if the Coroner, on the receipt of such requition, shall refuse or neglect to issue his summons as aforesaid, he shall be deemed guilty of a misdemeanour."

Thus, the discretion is completely with the coroner, unless the jury issue "a requisition in writing." In suspicious cases it is, in our opinion, highly reprehensible to take a verdict without proper evidence, but it is frequently done, for the law makes the coroner responsible for the fee, and, in case of there be any doubt of his being eventually recouped, he will do without evidence sooner than run the risk.—Ed. M. P. & C.

## MEDICAL CERTIFICATES IN LUNACY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The Act about Lunatics says, "Any two justices . . . shall call to their assistance the medical officer of the dispensary district in which they shall be at the time, to assist them in determining whether or not the alleged lunatic may be a fit subject for an asylum." Now it happens that in certain districts in this (and other) unions the above provision throws this duty or privilege—as the case may be—on the medical officer of the district in which the resident or other magistrate resides, no matter in what district the case may have transpired. This gentleman can know but little about the case, and consequently can give but little information about it in the query sheet; whereas the medical officer of the district in which the case occurred, and who generally has attended it previously, and therefore could give information as to its origin, &c., is left out, and the case is "sent off," accompanied by such crude and meagre "observations" as the other doctor is able to append to it after one visit, in which, perhaps, he has scarcely even seen the patient. I know of one case in which the lunatic shut the house door against the doctor, who only gathered the materials for his certificate out of a conversation held through the door.

Pray, Sir, say, do you not think there exists a very grave and damaging defect in this Act for the Commitment of Dangerous Lunatics, viz., 30 and 31 Vic., cap. 118, sec. 10, or is it as perfect as many other Acts of Parliament?

Please also to say what remedy is there when a magistrate or magistrates, either through ignorance or some other motive, call to their assistance a doctor who neither has attended the case, nor resides in the same district with themselves, nor in that of the patient, and when there is one in the same district who has previously attended the case and knows all about it?

Your Obedient Servant,
A M. O. of Donegal Union.

[It would be undoubtedly better if the certificate of lunacy could be given by the practitioner who knew the case, but to do so is not always practicable, as the lunatic could not be kept waiting for the time necessary to fetch his own local doctor; the magistrate, in the terms of sec. 10 must call the Dispensary Medical Officer of his own district, and only when he cannot be had, can he employ another doctor. If he does so under any other circumstances, the doctor called in will not be paid, but there is no remedy available to the medical man who ought to have been sent for.—Ed. M. P. & C.]

## LIMERICK DISPENSARY AND ITS DRUGS.

The Secretary read the following letter:—

"Local Government Board,
"Dublin, 8th February, '79.

Sir,—The Local Government Board for Ireland desire to inform the Committee of Management of the Limerick Dispensary District that they have received a report from their Inspector, Mr. Bourke, relative to the statements which were made at a Committee of Management, on the 4th inst., by Drs. O'Connor and Holmes, respecting the conduct of Mr. Lee, the apothecary.

"It appears that the medical officers reported that their prescriptions were on various occasions improperly or imperfectly made up by Mr. Lee; that in some cases the ingredients ordered were not used; and that other lesser quantities of medicine were dispensed than the prescriptions specified.

"They added that they had remonstrated with the apothecary on a former occasion for such conduct and for a time had no cause to complain, but the same improper cause was soon after renewed.

"It further appears that Mr. Lee, the apothecary, when called before the Committee and questioned, admitted to a certain degree the justice of the complaints, attributing his irregularity in the compounding of the medicines to hurry and stress of work, and this reduction of the quantities ordered to his desire to husband his resources.

"The Board understand that Mr. Lee was reprimanded by the Chairman of the Committee on this occasion for the great impropriety of his proceedings, but such serious consequences might possibly grow out of such neglect as that alleged that the Local Government Board are of opinion that Mr. Lee should not be continued in office, and they have to request the Committee of Management to take the question into consideration.—By order of the Board. "B. Banks, Sec."

Dr. O'Connor, Dr. Holmes, and Dr. T. Gelston were requested to attend, and in reply to several questions they stated that Mr. Lee was very attentive to his duties, and most satisfactory in the performance of them since the last meeting, and a resolution was unanimously adopted, requesting the Local Government Board to withdraw their letter, as Mr. Lee was giving the fullest satisfaction, and as he possessed the confidence of the medical officers of the dispensary district.

## AMENDMENT OF THE REGISTRATION OF BIRTHS AND DEATHS (IRELAND) ACT.

The following letter has been addressed by order of the Council of the Irish Medical Association to the Chief Secretary for Ireland on this subject, and it is hoped that the Bill proposed by the Council may be introduced at once, and become law this Session, as the preliminary formalities have been got over.

Irish Medical Association,
Royal Coll. Surg. in Ireland,
Dublin, 7th day of March, 1879.

Sir,—With reference to the subject of my letter of the 27th November 1878—the receipt of which was acknow-

ledged by letter "No. 21,546," dated 11th December, 1878—I am directed by the Council of the Irish Medical Association to request that you will have the goodness to inform them whether the Government contemplate the introduction of, in the present session of Parliament, any measure to amend "The Registration of Births and Deaths (Ireland) Act, 1863;" and, if so, whether the Bill drawn up by the Council with that object in view, and presented in the House of Lords, during the session 1875-76, by the Right Hon. the Earl of Donoughmore, viz.: Bill No. 208, ordered to be printed 8th August, 1876, is the measure to be brought forward?

The Council of the Irish Medical Association believe that that Bill was at the time favourably reported upon by the several departments, and ever since only awaited a favourable opportunity for reintroduction, which doubtless, but for the absence of the Earl of Donoughmore, would ere this have been afforded.

In the event of it not being the intention of the Government to introduce any such measure this session, the Council would endeavour to have the Bill above referred to introduced into Parliament as soon as possible as a private measure, in the hope that, as no objection has been made to it, it may receive the support of the Government.

The Council trust that, as the law regulating the registration of births and deaths in Ireland is admittedly very unsatisfactory and imperfect, the original Act of 1863 (now over fifteen years in operation), never having been amended, and as a Bill which has been officially approved is now before Parliament, the Government will facilitate the earliest possible consideration in Parliament of this much needed reform.

I have the honour to be, Sir,
Your obedient servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Secretary to the Council.

To the Right Hon. James Lowther, M.P.,
Chief Secretary for Ireland.

## KERRY ASSIZES.

CORONERS' FEES.—His Lordship, addressing the grand jury, said before he could discharge them there were one or two matters about which he wished to speak to them. Counsel mentioned to him in the morning that instructions had been given to make application to the court relative to the fact of the grand jury having refused to pass presentments for coroners' and doctors' fees for attending on inquests. He (his lordship) wished to know whether the grand jury refused to sanction the presentment?

Foreman—We did, my lord. We appointed a committee to inquire into the matter, and after a minute investigation they came to the decision that the coroner acted unfairly in holding certain inquests.

Mr. C. J. Murphy, solicitor, said he had instructed counsel to argue before his lordship that the coroner did what was absolutely necessary, and the crooner was prepared to swear that on oath. If that were so, counsel would submit to his lordship that the grand jury could not refuse to pass the presentment.

Foreman—We only followed Mr. Justice Keogh's decision.

His lordship—I see. Then I need not interfere, gentlemen (laughter). However, we shall hear what counsel has to say on the subject.

Mr. Rearden said he appeared on behalf of Coroner Spring, who had presented to the grand jury for the expenses of inquests he had held. When the coroner made an affidavit that he believed the inquest was necessary, the grand jury had no power but to grant his fees.

His lordship—That is the law. Mr. Foreman, when you heard evidence on this claim, did you hear the coroner and examine him?

Foreman—We called him, but he was not present.

His lordship—And you hadn't the benefit of his presence? Then I won't interfere with your decision.

Mr. Rearden—I would ask the grand jury to hear the coroner now.

His lordship—Will you re-open the case Mr. Herbert?

Foreman—We won't do that, my lord.

His lordship—No. They are inexorable (laughter).

Mr. Bourke said he appeared on behalf of half-a-dozen doctors of Kerry, who had been duly summoned to coroner's inquests, where they had given evidence. They applied before the grand jury, and they were of opinion that they had no power to grant the money.

His lordship—They cannot grant it, but they can present for it.

Mr. Bourke said the doctors were summoned by the coroner, and they accordingly attended at the inquest. In consequence they became entitled to the fees in the precise form they had been in the habit of presenting to the Board of Superintendence. The Board was abolished by the new Prisons' Act, and the grand jury had now the power to pay them.

The Foreman said the application was rejected at the last assizes by the Finance Committee of the grand jury, and they had not presented for the amount since.

In reply to his lordship, Mr. Fitzgerald, secretary to the grand jury, said the applications had been lodged with him, but he returned them, as the grand jury had not power to grant the amount.

His lordship.—Of course these grants ought to be paid some way.

Mr. Bourke.—We presented them on Monday last, my lord.

His lordship suggested to the grand jury that the better way would be for them to fill in a blank presentment and send it down to the Clerk of the Crown. He would not fiat it unless he was justified in doing so in point of law.

The grand jury then withdrew.

## QUEENS' COUNTY ASSIZES.

THE PRISONS' ACT.—With regard to a presentment for £20 which it was proposed should be made to the County Treasurer for expenses incurred by the coroner for medical witnesses, the secretary said he did not think there was any Act of Parliament that would sanction the presentment and he was ordered to put the Act of Parliament before every presentment.

Mr. Owen said the Committee of Public Accounts felt justified in recommending the presentment should be passed, because they had before them the fact that the coroner had himself to pay the medical witnesses.

Mr. Smyth said it was a great hardship, and there should be an Act of Parliament to remedy it.

Mr. Franks.—Could we not make an order for the Treasurer to pay the fees on the coroner's certificates.

Mr. Kemmis.—This is a matter overlooked by the Prisons' Act. There is now no one to pay the medical witnesses who give evidence at an inquest.

Mr. Franks.—If there is an inquest a doctor may say he won't go to it.

Colonel Carden.—We cannot do anything without an Act of Parliament.

Mr. Young.—If any hardship should arise it will show the necessity for some new Act of Parliament.

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 2, 1879.

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## Original Communications.

### ON THE GENERAL PATHOLOGY OF EAR DISEASE.

By GEORGE P. FIELD,
Aural Surgeon to St. Mary's Hospital.

(*Continued from page 422.*)

HÆMORRHAGES not unfrequently occur in the membrane, as they do in other parts; these may take place in either the skin or mucous membrane, sometimes into both. They may be traumatic, or due to certain blood or vascular conditions, such as purpura in any of its forms, hæmorrhages from increased venous pressure, as in heart disease, bronchitis, or obstruction to the superior vena cava, innominate, or internal jugular veins. On the other hand, it may arise from increased arterial pressure, like the hæmorrhage in the retina or brain of Bright's disease. The hæmorrhage may be scanty or severe; it has sometimes a peculiar tendency to wander over the surface of the membrane; this characteristic locomotion has been described by Von Tröltsch. Otologists describe, in addition to these changes, certain abnormal appearances of the membrana tympani, which Schwartze, in his excellent handbook of the "Pathological Anatomy of the Ear," (*a*) classes under the following headings:—1. Anomalies of colour and transparency, thickening, opacity, and calcification. 2. Anomalies of curvature. 3. Perforation and cicatricial formations. 4. Detachment of the membrane. 5. Abscess. 6. Ulceration. 7. Anomalies of the membrana flaccida shrapneli. The etiology of most of these changes is sufficiently evident from the foregoing general observations on the pathology of the membrane. Some of its appearances depend, however, on the condition of surrounding parts, more especially of the tympanum. The *colour* of the membrane varies considerably with the age of the patient; "the infantile drum-membrane on account of the greater thickness of its cutis and mucous layers, always appears of a thicker whitish grey than does the membrane of adults." In old age a yellowish or milky opacity is usually due, according to Gruber, to a fatty degeneration of the membrana propria. The pearl-grey colour of health may become deep grey, whitish grey, yellow, or yellowish red. The yellow and red colours being often due to the contents of the tympanum, yellow meaning pus, and red hyperæmia. The causes of opacity I have already indicated; they are usually due to inflammatory changes, and may consist of new growths of connective tissue in either lamella, of deposits of fat, lime salts, or of affections of the epithelium of either side; the production of calcareous and ossific deposits has also been alluded to. Flattening or increased convexity or concavity of the membrane is generally due to contraction or paralysis of the muscles acting on the drum, or to various conditions of the tympanum. Atrophy of the membrane may take place; it is usually divided into partial and total atrophy. The former is due to chronic inflammatory changes, the latter to tension from within, due to closure of Eustachian tube, or pressure from without, due to wax or tumours. Hernia of the membrane is described, produced by bulging of the mucous layer through a weakened and incomplete fibrous layer. Emphysema of the membrane is also occasionally produced by a collection of air beneath its cutis due to destruction of its mucous and fibrous layers.

Passing next to the tympanum itself, we may as usual reckon up its diseases in a similar manner, namely, by its anatomical structures. Chief amongst these is the mucous membrane, which lines it, next the bony walls, and lastly, the small bones and muscles which it contains. The mucous membrane is liable to inflammations usually of a catarrhal kind, which are analogous with the changes seen in other mucous membranes. The most severe forms are those which are extensions of the inflammations occurring in the mucous membrane of the fauces and

(*a*) Recently translated by Orne Green.

pharynx in diphtheria and scarlet fever; these pass along the Eustachian tube, and affecting the tympanum with the same severity that they do the throat, often work terrible havoc there; for not only will they fill it with pus and produce perforation, by inflammation and over-distension of the drum-membrane, but frequently the deeper structures are also involved, so that the periosteum becomes injured and caries or necrosis of the bony walls ensue, producing in many cases an utter destruction of the organ, if not of the individual. I have already pointed out (*a*) the extreme dangers which arise from inflammation of the tympanum on account of its immediate surroundings. These perils of meningitis, phlebitis, abscess of the brain, paralysis or pyæmia, and the like, are all threatening when this most severe form of disease in the tympanum occurs. We may consider it fortunate sometimes when the cavity becomes blocked with a mass of cheesy material, which may become quiescent, though unfortunately remaining as a hidden danger, which at any time may develop into an active centre of infection, and cause a general tuberculosis. This form of disease is most frequently seen in young children, and it often affects both ears at once; when this happens they generally grow up as deaf mutes. I have published one case in which this happened, and which resulted in the manner just described.

In the ordinary and less severe forms of catarrhal inflammation the mucous membrane of the tympanum resembles all other mucous membranes. The cause may be constitutional or local. Gout and Bright's disease are both alike known to produce mucous catarrh; no part escapes from them. Gouty bronchitis or gastro-intestinal catarrh are well known to every practitioner, so also are gouty conjunctivitis (though sclerotitis is more common), urethritis, and vaginitis; the same is true of Bright's disease, and both conditions affect the tympanum as they do other mucous membranes. Tubercle is another constitutional disease which affects mucous surfaces, and it appears probable that this one suffers like the rest. Tubercles have not been found after death and identified as such in man, but Schütz has found them in the pig, and Schwartze believes that he has seen them on the drum-membrane during life. Syphilis, as far as we know, does not attack mucous surfaces, nor is it often found in the ear, except when it commences in the auricle and travels inwards along the external meatus, or in the Eustachian tube, and travels outwards to the middle ear.

In early life most tympanic catarrhs are strumous, if we exclude those following fevers, and being strumous take their origin I believe in tubercle, which I cannot but think must be regarded as the primary cause of all strumous inflammations; while I regard tubercle, however, as commonly a local and frequently non-infectious disease, although having a constitutional origin, yet I cannot but think that in some cases it does become infective and spreads rapidly, by means of the lymphatics, from one centre, first to the neighbouring parts, and subsequently perhaps throughout the body. It is I believe because of this tuberculous or strumous nature of the disease that the results produced by it in children and young adults are so severe. Many of those cases, commonly classed as "purulent catarrh," are I believe of this character, and little but general constitutional treatment will effectually relieve such cases, although local treatment is of course also most necessary to guard against the special local dangers, such as blocking up the Eustachian tube, over-distension of the cavity, adhesions of the drum membrane to the walls, ankylosis of the ossicles, formation of polypi, and extensive caries or necrosis of the walls.

Other cases of a less severe nature in young people and most cases in adults, including those due to gout and Bright's disease, resemble the ordinary catarrhs of the Schneiderian membrane or of the bronchi, but are more chronic. When they are acute and severe they produce in their first stage a considerable swelling of the mucous membrane with arrest of secretion; subsequently secretion becomes profuse and often muco-purulent; as in other parts the mucus may contain more or less pus, according to the severity of the affection and the duration of the disease. If this condition persists for a long period, as it is very apt to do, serious consequences to the organ ensue. The cavity it must be remembered is a small one; a little swelling brings parts into contact, and synechiæ or adhesions result. Little strings or bands of organised lymph are seen very frequently stretching across the cavity. The swelling of the sub-epithelial connective tissue may be very severe, and being produced in large measure by exudation cells or proliferated connective tissue corpuscles, very considerable thickening may result from it. As the membrane surrounds the ossicles the delicate little structures may have their movement very greatly embarrassed. The labyrinthine fenestræ may be partially or completely closed by the swelling; if the catarrh be very severe, resulting in a highly purulent discharge, the drum-membrane may be softened and perforated, though these perforations, if resulting from simple catarrh, usually heal rapidly. Most modern writers, including Schwartze, divide the catarrhal inflammations of the tympani mucous membrane into—1. Serous catarrh. 2. Mucous catarrh. 3. Purulent catarrh. I cannot, however, agree with these divisions. The term "serous" catarrh is confessedly employed to denote an inflammation akin to that occurring in a serous membrane, and therefore conveys a false idea of its pathology; while the "purulent" catarrh is made to include two distinct diseases, one of them in no sense catarrh. A catarrhal inflammation essentially consists of one not producing destruction of tissue, or at least of no tissue below the epithelial layer; and to this I would limit it, except for some few slightly deeper, but still superficial erosions of the surface and destruction of mucous membrane; but when more severe than this the changes belong to another type, and, as I believe, are generally tubercular, it is therefore eminently necessary to distinguish between them and simple catarrhs.

Now a catarrhal inflammation of the mucous membrane in any part may result in the exudation of clear serous fluid, of mucus, muco-pus, or pus, together often with a little blood, and occasionally when exceptionally severe, with some highly corpuscular lymph. Now all these products are found in the tympanum when affected with catarrh; and although it may be desirable to indicate by the name the nature of the fluid effused, nevertheless it is necessary to remember that they are only slight modications of the same disease, although they may require somewhat different treatment. In some cases the effusion from the tubular and racemose glands of the mucous membrane is a weeping of a clear serous fluid containing but little mucin. The catarrh is chiefly glandular, and produces but little thickening of the membrane; in others the glands secrete a viscid, thick, tenacious mucus, which adheres firmly to the walls of the cavity and causes great inconvenience; at other times it is chiefly pus, mingled more or less with mucus. It is accompanied, as I have said, with much swelling of the walls; the whole membrane is involved, and the results are often severe and sometimes permanent. The changes thus produced are those described by all the leading authors on the ear, including Morgagni, Von Tröltsch, Toynbee, Politzer, Grüber, Wendt, and more recently by Schwartze, as "adhesive inflammation" and "sclerosis," and a parallel is drawn between the tympanic mucous membrane and *serous* membranes in this tendency to *adhesive inflammation*. But surely the pathology of the adhesions formed in the tympanum and those in serous membranes is altogether different. As I have remarked, adhesions and bands are common in the tympanum, but they result, I believe, in many cases from the tubercular or strumous form of inflammation, in others from the swelling which takes place producing contact between the opposite sides, sometimes perhaps from organised blood-clots. I cannot believe that fibrinous lymph is *commonly* effused from a mucous sur-

(*a*) *Medical Press and Circular*, May, 1877.

face. It must be remembered in judging of the results of catarrhal inflammation in the tympanum, that stagnation of fluids and contiguity of walls render its circumstances peculiar and probably its results eccentric.

Another source of difficulty in dealing with the pathology of the tympanum is that the lowest layer of the mucous membrane becomes also the periosteum of the bone; hence it follows that a severe catarrh may penetrate sufficiently deeply to produce an inflammation of bone. This may be either an acute periostitis, leading to necrosis, or it may produce a chronic periostitis, inducing hypertrophy and irregularity of the bone, which may either be general throughout the whole tympanum, or localised to a part; sometimes only the ossicles are thus affected, indeed they more frequently suffer in this manner than any other part, for the mucous membrane covering them is thinner than elsewhere, and a less severe inflammation is required to produce irritation and proliferation of the osteoblastic layer: in this way the ossicles readily become ankylosed to one another, or to the part to which they are attached; the stapes is thus frequently fixed to the foramen ovale of the vestibule. This condition when general is called bony sclerosis (Von Tröltsch) of the tympanum; sometimes it is called hyperostosis. If the primary catarrh be less severe, only the sub-epithelial layer becomes affected; this becomes greatly thickened and fibrillated; it presents a stiff and leathery appearance, described by Toynbee; occasionally the deep periosteal layer is similarly affected by *connective-tissue sclerosis.*

In old persons, especially those suffering from osteo-arthritis, a similar change in the ossicles and their articulations to that seen in other joints, has been described. Their cartilages have been eroded, and the articulating surfaces thickened and ankylosed.

Polypi frequently occur in the middle ear, and are, perhaps, invariably the results of inflammation. Their structure and history vary with the severity of the inflammation and the parts from which they spring. The most common is the ordinary *mucous* polypus of a similar nature to those seen in the nose and uterus. These spring from the mucous surface, are formed of soft cellular tissue; they contain induplications of the epithelial surface, forming gland-like tubes or sacs. The surface of the growth is covered with ciliated cylinder epithelium, which changes sometimes at its extremity to a mixed or pavement epithelium. More rare are the fibromata developed from the periosteal layer. "Their structure consists of a firm connective tissue, with numerous spindle or star-shaped connective tissue corpuscles, the processes of which anastomose with each other" (Schwartze). Myxomata are considered by the author just quoted extremely rare; with this my own experience does not quite agree. Certainly a far more common form of polypus is the exostosis, which from its nature, origin, and shape may fairly be classed among these growths: these always result from inflammation of the periosteum and bone, and are generally pedunculated. On the distinction between these structures and the ivory-like tissue of the hyperostosis I have already insisted. (*a*)

In addition to the polypi of the tympanum other new growths occasionally exist, such as cholesteatoma, retention, sebaceous and dermoid cysts, osteo-sarcoma, and epithelial cancer.

The mastoid cells are closely allied to the tympanic cavity in their diseases, but they are more liable to caries of their bony walls. The reason for this is sufficiently evident when we consider that they are lined with extensions of the mucous membrane of the tympanum, but this mucous membrane is not ciliated; a catarrh of the tympanum always extends into these cells, but there is deficient outlet for the effused inflammatory products, which are no longer wafted onwards by the ciliary currents; it is like lobular pneumonia occurring in a lung; the cellular material once effused or proliferated is got rid of with great difficulty; it tends to caseate and often to produce caries of the surrounding or intercellular bony walls. If the inflammation is more severe, or of a *croupous* nature, it may produce rapid necrosis of the bone. Primary inflammation of the mastoid cells is rare; on the other hand, primary inflammation of the external periosteum is not uncommon; these frequently lead to subcutaneous abscesses beneath the periosteum, which I have already described; the early treatment of this condition is most important and necessary for the safety of the patient. This periostitis on the external surface of the mastoid is frequently secondary to primary disease of the middle ear; sometimes, however, no reason can be assigned for its occurrence. In all cases of disease about the mastoid it is well to remember its close proximity to the lateral sinus; plugging of this vessel from phlebitis and death may result from extension of the inflammation from the bone to it.

The Eustachian tube forms a connecting link, both anatomically and pathologically, between the throat and the tympanum. Its diseases are chiefly limited to its mucous membrane, which may suffer from acute or chronic catarrh, the result of which may be an exudation of glairy, inspissated, or purulent mucus. It may undergo thickenings or contractions throughout its whole length, or at various parts. The causes of its most intense inflammation are certain fevers, namely, scarlatina, variola, and diphtheria; less severe acute or subacute inflammations result from catarrh, arising from cold, gouty catarrh, catarrh from irritation of the alimentary canal, or from local hyperæmia, the results of smoking, and perhaps of alcoholic excess. The ulcerations of the Eustachian tube are interesting; they are chiefly such as affect the throat; namely, syphilitic, tubercular, follicular, diphtheritic, and variolous; these are nearly all confined to the region of its mouth in the pharynx; nearer the tympanum ulcerations are chiefly secondary to caries of the temporal bone or epithelial cancer. Polypi have sometimes been met with in the tube.

The diseases of the labyrinth are more commonly functional than structural. They depend in great measure, as I have already indicated (*a*) on vascular conditions, such as anæmia, hyperæmia, high or low arterial pressure, and sometimes hæmorrhages; the causation and effects of these have been previously dwelt upon. Occasionally inflammation extends into it from the tympanum; the result may be a serous or purulent exudation, or sometimes a sclerosis. Suppurative inflammation may result in a blocking of the labyrinth with caseous material, or a caries, or sometimes necrosis. Chronic and less severe inflammatory changes may affect the soft structures, and produce thickening, atrophy, or fatty degeneration of the membranous labyrinth, of the organ of Corti, or of the ultimate nerve endings. It is doubtful whether the variations in size of the otoliths and lime crystals are pathological or not.

The auditory nerve itself is especially liable to diseases; caries of the petrous bone, or meningitis, produce occasionally neuritis. Atrophy is described as the result of many brain lesions; from locomotor ataxy; tumours of brain, meninges, or petrous bone; hæmorrhage or periostitis in its bony canal; and also, according to some observers, from long-continued arrest of function. Numerous new growths have been found involving the sheath of this nerve, including fibromata, neuromata, sarcomata, and gummata. Many other minor conditions of the labyrinth and of the auditory nerve have been described, and many remain to be discovered, but I have not tried to give an account of the special pathology of the ear, but I have rather endeavoured to indicate the application of the general laws of pathology to the diseases of this organ, for I feel assured that such considerations will prove our safest guides to correct diagnosis and to successful treatment.

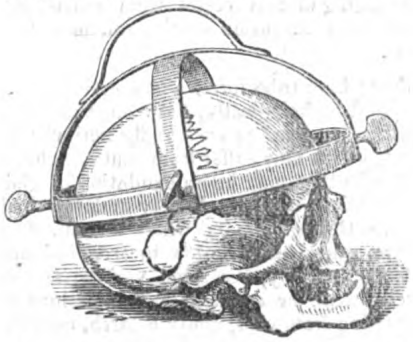
(*a*) *British Medical Journal*, Dec. 15th, 1877, and *Lancet*, July 20th, 1878.

(*a*) *Medical Times and Gazette*, June 8th, 1878.

## NEW FORM OF CRANIUM HOLDER.

By LAMBERT H. ORMSBY, F.R.C.S.,
Surgeon to Meath Hospital and co. Dublin Infirmary; Senior Demonstrator in the School of Surgery, Carmichael College of Medicine and Surgery, Dublin.

HAVING very frequently experienced great difficulty in holding and commanding the skull during the operation of sawing through the calvarium when removing the brain in the dissecting room and other places, it occurred to me that the skull might easily be commanded by a strong wire or iron frame. Having made numerous experiments in the dissecting room with various appliances, I became satisfied with the form of instrument which the accompanying wood-cut gives a very good representation of.



I feel sure there are few persons who have removed the brains from many subjects have not at one time or other felt the difficulty and inconvenience of holding the skull steady during division of the calvarium, the possibility when using a saw of injuring and scraping the hand or fingers being always a matter of danger. Also they must have found the difficulty of making an even horizontal section of the skull, besides the time lost in completing such a section. The present form of appliance I am anxious to introduce into the various medical schools and hospitals in this city, as well as to the notice of the Poor-law medical officers and infirmary surgeons in the country, as such gentlemen are frequently called on at coroner's inquests and other places to perform post-mortem examinations, and with the aid of such an appliance I venture to hope the calvarium will be removed with ease and remarkable rapidity.

As will be seen in the wood-cut, the "Cranium Holder" consists of a light polished steel framework of the size and shape of an average cranium. It embraces and ts the vertex of the skull evenly above the ear, supra-orbital ridge, on frontal and occipital protuberance behind. It is furnished with a convenient handle for the hand of the operator. It is also provided with four thumb-screws placed opposite each other, the frontal and occipital screws being screwed home at the same time; the two lateral screws are then tightened in the same manner, and it will be found that the appliance grasps the head in the firmest possible manner, and the calvarium can then be sawn evenly through with the greatest rapidity.

The advantages of such an appliance must be apparent, and since I have introduced it in the medical school I am attached to it has given the greatest satisfaction. I subjoin a letter I have just received from Surgeon-Major Boileau, of Netley, regarding its merits:—

"Royal Victoria Hospital, Netley,
"March 10th, 1879.

"MY DEAR SIR,—We have found the instrument you sent for trial in our mortuary to be one of great practical utility; in fact, we have found it so very convenient that we now look on it as indispensable. The anterior and posterior screws were too short; longer ones have been substituted, and the instrument now fulfils all its requirements. "Yours faithfully,

"J. P. H. BOILEAU, M.D.,
"Assistant Professor of Pathology,
"Army Medical School, Netley."

I may mention that the cranium holder was made after my direction by Messrs. McAdams and Corcoran, 22 Bachelors' Walk, Dublin. The cost of it is from 15s. to 17s. 6d., and the above firm will be glad to supply any institution with the appliance.

## PUERPERAL FEVER AND PUERPERAL SCARLATINA.

By DR. G. DE GORREQUER GRIFFITH,
Senior Physician to the Hospital for Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

WHEN I had written the paper on the above subject, published in your journal of January 29, 1879, I sent it to Dr. John Harley, knowing how much interest he has taken, and continues to take, in this matter, and from him I received the following letter, which, with his permission, I send you:—"I think your difficulty arises from a too exclusive view of the origin of scarlatina—'a fever contracted by one person from another affected with it, or from something belonging to the infected, and become tainted with the virus, and capable thereby of propagating it'! I have been taught by experience to regard scarlatina as more usually produced autogenetically—a development of the poison *de novo* in the bodies of one or more simultaneously, or nearly so, rather than in the mode you state in your paper. I believe that putrid matter in the uterus, or the introduction of septic poison by a puncture, will produce scarlatina in perfection. I endorse most heartily your advocacy of keeping the parturient uterus clean. This is the one means in our power to prevent toxæmia in the patient.

"From your standpoint your paper is a very good argument, and you will leave to others the onus of proving an agreement, or distinction, between 'bastard scarlatina' and the 'true scarlatina.' I had rather you had argued the other way, which implies the frequent origin of scarlatina poison *de novo*.

"Very truly yours,
"JOHN HARLEY."

I would add, that some time ago I published in the *British Medical Journal* a letter in which I upheld the view that scarlatina and typhoid may arise from the same poison, and from it originate *de novo* in the one group of individuals, the juvenile members being affected with what we have come to be in the habit of calling scarlet fever, the senior with what we term typhoid. In this particular instance to which I refer there were scarlatina among the little ones, and typhoid among the elder members of the same household; indeed, even the family considered the two affections to have been contracted in the same way, viz., from inhaling the foulness of putrescent matter.

We know how, as in this household, the younger and elder members of other families are seized in the same way, viz., the former with scarlatina, the latter with typhoid, both being affected at the same time; and we know that in the cycle of age, as influencing the development of disease, scarlet fever symptoms show themselves in child-life most frequently, typhoid usually in more advanced periods. Moreover, we know, also, that milk or cream, polluted with certain germs, will in some induce scarlet, in others typhoid.

I was mooting this subject in a private circle of medical men, when one gentleman said: "Curiously enough, I know two cases in point which bear you out. A patient with scarlatina and another with typhoid died; the intestines were given to an eminent pathologist, who pronounced from his post-mortem examination that one had died from one fever, and another from the other, *exactly reversing the cases;* that is, the patient who, during life, had shown the scarlatina symptoms was pronounced to have died from typhoid, while the typhoid was stated to have succumbed to scarlet fever,"

This very emphatically endorses the views of Dr. John Harley, and very materially corroborates the opinions I have advanced in my paper, as well as on a former occasion before the Obstetrical Society during its great debate on puerperal fever.

In a subsequent paper I hope to adduce facts which prove—or go far to do so—the unity of the poison of scarlet fever, typhoid, puerperal, and erysipelas—a *unity* of the poison, differentiation of symptoms, or phenomena resulting from the action of the poison.

## ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON RESPIRATION AND PHONATION; THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris.
Translated from the French by H. Macnaughton Jones, M.D., F.R.C.S.I. & Ed., Professor in the Queen's University, Ireland, &c.

The pathology of the nose, the naso-pharynx (*a*) and the Eustachian tubes, has lately been elucidated since the rhinoscope has exposed these parts, formerly concealed from view. Hand in hand with this rapid progress, important results have been obtained, in the treatment of these regions, so essential to respiration, phonation, and hearing.

One of the first results, which this (rhinoscopic) method has yielded in the hands of its discoverer, the eminent physiologist, Czermack, was the recognition of a particular group of tumours, situated in the naso-pharynx, and interfering, in the most serious fashion, with the functions of this region, and also those of the middle ear and nasal fossa.

Many authors, following in the footsteps of Czermack, have made a series of observations on the subject, of which we now treat.

Thanks to rhinoscopic examination, which we have for some time applied in the study of the pharyngeal complications of certain aural affections, we, amongst other foremost workers, have been able to add some facts to those already ascertained, not alone with reference to the method of examination itself, and its unquestionable usefulness, but also to a more intimate knowledge of the affection which we are now discussing.

Our first observations have furnished the material for a treatise published in 1865, in the second number of the eleventh volume of the *Archives d'Otologie*, bearing the following title: "Sur l'utilisation de la Rhinoscopie et d'une nouvelle douche naso-pharyngienne, pour le diagnosti cet le traitement des affections de l'oreille et de la cavité pharyngo-nasale." See the *résumé* in various journals—the *Union Médicale* and the *Bulletin Général de Thérapeutique*.

Adenoid tumours of the naso-pharynx are peculiar to childhood and youth; having attained a certain degree of development they give the patient a characteristic look, a type of countenance, familiar to every one, the etiology of which is generally misunderstood, as we shall explain further on. By their size, obstructing the naso-pharynx, these tumours render respiration by the nose impossible, obliging the patient to keep the mouth open day and night, and thus giving to the face an expression of characteristic stupidity. In many cases the pronunciation is imperfect from the same cause. Usually the ear is also affected, and the hearing diminished, often to an extreme degree. Besides that, in many cases, the general health is finally implicated, unless we interfere sufficiently early to arrest the cause of the mischief, and prevent its disastrous results.

While considering on the one hand the serious consequences of this affection, and, on the other, the complete success with which we can combat it, we believe it to be our duty to call general attention to it, the more so, that it is frequently met with, and that, notwithstanding the striking group of symptoms caused by the presence of pharyngeal adenoid tumours, the real sources of the mischief are generally sought elsewhere, to the great detriment of the patient, as we have frequently found.

We will commence our description, with an historical sketch, of our experience on this subject.

### History.

Adenoid tumours of the naso-pharynx were recognised by Czermack, during his first trials of rhinoscopy, in a case described in pages 41 and following, of his book. (*a*)

The case which he records may be thus epitomised:—In performing catheterisation of the Eustachian tube for a case of bilateral otorrhœa, Czermack experienced great difficulty, each time he attempted to insufflate air into the cavity of the left side, though he succeeded easily on the right.

He found with the rhinoscopic mirror that the sound passed well into the entrance to the right tube, but he could not follow it to the corresponding position on the left side. "There were here," he said, "two pathological swellings of mucous membrane, growing in front of and above the pharyngo-palatine arch, which extended close to the opening of the right Eustachian tube.

"These tumours, of which one portion took the form of a cockscomb, while the base was formed by the lateral wall of the pharynx, were enclosed between its posterior wall and the soft palate, which compressed them superiorly and a little to the right."

Since Czermack, Türck and M. Semeleder have observed tumours of various forms, equally having their seat in the naso-pharynx.

Our treatise already mentioned, published in 1865, contains a portion of the results of our researches. Amongst others there are five cases recorded, which we treated in Paris between 1863 and 1865. As the title of the memoir implies, we then noticed these tumours more particularly with reference to their action on the ear, and evidences of our desire to regard them thus may be continually found throughout our remarks. The chapter on "The results of chronic pharyngitis" contains these five cases.

Here is one which will serve as a typical example:—

Case I.—M. L. B., æt. 5 (in 1864), very lymphatic, and a large child for her age, has been affected for some time with chronic catarrhal inflammation of the nose, naso-pharynx, and middle ear, and there is on both sides considerable deafness, with very troublesome tinnitus. Nasal respiration is impeded, the mouth is constantly open, salivation is abundant, pronunciation defective, particularly for the consonants *m* and *n*, which the patient replaces by *b* and *d*. There is frequent and prolonged neuralgia of the head.

Besides the characteristic symptoms, of catarrh of the nasal fossa, and tympanic cavities, the most striking facts are brought to light, by the otoscopic and pharyngoscopic examination of the patient; both membrana tympani are extremely thin, and very concave. On both sides the handle of the malleus can be seen, and from the transparency of the membrane, the inferior process of the incus; while their inferior extremities appear to be confounded with a large yellowish mass with diffused edges.

The watch is heard on the right at 2 centimetres, on the left at 2½ centimetres (a normal ear hears it 60 centimetres). The ticking is heard better on contact with the bones of the skull.

The posterior wall of the pharynx is covered with granulations. The rhinoscopic examination immediately discloses the existence of a very singular tumour, of a pale rose colour, with a circumference of 25 millimetres, and 12 millimetres long. Its inferior extremity is lobed and shaped like a cockscomb. It is inserted above the

(*a*) We shall apply the term naso-pharynx to that portion of this organ, which is above the soft palate, assuming that it is raised horizontally; the buccal pharynx commences according to us beneath this septum and extends below to the laryngeal pharynx.

(*a*) "Du Laryngoscope," &c.

posterior openings of the nasal fossa, of which it conceals the superior portion, but, in reality, there is no relation between it and these two cavities. These, in so far as they are visible to the rhinoscopic mirror, are seen to be entirely filled by large sized horny growths, and covered with extremely hard masses of secretion.

It is impossible to recognise the faucial end of the right Eustachian tube, or its opening; we were obliged to repeat the examination, so difficult was it to explore this region, in consequence of the elevations and depressions alternating with each other. However, catheterisation and the method of Politzer succeeded perfectly, although with difficulty; therefore the channel exists, and is permeable. The sound is passed without difficulty on the left side, with the aid of the rhinoscope, the beak of the sound can be seen to enter the orifice, though not on the right.

The preceding description is borrowed chiefly from our treatise—it contains also some details which we have noticed since its publication; we shall now complete the case, briefly relating its termination, and showing the method we adopted, to obtain the complete cure of the troubles caused by the affection, whether at the seat of the disease or in the approximate organs.

Some time after the publication of this paper, while we were examining the inferior portion of the buccal pharynx, the patient raised the soft palate in an unusual manner and we saw a very resisting mass, of the size of a franc piece, projecting to the middle of the posterior wall of the naso-buccal pharynx. There was no trace of inflammation. The sudden appearance of this tumour rather disconcerted us, and we considered it necessary to confirm our diagnosis, and therefore submitted the case for the opinion of our regretted master and friend, Adolphe Richard, who pronounced favourably on the case.

The patient was treated with gargles and naso-pharyngeal injections containing alum. Besides that, we used the catheter, with injections of astringent solutions into the Eustachian tubes and tympanic cavities; a tonic *régime*, sea baths, sulphurous waters, &c. This treatment continued for some time to keep the general health and hearing in a comparatively satisfactory condition; but we could not obtain a complete cure. More energetic treatment then became necessary, this appeared the more requisite as a most serious train of accidents ensued; there was first acute otitis media of the left side, resulting in perforation of the membrana tympani and a purulent discharge. The usual treatment soon led to cicatrisation of the perforation, and cessation of the discharge. Subsequently, during a prolonged cessation of all treatment, an abscess in the interior of the left mastoid process supervened, with its truly alarming train of symptoms; it became necessary to perforate the bone to give exit to a quantity of extremely fœtid pus, &c. After the cure of this incidental affection, the urgent necessity of attacking the root of the mischief became evident. With the aid of a forceps we proceeded to remove the cockscomb tumour, and we succeeded in dispersing the excrescences of the pharynx, the projecting mass, and the other throat granulations, by repeated cauterisations. Since then, not alone has the hearing been perfect, but, as it appears to us from comparative trials, frequently repeated, surpasses even average acuteness. Further, the impediment to nasal respiration being finally removed, all the secondary troubles caused by the suppression of this physiological act have slowly, but completely, disappeared. It required, however, assiduous attention to conquer the tendency to keep the mouth permanently open, and a course of real phonetic gymnastics, to obviate the objectionable pronunciation of the patient.

The consideration of this history proves, that the train of symptoms, that we have briefly related, represents a typical case of adenoid growth in the naso-pharynx, and their consequences, with this restriction, that the otitis media caused by these tumours only occasionally implicates the mastoid process in such cases.

The other notices of cases of adenoid tumours contained in our treatise of 1865 will be, in part, duly noticed in this work; they have been recorded with a special view to their importance in relation to the middle ear.

Those which only have reference to the interference of these tumours with special operative manipulations, especially catheterisation of the Eustachian tubes, will be omitted for the sake of brevity.

The large number of cases which we have been enabled to observe since then, will be utilised for the description of the affection, for its diagnosis, and the method of treatment. We are also indebted to an excellent work by Dr. Meyer, of Copenhagen (see his treatise in the *Archives d'Otologie*, from 1873 to 1874). (*a*)

Our Danish colleague has observed 175 cases of these vegetations situate in the naso-pharynx, of which 130 were complicated with aural affections.

## Anatomy.

*Histology.*—M. His describes "adenoid" and M. Kölliker "cytogene" as a tissue resembling that of the lymphatic ganglions; it is a reticulum of fine and transparent fibrils, which form a network filled with very numerous lymphatic cellules (the same collection of elements which constitute mucous follicles). The growths we are describing are equally composed of this tissue, and contain an enormous quantity of blood-vessels. The roof of the pharynx and the contiguous portion of the posterior wall, are the favourite seat of these hyperplastic productions. Here they attain their greatest degree of development. The lateral walls of the naso-pharynx are less frequently subject to this affection, and when they are situated here, the growths are generally flatter and less exuberant than in the neighbourhood of the roof of the pharynx.

The tumours which we have extirpated have been submitted to a careful microscopical examination; we made fine sections according to the method we employed in our researches on the cochlea (see *Gazette Hebdomadaire*, 1864, pp. 694, 697; *Journal de l'Anatomie et de la Physiologie*, 1866, pp. 605, 651, and 1868, pp. 626, 657; and our Inaugural Thesis, Paris, 1866). All these tumours are found covered with a layer of epithelium, of which the superficial cellules are cylindrical and generally vibratile. The substance of the tumours is composed of adenoid tissue, of which the trabecules only become visible after we have removed with the forceps the numerous lymphatic cellules which fill the network. The drawing in the excellent work of MM. Cornill and Ranvier (*b*) gives an idea of the structure of these tumours.

Adenoid tissue, rich in follicles, is found abundantly distributed, in the normal condition, in the mucous membrane of the naso-pharynx, particularly the portion bordering on the entrance to the Eustachian tubes, and in the fossa of Rosenmüller, still more abundantly at the roof of the pharynx and the contiguous portion of the posterior wall; it forms here, from the entrance of one Eustachian tube to that of the other, a bed of variable depth and consistency (to as much as 8 millimetres in thickness) which may be regarded as a special organ, and has been called the "*pharyngeal tonsil.*" (*c*)

The first mention of this organ is made by Lacauchie. (*d*)

"The glands of the pharynx," he said, "form, at the superior portion of this organ, a kind of secreting sponge, &c."

As the latest researches have proved, this mass adheres intimately to the fibro-cartilage which attaches the pharynx to the base of the cranium, it is blended on the opposite side insensibly into the pharyngeal mucous membrane.

*(To be continued.)*

(*a*) W. Meyer, "Ueber adenoïde Wueherungen in d Naseurachenhæhle."

(*b*) Cornil et Ranvier, "Manuel d'Histologie Pathologique," p. 13 and 252.

(*c*) Max Schultze's *Archiv. f. Microscop. Anatomie*, 1868.

(*d*) "Traité d'Hytrotomie," Paris, 1853, pl. ii., figs. 10 and 11, p. 23 and following.

# Clinical Records.

## THE UNION INFIRMARY, TOXTETH PARK, LIVERPOOL.

1. *Retro-Uterine Hæmatocele.* 2. *Endocervicitis and Amenorrhœa.* 3. *Stricture treated by Maissonneuve's Operation.*

Under the Care of Dr. LYSTER.

Reported by Mr CHARLES WOODS, Resident Medical Officer.

1. E. M., æt. 26, charwoman, admitted into hospital May 9, 1878, suffering from melæna, great pain in the left inguinal region, and presenting the general symptoms of collapse.

*History*—In March, about three days before she expected her next menstrual period, she strained herself, felt very faint, and suffered great pain in her abdomen. A few days afterwards, bleeding commenced from the bowel during defæcation, and continued until her admission. She had sought medical advice outside, but was treated without examination for bleeding piles. On examination per rectum, a large, firm, globular tumour was felt filling the posterior cul-de-sac. The same tumour was felt per vaginam. When the uterine sound was passed, and the uterus straightened, which proved to be slightly retroflected, the tumour was still felt. The cervix uteri, which was swollen, red, and elongated, was punctured, and relieved of a couple of ounces of blood. Astringents were administered, large linseed poultice applied externally, and perfect rest enforced. The hæmorrhage ceased, and the tumour disappeared gradually. The interior of the uterus, which was in an unhealthy state, was exposed and cauterised with nitric acid. The patient experienced much relief, and was discharged well July 30.

2. C. Q., æt. 22, came under notice suffering from great pain over the left eye and temple, loss of appetite and debility.

*History.*—The catamenia commenced at the age of 13, and were regular till twelve months ago, when they ceased. Every kind of medical treatment was tried without avail, whilst the patient was suffering great pain, and becoming thin and anæmic.

On examination per vaginam, the cervix uteri was found thickened, elongated, and very tender to the touch, and from the os uteri was hanging a thick, gelatinous secretion. As a primary measure the cervix was punctured and relieved of a few ounces of blood, and a glycerine pad placed against the os uteri. Relief was obtained, but the pain and discomfort returning, it was thought advisable to dilate the cervix with sea-tangle, and cauterise the interior of the uterus with carbolic acid. Glycerine pads were applied to the uterus till the sloughs separated. The pains ceased, the appetite returned, and the patient was discharged from the hospital; but the catamenia not returning, the patient again applied for admission. A galvanic pessary was introduced which brought on the catamenia in a week: menstruation was again deficient, but the introduction of the galvanic pessary was again sufficient to produce them, and since then the patient has been in good health, and menstruates freely.

3. D. W., æt. 55, labourer, was admitted into the Toxteth Park Workhouse Hospital, Dec. 16, 1878, suffering from constant desire to pass water, shooting pains in the perineum, and great uneasiness in the loins. He had been suffering from symptoms for six years, but neglecting them, he at last found himself unable to pass the slightest quantity of urine. He was ordered a warm bath, and a hypodermic injection of morphia. This gave relief, and the patient passed some urine. Examining the urethra with a No. 1 catheter, a tight stricture near the orifice was passed, but the instrument failed to pass a stricture a little further down the urethra. As the patient was suffering from phymosis, which interfered with the necessary manipulations, he was circumcised.

On Dec. 31, the finest filiform bougie, attached to a Maissonneuve's instrument, was passed through into the bladder and screwed on to the steel director, and the operation performed in the usual manner. The patient felt a general relief such as he had never experienced for the last six years, and declared himself free from all irritability of bladder.

Since the operation, there has not been the slightest sign of urethral fever, nor did any bad symptom occur. He now passes a full-sized bougie daily, and there does not appear to be any tendency on the part of the stricture to recontract.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 28TH.

Dr. GREENHOW, President, in the Chair.

Mr. BARKER exhibited

A PATIENT SUFFERING FROM ICHTHYOSIS OF THE TONGUE.

Mr. CHRISTOPHER HEATH

ON A CASE OF A SILVER CATHETER BROKEN INTO THE BLADDER.

The patient, æt. 71, with an enlarged prostate, who had been in the habit of using a catheter, on August 2nd employed an old silver one, which had been broken, and roughly soldered, and in withdrawing it, left the end behind. He at once came to the hospital, and Mr. Heath saw him soon after; and with a lithotrite, caught and brought away the extreme end of the catheter, including the eye. The following day, Mr. Coxeter, the instrument maker, being clear that there was still a missing piece, Mr. Heath again introduced the lithotrite, and grasped the fragment, but was unable to withdraw it. On a subsequent occasion, Mr. Heath tried to break up the fragment with a more powerful lithotrite; but failing in this, on August 7th performed median lithotomy, and removed the fragment, which measured 1⅜ inches, and weighed 25 grs. The patient made a slow recovery, the enlarged prostate giving a good deal of trouble, and was discharged September 27th, well.

Mr. TEEVAN observed that he had himself performed a similar operation, and called it median lithotomy, as Mr. Heath had done. Inasmuch, however, as in the operation for removal of a broken catheter, the neck of the bladder was neither cut nor torn, it would be much better if surgeons were to call it external urethrotomy, which it really was, and not median lithotomy. The operation was usually a most successful one, simply because it was *extra-pelvic*, and hence attended with little risk. Lithotomy, on the other hand, was an *intra-pelvic* operation, and consequently more dangerous.

Mr. BRYANT remarked on the interest of Mr. Heath's case, and the fact that the different lines of treatment that may be followed are not sufficiently clearly recognised. No doubt the lithotrite was the best instrument to begin with; and on failure of this means, external urethrotomy should be performed. In his own practice, a small gutta-percha catheter had once broken in the urethra. Here there was no alternative, and he therefore proceeded to perform external urethrotomy, and to remove the fragment. He was not aware of the record of any case similar to Mr. Heath's, where a silver catheter had broken in this way.

Mr. KEETLEY

ON A CASE OF SEVERE TRAUMATIC MENINGITIS TREATED IN THE STAGE OF COMA BY COLD DOUCHE FOR TWO HOURS AND A HALF.

The patient was a groom, æt. 30, who was thrown from his horse into a ditch, alighting on his head. There had been a short period of insensibility, but on admission to the hospital he was conscious and irritable. The accident had happened at 5 p.m., and at 6 the next day, having passed a quiet night, he was seized with a convulsive attack, confined to the left side. During the day he had several similar seizures, in which his eyes were strongly turned to the left; in the inter-

vals he vomited occasionally. On the third day he remained in much the same condition; but on the fourth, the right side was affected; and after the attack this side was found to be paralysed. Towards evening he improved considerably; and on the following day it was noted that his face was heavy, his pupils contracted, and he resembled a patient suffering from opium poisoning; the temperature was 100 deg. On the sixth day the coma was increased; temp. 100 deg., pulse 120; the cold douche was applied to the head for two hours and a half; the temp. was 99 deg., pulse 70; his face rather blue; he could answer questions, but had a fatuous expression, and his answers were often childish. After this time he steadily improved, and ultimately recovered. A fracture of the posterior fossa was diagnosed, extending to the base of the skull; the severity of the injury, and the severity of the meningitis, appearing to point to such a condition. The epileptic seizures at first appeared to point to an injury of the dura mater, over the seat of violence; and the later attacks on the opposite side, to an extension of the inflammation to the meninges of the other hemisphere. There was no difficulty in regulating the time during which the application of the douche was beneficial. The blueness of the lips was only noticed after more than two hours of this course of treatment. It should be added that he had previously been treated by an ice-bag to the head, and the administration of aperients.

Dr. STURGES had lately seen a case which presented many features of resemblance to Mr. Keetley's. An elderly woman had fallen on her head down a flight of stairs. On admission she could hardly be called semi-comatose. In two or three days she had convulsions of the left side, with a rapid rise of temperature to 106 deg., followed by an equally rapid fall. Afterwards the convulsions passed over to the right side. Eventually, after fifty or sixty fits, the patient began to recover, and gradually got well. A fracture of the base was diagnosed, and a meningitis, affecting first one side and then the opposite.

Mr. GODLEE asked why an ice-bag had not been used, instead of the cold douche. He had seen a somewhat similar case, where, after using the ice-bag for two days, the fits subsided. In another, where the convulsion had passed from one side over to the other, arachnoid hæmorrhage had been present, but no meningitis.

MR. TEEVAN

ON A CASE OF CYSTOTOMY.

The patient, who was exhibited, was a wine cooper, æt. 43, who came under his care in July, 1875, having a stone in the bladder two inches by one and three-quarters. The urine was a mass of muco-pus streaked with blood; no renal elements could be found. He suffered much pain, and could not work. Mr. Teevan determined to crush the stone, because he had, by lithotrity, completely cured a similar case, where the stone was only one-quarter of an inch smaller, and he wanted to find out the extreme limit to which the operation could be advantageously pushed. Accordingly, in twenty-six sittings, of about one minute each, he completely removed all the stone. The patient was, however, not cured, but only relieved. The pain he suffered incapacitated him from work, and the urine contained much muco-pus. For many months various medicines and injections were tried, without success. Under these circumstances he determined to perform cystotomy. The bladder was carefully examined by many surgeon, but not a particle of stone could be discovered. On Sept. 17, 1876, Mr. Teevan opened the bladder by a median incision from the perinæum, incising the neck vertically with a probe-pointed knife to the depth of about half-an-inch. The immediate effect of the operation was that the patient was relieved of his pain, and his urine began to clear about ten days afterwards. Three weeks after the operation the patient was apparently cured of his cystitis. The wound, which had been kept well open, was then allowed to close, and three weeks later the patient was perfectly well and water-tight. He remained perfectly well, and continued uninterruptedly at work ever since. Cystotomy was rarely performed in England, and was only mentioned in a few surgical works of modern date. In America, however, it had been established as a set operation since 1850, when Willard Parker, of New York, introduced it. The propositions he would lay down were—1. That cystotomy was indicated in those cases of obstinate cystitis, which resisted ordinary treatment. 2. That renal disease was no bar to the operation. 3. That the general conditions of the patient rather than the results of an examination of the urine, ought to determine whether, in a given case, an operation were justifiable or not.

Mr. MARSH asked if this case could not have been better treated by lithotomy from the first.

Mr. BRYANT quite agreed as to the advisability of cystotomy for chronic cystitis. He had done five or six cases, of which three recovered; the others eventually died of the disease which led to the cystitis; but he differed from Mr. Teevan in being disinclined to touch cases where there was evidence of renal disease, and mentioned a case of stricture which had lately been under his care, where he refused to do perineal section in consequence of the presence of nephritis, and where shortly after considerable relief had been obtained by catheterism. The patient died uræmic.

Mr. HEATH inquired whether the whole prostate had been divided along the floor. Surely such a treatment must interfere with the ejaculatory ducts. He was also desirous to hear the experience of Mr. Teevan and Mr. Bryant with regard to the amount of hæmorrhage met with in these elderly men with enlarged prostates where a free incision was made.

Mr. TEEVAN replied that if he had the time over again he would not have done lithotrity pure and simple in this case, but having performed a perfect lithotrity at one sitting, would have immediately done external urethrotomy, so as to have got rid of all the fragments at once. He did not, however, think the combination suitable for very large calculi, but for those only which were just outside the pale of lithotrity. In answer to Mr. Bryant he said that he thought it better to operate in cases where there was renal disease, and so afford patients a chance of recovery rather than leave them to die a miserable death. He had known cases in which there was renal disease do well after operation, and the experience of Mastin on diabetic patients was most encouraging to the surgeon. In reply to Mr. Heath he stated that he thought a medio-lateral operation would be preferable in old men, although he thought median lithotomy unjustifiable in boys on account of the risk of emasculating them. He considered the objection sank into insignificance in the case of middle-aged adults.

Mr. BARKER

ON A CASE OF EXCISION OF THE TONGUE IN WHICH A PRELIMINARY TRACHEOTOMY HAD BEEN PERFORMED.

After giving a short history of the treatment of such cases by an immediate tracheotomy to avoid the risk of the passage of blood down the trachea, he alluded to two cases in which, to his own knowledge, this source of danger had proved fatal; but he added that in the case brought forward that night the tracheal wound had been purposely kept open in order to avoid, as far as possible, the risk of the inhalation of septic matters into the lung during the earlier part of the after-treatment. This was a real danger, for he had seen such operations followed by death, the result of septic pneumonia, or even gangrene of the lung. The patient was a man, æt. 49, who was admitted to University College Hospital in April, 1877, suffering from an epithelioma of one side of the tongue, and some glandular enlargement below the jaw. Tracheotomy was performed with unusual ease, a small circle of the trachea excised, and Trendelenburg's tampon tube introduced and inflated. Considerable dyspnœa resulted at first, which however soon passed off. Syme's operation for the removal of the tongue was then performed, the jaw and lip divided in the middle line, and first one half of the tongue cut through, and the vessels secured, and then the other. On the next day the tracheal tube was removed, the nostrils stopped with wool, a tube introduced into the mouth, and connected by an elastic pipe with a reservoir under the bed, while the mouth was otherwise closed by a pad. The patient was allowed to breathe through the tracheal wound. In five days the plugs were removed from the nostrils, and in a few days more the mouth was freed from the tube. The after history presented few unusual features. There was on two occasions some oozing, requiring the application of perchloride of iron; and there was once a rise of temperature to 103°. This, and probably the oozing, depended on an alveolar abscess, which was relieved by the extraction of some loose teeth. The convalescence was rendered rather tedious by the exfoliation of two pieces of bone from the cut surfaces of the jaw, but the patient is alive, and in fairly good health at the present time.

Mr. MARSH thought the subject one of great importance. He had lately removed one-third of the tongue in a case of epithelioma, and the gentleman died in a few days of septic

pneumonia, and to obviate this danger Mr. Barker's suggestion was valuable. For the better management of hæmorrhage he did not think it would be generally necessary to open the trachea. He had seen many such operations, but in none had the hæmorrhage been alarming. The method of cutting one half of the tongue, and then the other, did not appear to him as good a practice as to split the tongue longitudinally, and to remove each half with a whip-cord écraseur. He believed that when the jaw was divided in the middle line it seldom united well, and necrosis of small portions was common.

Mr. BRYANT said no doubt the subject was an interesting one, but after a considerable experience in excision of the tongue, he was not prepared to adopt Mr. Barker's method of operating. Serious hæmorrhage after use of the écraseur was rare, and generally the fault of the surgeon. He was also inclined to doubt the reality of the evil effects following the inhalation of air which had passed over the sloughs in the mouth; and they could be greatly obviated by keeping the mouth clean. He also wished to learn whether the opening in the neck was large enough for the whole of the inspired air. In conclusion, he was still of opinion that the ordinary method of treatment was sufficient. Generally it would be better to operate below the jaw rather than to divide it.

Mr. BARKER replied that he had carefully tested the sufficiency of the hole in the trachea; that his cases of abscess of the lung had been very striking, and to his mind, conclusive; and that he knew of two cases at least which had ended fatally by the passage of blood into the trachea.

The meeting then adjourned.

## THE COUNTY INFIRMARIES OF IRELAND.

As it is expected that legislation in some form, probably connected with the proposed Grand Jury Bill, may affect the interests of the County Infirmaries and their officers, Dr. Brunker, the Honorary Secretary of the Association of Infirmary and Gaol Surgeons, has called the attention of Members of Parliament to the subject by the following statement:—

These Infirmaries have been in existence since 1765 under several Acts of Parliament—5 and 6 Geo. III., ch. 20—7 and 8 Geo. III.—54 Geo. III., ch. 62—58 Geo. III., ch. 47—3 and 4 Wm. IV., ch. 92—6 and 7 Wm. IV.. ch. 116—the Grand Jury Act—and do now, and have ever since their first institution, continued to enjoy the confidence of the sick and wounded poor, their governors and the public, and have *uninterruptedly* received support from county grants (in some counties to the full amount authorised by Act of Parliament, namely, £1,400 a year), and have been largely endowed by the donations of the resident land proprietors, &c. (from which latter funds the present buildings have been erected), the county grants being exclusively expended in the support of the patients and maintena ce of the buildings, &c.

Very few of the original buildings are now in existence: most of them have been replaced by others of superior description as to size and internal arrangements, the actual cost of which cannot now in all cases be ascertained, but at least £90,000 have been expended on these buildings.

In some counties the lands on which the buildings have been erected were granted *for ever* by the proprietors for that purpose; and in some cases a clause was inserted in the leases, providing that, should the buildings at any time *cease* to be used as *County Infirmaries*, they should at once revert to the landlords, and thus cannot be made available for any other purpose by the public.

The Carlow, Down, Louth, Queen's County, and Kildare Infirmaries are instances of this provision.

These hospitals have been willingly had recourse to by a class of persons, when labouring under severe illness or accidents, who are above the rank of the mere pauper, viz., artizans, small farmers, shop-keepers, domestic servants, and even decayed gentlemen, who, it is believed, could never be induced to enter a poor-house hospital, and who could not be satisfactorily treated in their own houses; and it is considered that a wise legislature should encourage this spirit of independence, and not deprive them of a system of hospital relief appreciated for generations.

Pay patients are frequently admitted.

These hospitals have been schools for the preliminary education of young men, are recognised as such by the Royal College of Surgeons in Ireland, and afford abundant opportunity of acquiring a sound practical knowledge of their profession; and very many men now holding important appointments in the public service and in private practice commenced their education therein. In this respect the general public has derived much benefit. In them all the most serious surgical operations have been from time to time, and are still, constantly performed.

It has been ascertained that the cost of their maintenance does not exceed ¼d. per acre each.

During many years, unmistakeable expressions of opinion as to the value of these institutions and undesirableness of even endangering their existence, have proceeded from several grand juries, governors, guardians of the poor, and the public, and numerous petitions have been presented to Parliament in their favour.

The choice of places in which the infirmaries were directed to be established by 7 and 8 Geo. III., was derived from the fact, "that they would be convenient to the *best inhabited* parts of the country."

The repeated rumours of threatened abolition or change have had the effect of deterring benevolent persons from bestowing donations, or subscribing.

The Poor-law Commissioners themselves, in their Second Report, 1854, page 7, say: "These instituutions have been generally well conducted in a professional point of view, and have afforded within the circles over which their utility effectively extends, the greatest and most unquestionable benefits to the sick poor; at the same time, by the influence they have exercised, in maintaining the high standard of medical and surgical skill, for which many of the physicians and surgeons of the provincial hospitals of Ireland have long been distinguished, they have indirectly conferred corresponding benefits upon every class of the community." And yet, in the same Report, page 14, they avow their intention that all support from county cess should cease.

It is believed that the removal of such a stimulus to exertion, as the possession of the appointment of surgeons to a County Infirmary has hitherto been, cannot fail to result in an inferior class of young men entering the profession.

The extension of the dispensary system throughout Ireland has served only to weed a small percentage of chronic cases from the wards of the infirmaries.

It would be impossible to carry out any change for the non-destitute buildings without considerable outlay for the necessary buildings. Union amalgamation was under deliberation. If adopted, the result will place the remaining unions in a very similar position, as regards distance and inconvenience to the sick poor, as might be represented against the infirmaries.

It is therefore suggested that all desired advantages might be attained by permitting the infirmaries to continue as county institutions, supported, as heretofore, for the reception of the acute and serious cases of their districts, modified as may be deemed necessary and prudent. It is also suggested that a subscription of one guinea annually might be legalised, as is the case in the County of Dublin, Cashel, and Queen's County.

The area affording relief is not confined to the county, as

has been stated. Many serious cases requiring immediate attention are from time to time admitted from adjoining counties.

In any future legislation affecting the infirmaries, it would be but just that retiring allowance should be granted to all their officers, as in the case of those connected with the gaols, poor houses, dispensaries, and other branches of the public service. In the case of the Mallow Infirmary, which was closed on the removal of the County Infirmary to Cork, by the 24 and 25 of Victoria, ch. 29, clause 3, the salary of the surgeon of the former was continued to him for life.

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WEDNESDAY, APRIL 2, 1879.

## HOSPITAL REFORM.

RECENTLY a private meeting of Members of Parliament, treasurers, &c., of the principal London Hospitals was held at the residence of Sir. T. Fowell Buxton, "to discuss the present position of hospital and medical charities," and other questions, to which we referred in our last issue. Judging from the speeches of some of the gentlemen present the chief grounds of complaint against the present system appeared to be the old out-patient grievance, the abuse of hospitals by persons who could well afford to pay for medical advice, and the number of patients who applied for relief in comparison with the little time and attention that could be given to them. So far, the profession will not regard these statements as unfounded, but when it is suggested that there should be one central board for all the hospitals in London, or that they should be placed under some form of Government control, we doubt whether Sir T. F. Buxton and his friends will find much support from any party interested in maintaining our great medical charities. It was moved by this gentleman that the present system of medical relief in London is inadequate and unsatisfactory, and that Government be requested to appoint a Royal Commission to investigate and report on the subject. Mr. Stansfeld, however, said they could scarcely go to the Home Secretary until they had agreed on what remedies they would recommend; and Mr. W. E. Foster very wisely suggested an amendment to the effect that a committee be appointed to collect and digest information, and to prepare a statement with a view to future action. This amendment was agreed to, and there for the present the matter rests.

There is no class of people who will be more ready to court inquiry into the subject than the medical profession, for they are quite sensible of, and have often themselves reason to regret, the grievances and abuses complained of. The medical and surgical staffs attached to our hospitals, the great body of general practitioners, medical students, and the public at large, all suffer in some way or other from the manner in which hospitals are abused. First and foremost is the great question of hospital accommodation, and the mischief arising from the number of special hospitals that have within the last few years sprung up in various parts of the metropolis. It is a remarkable fact that nearly all the hospitals in London gravitate towards the West End of the metropolis, while in the densely populated districts of the East End there is only one large general hospital. So that while, with regard to the western half of London, hospitals do supply the wants of this population, and in excess, in the East End there is decidedly a dearth of these institutions. What is the reason of this? Simply because the great majority of the hospitals established in the West End consist of special hospitals, founded not so much for the benefit of the public as for the aggrandisement of those who have established them. Nothing in fact can better show the *arrière pensée* of the founders of special hospitals than the fact that these hospitals are nearly all to be found in that part of London where its wealthy or well-to-do inhabitants chiefly reside. No doubt in the thickly populated districts comprised in the eastern half of the metropolis there is a large scope for the study of special disease; but as the relief of the poor, or the advancement of medical science is not so much the aim of the founders of these institutions, as the desire to establish among the wealthy classes a lucrative practice, and a reputation for superior knowledge in the treatment of special diseases, we must not be surprised if, to use a vulgar expression, our specialists "fight shy" of such districts as those of Bermondsey or Bethnal Green. The disadvantages arising from the presence of so many special hospitals have been so frequently pointed out by us and our contemporaries that we shall not now again refer to them. We may, however, mention one fact that appeared to have escaped the observation of the several speakers at Sir T. F. Buxton's meeting, namely, that the application for medical relief by people who can well afford to pay receive much more encouragement at these special hospitals than is the case at our general hospitals. The cause of this is obvious from what we have just said on the subject. Perhaps in many cases the medical officers of special institutions have good reason for giving this encouragement. They profit generally by the introductions thereby afforded to

the more wealthy members of the community, but at the same time they, in a great measure, prevent both the medical student and the general practitioner having so many opportunities, as they otherwise would have, of studying several diseases which they are not only sure to meet with in general practice, but also under circumstances in which a consultation with a specialist is difficult or impossible.

With regard to the over-crowded state of the out-patient department, no doubt there is plenty of room for improvement. There must always be, for purposes of medical education, a department of this kind, and a place, moreover, where comparatively, or apparently, slight cases can be attended to as well as those that are more serious; for not only do cases often turn out much worse than they at first appeared to be, but the student must have the opportunity of studying all kinds of diseases, whether severe or not. At the same time we admit that too many persons resort to the out-patient rooms of our general hospitals for "trumpery cases of cold, indigestion, and imaginary ailments," to whom a dispensary or the open surgery of a general practitioner would be better adapted. If, therefore, the authorities at our large general hospitals could find some effectual means of checking this evil, a great point would be gained. The principle of limitation, said Sir C. Trevelyan, has been carried out at St. George's Hospital. They only took there as many cases as could be properly dealt with, and they had three provident dispensaries working in connection with the hospital. No doubt St. George's Hospital is fortunately situated for a trial of this plan, but perhaps it would be as well if some such scheme, especially this system of auxiliary dispensaries, could be likewise carried out at all the other hospitals.

The most objectionable and impracticable suggestion, however, made at this meeting was that of having one central board for all the hospitals of London. Such a plan would do away with the responsibility and liberty of action which should attach to the governors of each hospital, and which impose upon them certain duties that would be very perfunctorily performed if they were all under the control of a central board. Still more open to criticism is the idea of placing hospitals under the control of the State, for if Government took up the matter hospitals would be no longer a charity. The State could only deal with funds already in hand; subscribers would fall off, and these institutions would no longer be maintained by those voluntary contributions and philanthropic principles that have hitherto formed so distinguishing a feature of all Christian communities.

## HEALTH OF THE NAVY.

In a Blue-book of over 500 pages we have a statistical Report of the Health of the Navy for the year 1877. During this period, observes the Inspector-General, the sanitary state of the navy was very satisfactory, and the ratios of cases of disease and injury, of invaliding and of mortality, show a considerable reduction when compared with those of the previous year. The total force in the service afloat in the year 1877 was 44,940, and the total number of cases of disease and injury entered on the sick-list was 50,583, which is in the ratio of 1,128·56 per 1,000 being a decrease compared with the preceding year equal to 72·12 per 1,000. The death-rate for the year from all causes was 7·05 per 1,000, and from disease alone, 4·92 per 1,000, and it is worthy of note that these rates are the lowest that have ever been recorded in the Annual Reports. The lowest sick rate was on the South-east Coast of America Station, and the highest on the China Station. The ratios per 1,000 of men sick daily on these stations were respectively 32·55 and 68·77, as compared with 37·06 on the Home Station. The only stations on which there was a higher death-rate were, the Mediteranean, East Indies, and the China Stations. On the first of these the increase is small and is almost entirely due to a larger number of casualties. The increase on the China Station was due to an exceptional number of cases of deaths from drowning; and on the East India Station to the prevalence of fevers. Cholera appeared in a vessel lying at Bombay, where at the time the disease was epidemic, but it ceased on the ship being moved to another anchorage and the adoption of the usual sanitary measures. There was also a slight outbreak of small-pox in two vessels lying at Sydney. The interest attached to this outbreak is such that we shall again return to the subject. The table given in the report for 1876, showing the extent to which the "Contagious Diseases" prevailed in Her Majesty's ships at five protected ports, and in five unprotected ports, has been brought down to the year 1877, and gives further proof of the benefits resulting from preventive legislation.

With these prefatory facts respecting the general health of the navy we shall now direct our attention to a few diseases to the prevalence of which in this service a peculiar interest is attached. One of these is *enteric fever*, regarding the occurrence and etiology of which in the navy some curiosity may be naturally excited. It appears that only two stations, the South-east Coast of America and the West Coast of Africa, were free from this disease. It is found in the returns of the squadrons on all the other stations, and the total number of cases reported during the year was 54, of which 12 proved fatal. The Home and the Mediterranean Stations show the largest number of cases, as well as the greatest mortality from this form of fever. In many instances its origin could not be exactly determined, but the fact of nearly all the cases occurring while the ships were in port makes it probable that most of the cases were contracted on shore. Indeed, in several instances this was proved to have been the fact. A case on board the *Revenge* was contracted at Queenstown, where, owing to the insanitary condition of the place, there were many sources of infection. Several cases originated at Southsea. Of those occurring on the Mediterranean Station, some were traced to Malta, while one was contracted at Burgas, "where the boat had frequently to wait at the landing-place, and where the smell from the refuse of a slaughter-house close by, and from decaying vegetable matter, was sometimes sickening and overpowering." On the East India Station a case originated in the patient drinking, while on shore, some water which had a very fetid taste. On another occasion, also, the disease was attributed to drinking impure water obtained at Malta. This water, says the medical officer, "was no doubt polluted, as indicated by its unpleasant taste and odour, being amber-coloured and aerated, and when subjected to chemical analysis organic

matter was detected." Again, we read of "a man who contracted the disease on shore at Simon's Bay, where he slept at some ill-drained, badly-ventilated, and foul smelling place, and fell ill a few days after he returned on board." On the other hand, there were some cases which originated on board ship. In a case which occurred on board the *Rapid*, the medical officer was "inclined to attribute" the origin of the illness to the man sleeping under the forecastle exposed to the emanations from the latrines and urinals. In another case, which could not have been contracted on shore, suspicion was thrown on the good sanitary condition of the ships; a careful inquiry was instituted, "and, owing to the construction of the ship's 'heads' or latrines, it was found that a sewer smell was almost constant under the top-gallant forecastle, and this existed notwithstanding the free use of carbolic acid."

Only 17 cases of *small-pox* occurred during the year; but there is an interesting account of the origin and suppression of an outbreak on the Australian Station, which shows that the Australian Colonies narrowly escaped what might have turned out a fearful epidemic of the disease. Two cases occurred on board the *Wolverene* at Sydney. One of these was communicated by a washerwoman who had visited the ship from a place on shore where there was a young woman suffering from malignant small-pox, which in its turn was traced to the steamer *Brisbane*, arrived from China, and on board of which there were several cases of the disease. The existence of small-pox in this steamer was not known to the authorities until the day following her arrival in port, and numbers of people (among whom was the young woman just mentioned) had visited her before she was removed. Previous to this, says Staff-Surgeon W. Reid, no epidemic of small-pox had ever occurred in the Australian colonies. Every exertion was, therefore, made to stamp out the disease, and to avert the calamity of a small-pox epidemic in the Australian colonies. It was feared that should the disease once gain a fair footing it would rage extensively and with great severity, as the people were unprotected by previous epidemics, and it was known that a large proportion of them were not vaccinated. The preventive measures adopted by our naval authorities were as thorough as they were successful. The locality in which the young woman resided was carefully searched, but no other cases were found. The house in which she resided was surrounded by a cordon of police; when the case proved fatal the building and its contents were burnt to the ground; and the other members of the family were placed in quarantine on board a hulk in an unfrequented part of the harbour. We need scarcely say that the usual precautions were taken with regard to the cases which occurred on board the *Wolverene* and *Sappho*.

It is impossible to look over the tables or the pages of this voluminous Report without noticing the great prevalence of *rheumatism* in her Majesty's navy. The total number of cases of this disease was 2,528, giving a ratio of 56·25 per 1,000. The average duration of each case was about fifteen days, and 106 men were on the average daily rendered ineffective by it. This was, of course, to be expected from the wet, cold, and inclemency of the weather to which a sailor's life is necessarily exposed. For the same reason some difference in the relative prevalence of the disease is found at the different stations. Thus, at the Home Station the ratio for 1,000 men was only 46·04; at the Mediterranean Station, 60·41; at the North American and West Indian Station, 71·15, exposure to a moist atmosphere and inclement weather at Bermuda, off Newfoundland, at St. John's, &c., being particularly favourable to attacks of this disease; at the East India Station, 52·50; at the Australian station 59·3 per 1,000, the great and sudden changes of temperature at this station predisposing to the complaint; and of the Irregular Force 62·72, owing to the "exposure to constant change of climate of a large majority of those employed in this force." In speaking of the disease as it prevailed on the Mediterranean Station, the medical officer says that "the ironclads do not compare unfavourably with the wooden ships as respects the prevalence of rheumatism." Among the former the highest ratio was in the *Alexandra*, where it amounted to 98·11 per 1,000, and the lowest in the *Triumph*, where it was only 8· per 1,000. In the wooden ships the highest ratio was 138·46; while from the gun-vessel *Flamingo*, which was for six months on the Mediterranean Station, no case of rheumatism was returned.

*(To be continued.)*

# Notes on Current Topics.

## Dr. Richardson on Modern Quackery.

THE subject of modern quackery, to which we have on several occasions given our attention, was admirably dealt with by Dr. Richardson in his recent address before the Medical Defence Association. He justly observed that the different classes of irregular practitioners must be dealt with in different ways, and that the terrorists, the nostrum-mongers, and the pretenders to special and baseless systems of cure would be best met by a clause in the new Medical Act, which would not only prevent them from assuming false and misleading titles, but also from assuming false medical practice. To two suggestions, however, which he made, some objections may not unreasonably be raised. We quite agree with him that for protection against the "protected" quacks and homicides, the best course was to watch more carefully the proceedings of the coroner's courts, and to provide for a more efficient mode of registration of deaths. But we doubt whether it would be practicable to adopt Mr. Chadwick's recommendations, and make every medical officer of health institute a personal inquiry into every death, and to endorse the certificate of death that is ordinarily given previous to burial. Such a practice would be quite unnecessary in that large number of cases in which the certificate has been signed by a well-known, duly-qualified, and respectable practitioner; it would be throwing a good deal of additional work upon the hands of the medical officer of health; and it would, as a contemporary has remarked, be virtually creating two coroners' courts for every one now existing. It is not so necessary to endorse the certificate of duly-qualified practitioners as to see that no one is buried without a certificate of death, or unless the certificate has been signed by a medical man who is well known to the registrar of deaths, and who is duly qualified to give one.

Still more open to objections was Dr. Richardson's suggestion that "counter-practice" should be legalised by instituting an examination conjointly by the Apothecaries' Company and the Pharmaceutical Society which should qualify the chemist for counter practice as distinct from that of attending to patients at their own houses. This is, indeed, one of the most revolutionary ideas we have heard of for a long time, and we can fancy with what a storm of indignation it would be received by the profession were it seriously intended to carry out such a suggestion. It needs very little reflection to see that such a plan would be neither more nor less than converting half the chemists in the kingdom into general medical practitioners of an inferior grade. Both the profession and patients would be losers by such an arrangement. The profession, generally, would be lowered in the estimation of the public. Every medical man would lose half his patients, who would be flocking to the chemists' shop to get advice and medicine at the rate of 1s. 6d. per bottle; while the patients themselves would suffer by being tempted by the license held by the chemist to put themselves into the hands of a class of practitioners who, whatever might be their other qualifications, would not be competent to undertake the difficult task of diagnosing and treating the insidious approaches of incipient disease. To a certain class of people the well lit-up shop and coloured show-bottles of a chemist have as much attraction as our gin-palaces have for the habitual toper, and although we would not for a moment insinuate that the comparison might go any further, we must say that if to the attractive appearance of a chemist shop was added that of the imposing licence of the Apothecaries' Company, we might expect the greater number of general practitioners to look upon their occupation as having "gone," or to emigrate to some other country where the chemist would not be entrusted with the responsible task of attending to the health of the public.

## The Disqualification of Voters Bill.

We referred, as may be recollected, to Mr. Rathbone's Bill upon this subject at the time that it was introduced, as involving a great hardship upon Poor-law medical officers, inasmuch as it removed one of the discouragements which prevented well-to-do people using pauper medical relief. We suggested that the advice of the Irish Medical Association should be adopted, and that a patient entering a workhouse hospital should be relieved of his disqualification as a voter only upon payment of all his fees and cost of his maintenance. Mr. Rathbone did not accept this suggestion, but went a certain distance with us by restricting the operation of his Bill to in-patients. The Bill having passed the Commons the week before last, came to the Lords for its second reading, which was moved by Lord Aberdare. The Duke of Richmond said that the Bill, though only consisting of one clause of ten lines, was full of anomalies and mistakes. He doubted if this measure would have passed the House of Commons if the President of the Local Government Board had not been seriously indisposed at the time. He could not agree to any infringement of the law which disqualified from voting after receipt [of poor-law relief, whether medical or otherwise. In Ireland a measure passed in 1862 provided that persons admitted to the fever hospital or infirmary of the workhouse may, on repayment of the cost of maintenance, be free from any disability by reason of having received relief from the Crown rates. Such a measure he could agree to, but the Bill now under discussion, if passed, would override this. Moreover, no provision was made in the Bill for the maintenance of persons during their residence in the pauper asylum. They might receive medical relief without disqualification, but other relief paid out of the rates would disqualify them. He did not object to the principle of the Bill, but would ask leave to introduce amendments in committee, so that it might include the cost of maintenance, and thus follow the lines of the Irish Bill. The Bill was read a second time.

In pursuance of this promise, the Lord President has tabled the following amendment :—

Clause 1, page 1, line 9, after "(family)" leave out to the end of the clause and insert "(has before or after the passing of this Act received relief and medical treatment as an in-patient of any hospital or infirmary maintained under the laws for the relief of the poor in consequence of such patient suffering from any dangerous infectious disease, provided such person shall have repaid or tendered to the authority of such hospital or infirmary the cost of the in-maintenance therein of himself and any member of his family as aforesaid, such cost to be determined according to the average of the cost of in-maintenance in such hospital or infirmary during the half-year preceding the admission of the patient."

"The expression 'cost of maintenance' in this section shall be deemed to include the expense in and about the maintenance, treatment, and relief of the in-patients of the hospital or infirmary, exclusive of the repairs and furniture thereof and the salaries, remuneration, and rations of the officers and servants, but inclusive of the necessary expenses incurred in the warming, cleaning and lighting of the building, and otherwise keeping it fit for use)."

After clause 1, insert the following clause :—

This Act shall not extend to Scotland or to Ireland.

## A Reward for Gallantry.

We were pleased to notice in last Friday's Official *Gazette*, that Surgeon J. H. Reynolds, M.B. Dub., who was present at the battle of Rorke's Drift, had been promoted to "Surgeon-Major in recognition of his gallant services in the defence of Rorke's Drift." In our issue of March 19th, we gave space to the letter of a correspondent drawing attention to the heroism displayed by this gallant officer, which was graphically described in a letter from a wounded soldier, thus :—"After the negroes surrounded us we fought like tigers. I saw Dr. Reynolds (A.M.D.) blazing away at them, cheering those who were hit, running to the fellows, dressing their wounds, and then fighting away like a hero. He and the Hospital Corps men defended the Hospital to the last moment." When the first list of honours appeared, the name of Surgeon Reynolds was conspicuous by its absence, whether intentionally or from oversight we knew not, but we expressed a hope that such conduct should not go unrecognised. It affords us, therefore, great pleasure to

announce his promotion, and with it to convey to Surgeon-Major Reynolds the thanks of the profession, of which he is so honoured a member, for adding yet another to the long list of medical heroes, who have never been known to shrink from danger when duty or humanity bade.

## Appointments in the Irish Schools of Medicine.

On Saturday, March 15th, at a meeting of the Board of the Ledwich School of Medicine, Dublin, for the purpose of electing lecturers to the vacant chairs of Materia Medica and of Botany, Dr. Richard D. Purefoy, a graduate in medicine and surgery of the University of Dublin, and Obstetric Surgeon to the Adelaide Hospital, was appointed to the chair of Materia Medica; Dr. Charles Robinson, a Fellow of the Royal College of Surgeons, Ireland, was appointed to that of Botany. Dr. William Ramsay McNab, Professor of Botany in the Royal College of Science in Ireland, has been appointed to the chair of Botany in the Carmichael College of Medicine and Surgery, vacant through the resignation of Dr. Edmund B. Blakely. Mr. Biggs, Assistant Curator at Cambridge, has been appointed to the Professorship of Zoology and Comparative Anatomy at the Royal College of Science in Ireland, vice Dr. Leith Adams, who has accepted a chair in the Queen's College, Cork. Dr. J. Magee Finney, Physician to the City of Dublin Hospital and Registrar of the College of Physicians of Ireland, has resigned his office of Demonstrator in the School of Physic, in Ireland, and his connection with the private teaching of that school, both of which he has been associated with since the year 1864. Dr. Finney received the marked thanks of the Board of Trinity College on his retirement.

## Relation of Ozone to Health and Disease.

In his address at the Sanitary Congress, which has already appeared in our columns, Dr. Henry Day, of Stafford, remarked that when a warm-blooded animal is subjected to a stream of ozonised air, symptoms of great bronchial irritation are produced, succeeded by great rapidity of respiration and violent action of the heart. If the effect of the ozone be kept up, a form of congestive bronchitis is manifested, and finally there is lividity of the skin, coldness of the surface, gasping respiration, jactitation, and death. Hence it has been surmised whether the superabundant presence of ozone in the atmosphere may not be connected with many diseases affecting the human family, especially epidemics of catarrh, influenza, bronchitis, and the like. The question, however, arises whether there is ever such an excess of ozone in the air as would be likely to create such a result? This is very doubtful, for in the laboratory, and during experiments, no disagreeable effects are produced, either on man or animals, unless the ozone be in sufficient quantity to be appreciable to the senses. Then, again, Dr. Moffatt, who has for several years made many careful observations on the subject, believes that there is some connection between the ozoniferous condition of the atmosphere and the prevalence of other diseases than those just mentioned. He first of all ascertained that the atmospheric conditions during which phosphorescence takes place, are identically the same as those of ozone periods, whilst periods of non-phosphorescence and no ozone also occur under similar atmospheric states. The former occur with low atmospheric pressure, high temperature, and a south-east wind; whilst the latter, or non-ozonic and non-phosphorescent conditions, obtain, under a high atmospheric pressure, low temperature and a north-east wind. Dr. Moffatt further noticed that cases of apoplexy, epilepsy, sudden death, epistaxis, neuralgia, and diarrhœa were prevalent either immediately before or during ozonic periods, and at the approach of gales and storms, and the issuing of Admiral Fitzroy's cautionary telegrams. He also suggests that, as ozone is formed by the catalytic action of phosphorus on moist air, and as brain and other tissues of the body contain phosphorus, the oxidation of phosphorus in the system might be modified by atmospheric changes, which would probably be evidenced by the varying quantities of phosphoric acid excreted by the kidneys. With the view of determining this point, he tested the urine of a healthy man daily for twelve months, with the result of showing that the quantity of phosphorus oxidised in the air and in our systems depends upon similar atmospheric conditions, the maximum with the ozonic and phosphorescent periods, and the minimum with the non-ozonic and non-phosphorescent periods. We may, however, here observe that Dr. Moffatt does not clearly show that the above diseases are more prevalent in one period than in another, and the reader will notice that they are all diseases which are constantly prevalent amongst us at all times, in all seasons, and which do not appear to be subject to any atmospheric or meteorological conditions whatever. While, however, the connection between a superabundance of ozone in the air and the prevalence of certain diseases is exceedingly problematical, there is one disease which may with much reason be believed to be connected with an absence of ozone, and that is—cholera. From a report of the ozone registrations that were kept at fifteen cholera stations, it appears that cholera was in its greatest ascendancy when ozone was either absent from the air, or at its minimum. These observations have been corroborated by a series of experiments that were instituted in 1854 during the epidemic at Strasbourg, and more recently by some experiments which Mr. Glashier made on the subject. As Dr. Day remarks, it is sometimes very difficult to distinguish between a "coincidence" and a "consequence.' We are inclined to believe that the co-existence of certain phenomena above-mentioned should be regarded as a coincidence, and not in the aspect of cause and effect; but we will admit that the subject is sufficiently important and obscure to claim for it further consideration.

## Vidal on Eczema Marginatum of Hebra.

In many cases, M. Vidal said, the eczema marginatum, of Hebra, was only one of the forms of pityriasis versicolor. The malady is produced by the *microsporon furfur*. In some cases the *tricophyton* of herpes circinata, causes the eruption. But there are some forms more embarrassing. A vesicular eruption shows itself on the arm-pits, thighs, trunk, extending with rapidity. There is less redness than

in herpes circinata. Under the microscope is found the parasite of pityriasis rosea of M. Bazin. In the course of the year 1878, he had two patients on whom an eruption appeared, which disseminated rapidly, and tended to become general. Some sulphur baths produced an easy and rapid cure.

On microscopical examination of the epidermic *dèbris* Vidal found that the parasite had its seat in the middle layer of the epidermis. It was composed of very small spores united in round groups. In the diseased epidermic cells, were very fine sporullary tubes. The spores were smaller, and less refractive than the spores of *tricophyton*.

In the ensuing discussion, M. Hillairet observed that, he shared the opinion of M. Vidal on the subject of the confusion which Hebra introduced into dermatology, by giving the name of eczema marginatum to a parasitic affection produced by a tricophyte. M. Cornil declared that the parasites described by Vidal were frequently met with in the epithelial cells without alteration of the epidermis, and without any trace of a skin eruption. M. Malassely had observed an interesting case, analogous to one of those by M. Vidal. The parasites were more numerous at the periphery than in the centre. A cure was obtained by sublimate lotion.

## Blood-letting.

We had great pleasure in publishing in our last issue Dr. R. Johnson's experience of a plan of treatment which there is much reason to believe has fallen into unmerited neglect. Dr. Johnson, however, is in error in supposing that we have only recently taken up the subject, inasmuch as more than twelve months before Professor Wharton Jones's communication in the *Lancet* we devoted more than one leading article to the "revival of blood-letting." Dr. Johnson adds fresh testimony to what has already lately been adduced in favour of the moderate and discriminate use of this therapeutic agent. His remarks, moreover, are the more valuable, because he is not biassed by theory and preconceived opinion, but by the result of his own practice, and because he has no wish to "mislead the sense of our juniors and more sanguine of our body into the rash or injudicious practice of a measure fraught with danger and requiring the most astute discrimination." As he truly says, the constitution of the patient, his habit of body, his age, mode of life, the nature of the disease, and many other circumstances have to be taken into consideration before any blood is abstracted, and no one would now think of advocating the same practice in all cases of the same kind. If, indeed, we carefully reflect on the cases which Dr. Johnson, Professor Wharton Jones, and others have lately published, we shall be certainly justified in asking "whether the scare about venesection has not been carried too far, and whether the prejudice which prevails on the subject ought not to be reconsidered and submitted to the test of cautious and discriminating experience." What we want, however, are more facts and careful observation, with all the assistance that the thermometer and the sphygmograph can now give us in forming a judgment with regard to the utility of bloodletting in the treatment of disease. We are firmly convinced that in many cases, especially in young, plethoric individuals, the patient's recovery is retarded, or the parts affected more damaged than they ought to be by the inert, temporising, and expectant plan of treatment too generally pursued now-a-days. We trust, therefore, that we shall be favoured with further contributions towards the elucidation of this important subject, care being taken to accurately report the condition of the patient before and after the abstraction of blood, and to note not only the favourable results, but also the apparent failures of this method of treatment.

## The Herbalists.

With regard to the herbalists and their parliamentary apologists, we had no intention last week of taking up the subject seriously, or our remarks would certainly not "erred in the measure of their extreme mildness." We quite agree with our correspondent, the author of "Medical Men and Manners," in regarding the opinions, which the apologists of the quacks in the House of Commons recently expressed, as either pitiable or contemptible; and it is also highly, probably, that many practitioners among a certain class of the community, especially those who belong to clubs and provident societies, are, on account of the small fees they charge, less respected and less appreciated than the low ignorant herbalist, who, knowing that there is a great tendency on the part of the public to take a man at his own valuation, makes it a principle to charge as much for his "consultation" and medicine as would suffice to pay the fee of a consultant physician. Cheap advice, like cheap articles, is seldom thought much of; and when quacks put, as they generally do, a high price upon their advice and medicines, it is not only because of their extortionate principles, but also because their knowledge of human nature tells them that the credulity and confidence of their victims will be, in proportion, to the audacity of their professions and the exorbitancy of their charges. If regular medical practitioners make themselves so cheap, they must not be surprised if their services are valued accordingly, and if the prescribing chemist or the herbalist meets with as much confidence and respect as if he were a well-educated and duly qualified doctor.

## Treatment of Post-Partum Hæmorrhage.

If ever a more positive and exact system of therapeutics is introduced into the province of obstetric medicine, post-partum hæmorrhage is just one of those accidents in which the adoption of such a system should be most practicable. The causes of post-partum hæmorrhage are few, simple, and well understood, and in an accident of so common occurrence it is surprising that obstetricians have not by this time come to some decision with respect to the best and most positive method of arresting it. Amongst the plans of treatment most recently recommended is that by compressing the abdominal aorta. This plan, which is however by no means new, is strongly advocated by Dr. G. de Gorrequer Griffith in the February number of the *Obstetrical Journal*. When the vessel cannot be compressed externally in the ordinary way, he grasps the uterus, and by means of it compresses the artery against the back, or he compresses the artery by introducing his hand either into the cavity of the uterus or into the rectum. We quite believe with him that we do not

utilise the cavity of the rectum so frequently as we might, either for purposes of diagnosis or treatment; but it has been recently shown that the introduction of the hand into the rectum is not only a difficult operation, but one that is attended with some danger. Besides, the safe introduction of the whole hand into the rectum should be effected in a gradual manner, and while the patient is under the influence of chloroform, whereas its introduction for the purpose of compressing the aorta in cases of post-partum hæmorrhage would have to be immediate, and without the assistance of anæsthetics.

## Rabies Treated and Cured by Oxygen.

We learn from the *Gazette des Hôpitaux* that two Russian physicians, Schmidt and Lebedew, have lately cured (?) by the above means, a young girl, æt. 12, who had been bitten on the hand by a mad dog. The wound had engaged the skin and subcutaneous cellular tissue, and had been immediately cauterised by nitrate of silver; and at the end of eight days cicatrisation was complete.

Seventeen days after the bite the first symptoms of hydrophobia developed. The physicians prescribed the inhalation of oxygen, with the result of producing a complete state of calm. On the next day fresh symptoms came on—dysphagia, dyspnœa, tonic convulsions, spasm of the respiratory muscles, and complete absence of sensibility. A fresh inhalation of oxygen, for forty-five minutes, relieved all the symptoms, with the exception of a slight degree of dyspnœa, which was overcome by the use of the mono-bromide of camphor. The patient ultimately recovered.

In reference to the use of oxygen, we may call to mind our "Reports on Rabies," where it was mentioned that Drs. Constantin Paul and Josias employed it on a very characteristic case in 1875, but the patient died, though the asphyxia was relieved.

## The "Midnight Oil."

It seems like going back to the days of Alfred the Great, when we read in *La Nature* of a simple and convenient night lamp, indicating the hour by the extent of combustion of the oil. From the oil reservoir rise two vertical glass tubes; one contains oil and is graduated for the hours, the other contains the wick saturated with oil and giving the light. The construction is such that one hour is required to consume the quantity of oil between two graduations of the first-mentioned tube. A reflector placed under the flame at the side throws a luminous beam across the graduated tube. During the night one can thus see at what height the oil stands in the tube and read the corresponding hour.

## A New Dental Hospital for Dublin.

We understand that the house in York Street, Dublin, recently occupied by the late Dr. B. F. McDowel, has been taken on lease by a number of dental surgeons, who have joined together for the purpose of founding a dental hospital and school in order to supply to students the instruction necessary for the dental license of the Irish College of Surgeons. We believe that Mr. Stack, Dr. Baker, and Mr. Moore are associated with the movement.

In the principal foreign cities the rates of mortality according to the most recent weekly returns were in Calcutta 32, Bombay 28, Madras 32; Paris 29; Geneva 23; Brussels 31; Amsterdam 28; Rotterdam 34; The Hague 29; Copenhagen 25; Stockholm 20; St. Petersburgh 44; Berlin 26, Hamburg 24, Dresden 24, Breslau 34, Munich 32; Vienna 33, Buda-Pesth 37; Rome 22, Turin 27, Venice 24; Alexandria 41; New York 30, Brooklyn 20, Philadelphia 18, and Baltimore 21 per 1,000 of the population. Small-pox caused 58 deaths in St. Petersburgh.

The annual death-rate last week from the seven principal zymotic diseases in the large towns, ranged from 0·0 in Portsmouth to 6·7 in Newcastle-upon-Tyne. Whooping-cough showed excessive fatality in Manchester and Sheffield; and measles in Newcastle-upon-Tyne, Norwich, and Wolverhampton. The deaths from scarlet fever were proportionally most numerous in Sunderland, Oldham, Sheffield, and Bradford. Small-pox caused 16 more deaths in London and its suburban districts, 14 in Dublin, but not one in any of the other large towns.

The rates of mortality per 1,000 last week in the principal large cities and towns in the United Kingdom were —Edinburgh 16, Portsmouth 19, Sunderland 19, Leeds 22, Bristol 22, Brighton 23, Oldham 24, Norwich 24, Birmingham 25, Glasgow 25, Salford 26, Plymouth 26, Bradford 27, Nottingham 27, Liverpool 28, Newcastle upon-Tyne 29, Wolverhampton 29, Leicester 29, London 30, Manchester 31, Hull 31, Sheffield 32, and the highest rate Dublin 34.

Information has been received at the Admiralty that no fresh cases of small-pox have occurred on board her Majesty's ships *Boadicea* and *Flora* since the 14th February. This ship has been placed under quarantine for the last six weeks in consequence of several severe cases on board. She is now declared free.

Dr. Kiemann, the Austrian medical delegate, telegraphs to his government from Wetlianka, that the last case, a little girl, æt. 10, who was attacked by the plague, has already left her bed, and that no fresh cases of sickness have occurred. The demolition and burning of the infected houses continue.

The annual Festival Ball in aid of the French Hospital in London, was given at the Freemason's Hall, on Thursday evening last, and was well attended. The majority of the guests were in fancy costumes, and some used masks. The charity will probably receive a large accession to its funds.

Dr. Murchison was, on Friday last, gazetted to the honour of Physician-in-Ordinary to their Royal Highnesses the Duke and Duchess of Connaught.

On Friday last in the House of Lords, the report of Amendments on the Medical Acts Amendment Bill was brought up and agreed to.

A WOMAN, an in-patient in St. John's Hospital for Diseases of the Skin, London, suffering from leprosy in its most horrible form, died in the hospital on Saturday last.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF EDINBURGH.—The mortality still keeps low. Last week, ending 22nd March, there were 64 deaths, which gives a death-rate of 15 per 1,000. No deaths from scarlatina or measles were recorded, and the zymotic mortality was otherwise very moderate. Of the 151 births, 11 were illegitimate.

A STUDENT'S FUNERAL.—The remains of Mr. John Melville, medical student, who succumbed to an attack of fever, were interred in Edinburgh, on Saturday, the 22nd ult. About 100 medical students attended the interment in Echo Bank Cemetery, and of the teachers of the deceased, Professors Maclagan, Sanders, Simpson, G. Stewart, Fraser, Drs. Wylie, Littlejohn, M. Brown, and Affleck. The funeral attracted much attention as it passed along the streets. At the grave a short service was conducted by Mr. MacMillan, pastor of the Reformed Dutch Church in the Orange Free State, who spoke of the genial character of the deceased, and of his diligence as a student, both in Aberdeen and Edinburgh. The cosmopolitan character of the Edinburgh school was evinced by the presence of forty students from Cape Colony, who are at present there pursuing their medical studies.

MORE "YOUNG GENTLEMEN" IN TROUBLE. — At the Edinburgh Police Court on Saturday, the 22nd ult., two medical students, named Thomas Clark and George Rothwell, were charged with creating a disturbance on South Bridge Street, on the previous Thursday night, Clark being further charged with assaulting Constable Alexander Sutherland while executing his duty. Sheriff Hallard, who presided, said it was desirable that students should present an example of gentlemanly behaviour, and this element being lamentably wanting in this case, a fine of £2 was imposed in each case, or ten days' imprisonment.

MEDICAL EDUCATION OF WOMEN.—A bursary of £30, tenable for three years, is to be offered by the National Association for Promoting the Medical Education of Women, in Edinburgh.

PAISLEY INFIRMARY.—The annual meeting of this charity was held on the 27th ult., in the Museum Hall, Paisley; Mr. Stewart Clark occupied the chair. The annual report, which was adopted, showed that during the year 932 patients had been admitted, of whom 799 were cured or dismissed, 66 died, and there were remaining in the house 67. Of the 66 deaths, 8 were within twenty-four hours after admission. Nearly a fourth of the 932 cases were fever ones. The number of patients prescribed for at the Dispensary had been 3,376, an increase of 642 over last year. The treasurer's statement showed that there had been a deficiency of £61 15s. 9d. for the year, but this had been met off last year's balance, and a sum of £93 19s. 11d. carried forward. The total expenditure was £2,464 17s. 3½d., or about £8 more than last year, notwithstanding the great increase of patients in the house and of those treated at the Dispensary. The sum expended on wines and spirits was £89 4s. 6d. as against an average for the last ten years of £150. Bailie Clark, Messrs. James Arthur, Thomas Coats, William Hodge, J. S. Kerr, William Morrison, Provost Murray, and Bailie McGown, were elected directors for the ensuing year. Bailie McGown intimated the receipt that night of a donation of £33 6s. 8d. from Mr. Riddell, of Blackhall—this was part of £100 paid to Mr. Riddell by a person whom he sued for damages.

CLOSING OF THE SCOTCH MEDICAL SCHOOLS.—The Glasgow medical schools closed last week; and the Edinburgh University Medical School was closed on the 27th ult., with an address by Professor Annandale. Before distributing the prizes and honour certificates to the successful students of the past session, the Professor, while congratulating the members of his class on the evidence of successful study they had given in the course of the session, said that at the same time he could not but feel that one little weakness in the teaching of clinical surgery, as at present conducted in this school, lay in the instruction in the wards at the bedside. Mere attendance twice a week at the clinical lectures in the theatre was not enough, and he attached great importance to instruction given at the bedside, where the treatment and course of the injuries and diseases spoken of in the lecture-room could be followed and observed. The limited space at their disposal in the present infirmary building had made it difficult to do all that was desirable in that way. But in the next winter session the clinical course would be open in the New Infirmary buildings, in which he and his colleague of the extramural school would have a wing to themselves, and every facility for carrying out instruction in the wards as well as in the theatre. The clinical professor would have a theatre to himself, which would accommodate at least 300 students, and which could be used every day, if necessary, for the purposes of the class; while there would be other rooms set apart for the class, such as in the present buildings were not available. The visits to the wards which, in the past session, he had made on Saturdays with the senior students, had been attended with mutual advantage to both the students and himself.

PROFESSOR BALFOUR'S RETIREMENT.—An order of her Majesty in Council, dated 22nd March, 1879, has been received by the Senatus of the University of Edinburgh, containing her Majesty's approval of a Report by the University Court of the University of Edinburgh, recommending that Dr. John Hatton Balfour should be permitted to retire from the Professorship of Botany and Medicine in the University on the retiring allowance, as provided by the Universities (Scotland) Act, 1858.

THE FINANCIAL DIFFICULTY OF THE GLASGOW WESTERN INFIRMARY.—A public meeting was held in the Religious Institution Rooms last week to consider the financial difficulties into which the Western Infirmary had fallen, owing to a deficiency in subscriptions. Mr. Thomas Watson, Chairman of the managers, submitted a statement of income, 1st Nov. to the 22nd March, which showed that the subscriptions and donations amounted to £4,649 2s. 6d., a decrease of £1,854 17s. 7d. compared with the same period in 1877-8; students' fees, £764 18s. 6d., decrease, £214 16s. 6d.; and interest and sundries, £345, increase, £92 2s. 11d. There was at the same time an increase of £30 14s. 1d. in the cost of maintenance (64 additional patients having been treated), and the nett deficiency of £2,008, compared with the same date last year. In 1877-78, the sum of £1,412 was received from the Committee of the calico ball. The balance at the credit of the supplementary fund is £1,181 15s. 5d. The stock account shows a balance of £12,559 0s. 7d., as compared with £12,425 0s. 7d. at 31st October, 1878. There is a balance of £4,428 14s. 3d., which the managers have resolved to pay off as soon as they have funds available. Mr. Thomas Watson said there was a balance of £1,181 remaining

at the credit of the reserved account, raised in 1875 for the purpose of making up deficiences that might occur from time to time in the income. Considering that they were at present upwards of £2,000 behind, and, further, that the numbers of patients applying for admission to the Infirmary was daily on the increase, this reserve balance is quite inadequate to meet the case; and the managers felt it their duty to make their position known to the public. Resolutions were adopted, with a view to urging the claims of the Institution on the public. However much the directors, and the clergymen of fashionable and rich congregations, may deplore these, their financial, difficulties, it will not be in the slightest degree a matter of regret to the medical practitioners of Anderston and Partick, that a gratuitous institution, *open to all comers*, without distinction, should find itself thus circumstanced. The fallacy that the more patients it treats, the more money should the public give, is too palpably absurd to be dwelt upon.

Glasgow Medico-Chirurgical Society.—At a meeting of this Society, held on the 21st ult., Dr. Hugh Thomson read an interesting paper, "On Vaccino-Syphilis; or, the Accidental Transmission of Syphilis by means of Vaccine Lymph." We purpose publishing this paper in full in an early number.

Vivisection.—The Scottish Society for the Total Suppression of Vivisection held a meeting in Edinburgh on the 27th ult., when addresses were delivered by a number of gentlemen interested in the movement, including Professor Hodgson, and Dr. Walls, of London, who was prevented by the medical students on a former occasion from expressing his views to an Edinburgh audience. A petition to both Houses of Parliament, for the suppression of the system, was resolved upon.

# Correspondence.

## THE INDIAN MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As an examination for admission to the Indian Medical Service will shortly take place, I trust you will afford me an opportunity, through the medium of your paper, of laying before your readers my experience of that service, acquired during a period of more than eight years' residence in India. At all the examinations a great number of the candidates are Irishmen; therefore the following remarks may be of interest to some of the intending competitors, and for that purpose I will "a round unvarnished tale unfold."

The Regulations as to pay and pension issued by the India Office are very alluring at the first glance—286 rupees per month on arrival in India, and 450 rupess when qualified in the native language. Do not let any candidate be deluded by this glittering bait. In my case I passed the lower standard examination in Hindustani within three months of my arrival in the country, and although, among the first on the list passing out of Netley, the higher rate of pay was not granted to me until I had been one year in India, and then for six months only, or during the time I was temporarily in medical charge of a regiment. My next appointment was an officiating one—that is to say, the permanent incumbent was on furlough—and my pay was 286 rupees, plus 100 officiating allowance. This continued for three months. My next appointment was an officiating one also, and the pay 386 rupees, which continued for nine months. For six months afterwards my monthly stipend was the lower rate of 286 rupees, and this, too, in a country where one's monthly expenses, even with the strictest economy, are never less than 250 rupees. In fact, Sir, it would be occupying too much of your valuable space were I to recount the very many changes to which I was subjected during the first four years of my service, and that, too, at an inferior rate of pay, not to speak of repeated attacks of severe jungle fever, from being obliged to perform long and tedious journeys at unseasonable times of the year. Until a young medical officer gets permanently appointed to a regiment—and this does not generally happen for the first four years of his service, he is liable to be knocked about all over the country, and at the shortest notice. In my case I have been several times ordered away by telegram, and have been obliged to dispose of my property at a great loss. On more occasions than one I have been obliged to traverse distances of more than 800 miles. Were all the Regulations of the Indian Medical Service fully and honestly explained, and not made delusive, as they appear on paper, candidates would weigh gravely the advantages (?) of entering a service in a sickly country, where the prime of a man's years must be spent, and where life is so uncertain.

Then take into consideration the Furlough Rules of '68, in which furlough pay at the rate of 2s. per rupee is promised; but men must now be content with 1s. 9d., the Government rate, and when any complaint is made no notice is taken, nor is any redress to be expected.

In India it is useless to grumble before those sitting in high places. They have good pay and comfortable appointments; consequently they fail to see why their junior brethren should be dissatisfied. But some of your readers may say—"Then why not give up the Service at first?" To that I would answer—*Necessitas non habet legem.* The cost of outfit and other circumstances are to be considered.

Assuring you that not one of the above statements is exaggerated,

I am, yours faithfully,

Dissappointed.

March, 1879.

## THE IRISH VACCINATION AMENDMENT BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I read with very great interest in your last issue a notice having reference to the proposed Irish Vaccination Amendment Bill, and it occurred to me that while dealing with this subject one or two salient points seem to have escaped your attention. Let me remind you that medical men in Ireland only receive tenpence for each successful vaccination; the remaining two-pence they may fairly consider themselves entitled to for the proper registration of same, a similar sum being allowed to non-medical registrars for the performance of this duty. Furthermore, the Government do not seem to take into account that additional labour has been thrown upon the medical officer some years since by the establishment of rural vaccination depots, at two of which, as a rule, he is obliged to attend weekly for one month in each half-year, making in all sixteen journeys, the distance seldom being less than four or five miles from his residence, and for this extra duty no additional remuneration whatever is allowed, although under other circumstances for similar labour he might justly claim a sum of sixteen guineas, which, in many instances (as in my case) would be a sum far in excess of his entire vaccination fees. In England, where I practised for some time, an additional fee was invariably allowed when the operation was performed at a distance from the doctor's residence. I would say, in common justice a similar claim might reasonably be made by medical men on this side of the channel.

Yours faithfully,

P. J. Bodkin, Medical Officer.
Glenamaddy Workhouse and Dispensary,
co. Galway.

**St. John Ambulance Association.**—At a meeting of the medical committee of the St. John Ambulance Association, held on Friday, at St. John's Gate, Clerkenwell, Dr. Sieveking, Physician to the Queen, in the chair, supported by a considerable sprinkling of the medical profession, the following resolution was unanimously adopted:—"That this meeting recognises with satisfaction that the central committee spare no exertions to limit the instructions given to the ambulance classes to matter which enables the pupils to render first aid to injured persons, and does not interfere with the province of the medical profession; and further considers the instruction to have been of eminent advantage to the public at large."

**The Harvey Memorial Fund.**—A meeting of the sub-committee of this fund was held on Monday last, at the London College of Physicians, Sir George Burrows, Bart., M.B., in the chair, at which it was decided that the commission for the the statue of Harvey, to be erected at Folkestone, should be entrusted to Mr. A. Bruce Joy, the designer of the model marked B now being exhibited at the South Kensington Museum.

**Medical Acts Amendment Bill.**—This Bill was read a third time and passed in the House of Lords on Monday night.

**The Medical Staff in Zululand.**—In reply to a question in the House of Lords on Monday as to the efficiency of the Army Medical Department at the Cape, Lord Bury stated that there were two surgeons of the department, two naval surgeons, and three civil surgeons with Colonel Pearson's force at Ekowe. There were also three army and three navy surgeons on their way to the Cape; ample provision was also made in other ways for medical care.

# Obituary.

## DR. JAMES McBAIN, OF EDINBURGH.

THIS esteemed and well-known medical man died at his residence, Logie Villa, Trinity, Edinburgh, on the 24th ult. Dr. McBain was born at Logie, in the parish of Kirriemiur, Forfarshire, on the 11th of November, 1807. Having served as an apprentice with Dr. Stewart, surgeon, in his native place, he, in 1823, went to Edinburgh to commence his curriculum of study in medicine, and in March 1826, passed his examination at Surgeons' Hall, and received his diploma when only a few months over nineteen. In the same year he graduated in medicine at the University of St. Andrews. During his course of study, as was the practice at that time, he made a voyage in a whaling ship to the Arctic regions, which he often referred to as having afforded him an opportunity of making many interesting observations. In August, 1827, Dr. McBain passed his examination for Assistant Surgeon in the Royal Navy, and shortly after was appointed assistant surgeon to H. M. S. *Undaunted*, which took out Lord William Bentinck as Governor-General of India. Dr. McBain served for several years in this ship, visiting various foreign places of interest, and adding much to his store of scientific observation and profitable experience as a naturalist. In 1832 he was appointed assistant surgeon to H. M. S. *Investigator*, surveying vessel, commanded by Captain George Thomas, who was then employed in the survey of the Shetland Islands. The survey was completed in 1834, and in the autumn of that year the survey of the Orkney Islands was proceeded with. While occupied in this work, Dr. McBain, along with Lieutenant Thomas, carried on a system of dredging round the shores of the Orkneys, and in deep water between Orkney and Shetland, and had the satisfaction of supplying large collections of the marine invertebrata to Messrs. Forbes and Hanley, then employed on their great work on the British Mollusca. Many new and rare specimens were the result of these dredgings. Fine collections of marine algæ were also made, which were sent to Dr. Harvey for his great work on the "Phycologia Brittannica." In 1848 the survey ship was paid off, and since then Dr. McBain had not served afloat. In 1849 he took up his residence in Elie, in Fife, and four years afterwards removed to Perniefield, Leith, and became the intimate friend and companion of the late Professor John Fleming, who then resided at Seagrove, in the neighbourhood. They enjoyed many natural history excursions together, often accompanied by their highly valued friend and fellow-student in science, the late Mr. Alexander Bryson. Dr. McBain has for many years resided at Trinity, where he became the centre of a large circle of scientific friends, many of whom looked up to him as their mentor. Dr. McBain was an accomplished botanist as well as geologist, and in all that appertained to these branches of knowledge he took the deepest interest. He delighted particularly to assist young men, and imbue them with a taste for natural history pursuits; and many can trace their success to the encouragement and help received from him while attending the University.

Dr. McBain was a Fellow of the Royal Society of Edinburgh, and of the Royal Physical Society, of which he was twice President, and of the Botanical Society of Edinburgh, in the proceedings of which he took an active part. Although to some of his friends he might appear rather reserved, by his intimates he was greatly beloved for his genial and affectionate disposition, and all who were accustomed to associate with him will feel that, considering at once his virtues and accomplishments, his place in their circle will not readily be refilled.

# NOTICES TO CORRESPONDENTS.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched. these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions—£1 2s. 6d.—for last year, are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt.

DR. PATTERSON CASSELLS, Glasgow, is thanked for the second par of his translation of Delstanche's "Contribution to the Study of Osseous Tumours." These papers will appear as soon as Dr. McNaughton Jones's translations of Löwenberg's "Adenoid Tumours" are completed.

DR. EVELYN LITTLE.—The proceedings of the Surgical Society are being held over for your paper, which we shall be glad to receive at once.

DR. MUTER announces in our advertising columns a course of Physical Lectures to Students commencing April 22nd at the South London School of Chemistry and Pharmacy.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—On Wednesday and Friday, at 5 p.m., Lumleian Lectures: Dr. Bristowe, "On the Pathological Relations of the Voice and Speech."

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8 o'clock, Specimens by Dr. Godson.—Dr. Routh, "On a Case of Extra-uterine Pregnancy."

EPIDEMIOLOGICAL SOCIETY.—This evening, at 8½ o'clock, Mr. George Turner, Medical Officer of Health to Portsmouth, "On Summer Diarrhœa."

HARVEIAN SOCIETY.—On Thursday, at 8½ p.m., Dr. G. C. P. Murray, "Cases of Uterine Disease."—Dr. Stewart, "On Simulated Scarlet Fever."—Dr. J. W. Langmore, "On Contracted Kidney in young subjects."

ROYAL INSTITUTION.—On Friday, at 9 p.m., Mr. Wm. Crookes, "On Molecular Physics in High Vacua."

### EPITAPH ON A PLEASANT FELLOW WHO DIED OF ATROPHY OF THE LIVER.

HE passed away from life,
And resigned his eau-de-vie,
Missed sadly by his wife,
Ah! miss him, so do we.
He disarranged his stomach,
He disarranged his chyle,
And very soon did flummock
His receptacle for bile.
Each day its size diminished,
It was beautifully less,
He felt 'twould soon be finished,
So he took a B. and S.
'Twill, I hope, a les Son Be,
He did'nt love his liver,
Tho' a *liver good* loved he;
Yet over Charon's river
He took of it *A trophy.*
How could he be a liver long
When he was of a liver short?

C. O'C. REDMOND, Cappoquin.

THE Annua lDinner in aid of the funds of University College Hospital will be held at Willis's Rooms on Tuesday, May 6th.

THE Senate of the Queen's University in Ireland announce that on Friday, the 18th April next, they will proceed to elect an Examiner in Medicine, in the room of Dr. Charlton Bastian, at a salary of £100.

ODONTOLOGICAL SOCIETY OF LONDON.—On Monday, April 7th, 8 p.m., Ordinary Meeting.—Paper by G. W. Field, D.D.S., "On Gold Filling."—Casual communications from Dr. Walker, "Abnormal Dentition;" W. C. Ranger, "Mechanical Restoration of contour of Nose and Hard Palate;" Oakley Coles, "On Sarcoma from Periosteum of Lower Molar Root;" Robert Waller, per A. Coleman, "Mechanical Treatment of Gun-shot Wound of Mouth;" Dr. Morrison, "On Fang Filling with Gold."

THE next Evening Meeting of the Pharmaceutical Society of Great Britain will be held on this (Wednesday) evening, when the following papers will be read:—"Action of Iodine on Rhubarb," by Mr. H. G. Greenish; "Note on Plasma," by Mr. W. Wilmott; "Note on Shea Butter," by Mr. E. M. Holmes; "On Mongumo Bark," by Professor Dragendorff.

THE Medical Society of the King and Queen's College of Physicians will meet on Wednesday next, at 8 o'clock, in the College Hall, when the following communications are set down for reading: Dr. Nixon to exhibit the Heart of a Person who suffered from Cyanosis.—Dr Grimshaw, "On Thoracic Aneurism simulating Mediastinal Cancer

—Dr. MacSwiney, to communicate "The Personal Report of a Case of Nervous Shock."

## VACANCIES.

Ashton-under-Lyne.—House Surgeon for the District Infirmary. Salary, £'0, with board. Applications to the President by May 1.
Castlebar Union, Castlebar Dispensary.—Medical Officer. Salary, £110, with fees, and £15 as Sanitary Officer. Election, April 19.
Naas Union, Clane and Timahoe Dispensary.—Medical Officer. Salary, £125, with fees, and £15 as Sanitary Officer. Election, April 7.
Queen's University.—Examiner in Medicine. Salary, £100. Election, April 18. (See Advt.)
Royal Free Hospital, London.—Physician for Diseases of Women, and an Ophthalmic Surgeon. Both Honorary. Testimonials, &c., to the Secretary before April 30. (See Advt.)
St. George the Martyr, Southwark.—Medical Officer of Health. Salary, £150. Applications to the Vestry Clerk, on or before April 8.
Sunderland Infirmary.—House Surgeon. Salary commencing at £80, with board. Applications to the Chairman of the Medical Board before April 23.

## APPOINTMENTS.

Buckly, D. F., L.R.C.P.Edin., L.K.Q.C.P.I., Medical Officer to the Kilmeaden Dispensary, Waterford Union.
Caithness, J., M.D., C.M., Public Vaccinator for the Llanrhaidr District of the Ruthin Union.
Christie, W. J., M.B., L.R.C.S.E., House Surgeon to Leith Hospital.
Davidson, A., M.B., M.R.C.S.E., Assistant House Surgeon to Leith Hospital.
Douglas, A. H., M.D., F.R.C.P.Ed., Medical Officer to the Orphan's Hospital, Dean, Edinburgh.
Hall, J. C., M.B., Medical Officer, &c., for the Scotstown Dispensary District of the Monaghan Union.
Jones, W. D., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Ruthin District of the Ruthin Union.
Lyden, M. J., M.D., M.Ch., Medical Officer to the Abbey Dispensary, Tuam Union.
Mason, H. H., M.R.C.S.E., Medical Officer of Health for the East Ham Urban Sanitary District.
O'Neil, H., M.D., an Assistant Surgeon to the Extern Department of the Belfast Royal Hospital.
Stoker, W., F.R.C.S.I., L.K.Q.C.P.I., & L.M., a Surgeon to the Jervis Street Hospital, Dublin.
Tattersall, W. J., L.R.C.P.L., M.R.C.S., Medical Officer for the Hale and Woolton Districts of the Prescot Union.
Walker, T. H., L.R.C.P.Ed., Public Analyst for the City of Carlisle.
Williams, Mr. R., Surgeon to the Liverpool Eye and Ear Infirmary.
Workman, C., M.D., an Assistant Surgeon to the Extern Department of the Belfast Royal Hospital.

Army Medical Department.—Deputy Surgeon-General Gilborne, of the Army Medical Department, has been selected to succeed Deputy Surgeon-General Holloway as Principal Medical Officer of the Dublin District.

# Births.

Brown.—On the 27th ult., at 1 Bartholomew Road, Kentish Town, the wife of Andrew Brown, F.R.C.P., of a son.
Corban.—On the 27th ult., at Sunnyside, Gibraltar, the wife of Surgeon-Major Corban, M.D., of a daughter.
Knight.—On the 28th ult., at 56 Synge Street, Dublin, the wife of Charles F. Knight, M.D., of a son.
MacAuliffe.—On the 17th ult., at Kenmare, co. Kerry, the wife of A. MacAuliffe, L.R.C.P.Edin., of a son.

# Deaths.

Atherton.—On March 24, at his residence, Thatto Heath, Prescot, Samuel Atherton, M.R.C.S.E.
Burnett.—On March 23, at Dover, Margaret Jane, wife of F. Burnett, M.D.
Elliott.—On Jan. 13, in St. John's, West Indies, Martha Ann, the beloved wife of Glanville O'Brien Elliott, M.D., Leeward Island Medical Service, Presidency of Dominica.
Elliott.—On March 16, at Upper Norwood, Gilbert Elliott, M.D., aged 78.
Forrest.—On March 20, at Stirling, William Hutton Forrest, L.R.C.S. Ed., aged 80.
Hall.—On March 21, at Derwent House, Torquay, Charles Radclyffe Hall, F.R.C.P.L., aged 59.
Hurlock.—On March 17, at Hanover-crescent, Brighton, the Rev. Joseph Hurlock, M.D., aged 91.
Hutchings.—On March 19, at Camberwell, Henry E. Hutchings, M.R.C.S.E., late of Canterbury, aged 45.
Lattey.—On Feb. 18, at Nitenhage, Cape Colony, A. H. Hutchison Lattey, M.R.C.P., aged 69.
Lawrence.—On March 13, at Cheddar, John Lawrence, L.S.A.L., aged 79.
McBain.—On March 24, at Logie Villa, Trinity, Edinburgh, James McBain, M.D., aged 71.
Peart.—On March 20, at Ridge Hall, Ballybrack, J. H. Peart, M.R.C.S., J.P. for the County Kildare, late Surgeon Bombay Service, aged 69.
Richardson.—On March 15, at Glaisdale, Yorkshire, Benjamin Richardson, L.S.A.L., aged 47.
Sheward.—On March 24, at Cedar Lodge, Cheltenham, Charles Edward Sheward, M.R.C.S.E., aged 70.
Shiels.—On March 16, John Robert Shiels, L.F.P.S.G., of Lower Green, Llanidloes, aged 36.
Simm.—On the 5th inst., at Ovington Square, Brompton, John Simm, M.R.C.S.E., formerly of the Madras Medical Service, aged 81.
White.—On March 19, at Bedford Street South, Liverpool, Frederick White, L.R.C.P.Ed., aged 33.


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# IRISH POOR-LAW INTELLIGENCE.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

(*Continued.*)

97. (*Verb*). *Offences by Keepers of Houses.*—Any keeper of a common lodging-house who—

(1) Receives any l dger in such house without the same being registered under this Act ; or,

(2) Fails to make a report, after he has been furnished by the sanitary authority with schedules for the purpose in pursuance of this Act, of the persons resorting to such house ; or,

(3) Fails to give the notices required by this Act where any person has been confined to his bed in such house by fever or other infectious disease

shall be liable to a penalty not exceeding five pounds, and in the case of a continuing offence to a further penalty not exceeding forty shillings for every day during which the offence continues.

98. *Evidence as to Family in Proceedings.*

99. (*Verb.*) *Conviction for Third Offence to Disqualify Persons from keeping Common Lodging-Houses.*—Where the keeper of a common lodging-house is convicted of a third offence against any of the provisions of this Act relating to common lodging-houses, the Court before whom the conviction for such third offence takes place may, if it thinks fit, adjudge that he shall not at any time within five years after the conviction, or within such shorter period after the conviction as the court thinks fit, keep a common lodging-house without the previous license in writing of the sanitary authority, which license the sanitary authority may withhold or grant on such terms and conditions as they think fit.

### Byelaws as to Houses let in Lodgings.

100. (*Abs.*) *L. G. B. may empower Sanitary Authority to make Byelaws as to Lodging-Houses.*—The L. G. B. may declare the following enactments to be in force within the district, and such authority shall be empowered to make byelaws for the following matters ; that is to say,

(1) For fixing and from time to time varying the number of persons who may occupy a house or part of a house which is let in lodgings or occupied by members of more than one family, and for the separation of the sexes in a house so let or occupied :

(2) For the registration of houses so let or occupied.

(3) For the inspection of such houses.

(4) For enforcing drainage and the provision of privy accommodation for such houses, and for promoting cleanliness and ventilation in such houses.

(5) For the cleansing and lime-washing at stated times of the premises, and for the paving of the courts and courtyards thereof.

(6) For the giving of notices and the taking of precautions in case of any infectious disease

101. (*Verb.*) *Saving for Common Lodging-Houses.*—The provisions of the last preceding section shall not apply to common lodging-houses.

### Clocks.

102. *Urban Authority may Provide Public Clocks.*

103. *Urban Authority may provide Markets.*

104. *Power for Sale of undertaking of Market Company to Urban Authority.*

105. (*Verb.*) *Power to provide Slaughter-houses.*—Any urban authority may, if they think fit, provide slaughter-houses, and they shall make byelaws with respect to the management and charges for the use of any slaughter-houses so provided.

For the purpose of enabling any urban authority to regulate slaughter-houses within their district the provisions of the Towns Improvement Clauses Act, 1847, with respect to slaughter-houses shall be incorporated with this Act.

Any urban authority may make byelaws for the decent and seemly conveyance of meat through the public thoroughfares.

106. *Notice to be Affixed on Slaughter-Houses.*

### Nuisances.

107. (*Verb.*) *Definition of Nuisances.*—For the purposes of this Act—

1. Any premises in such a state as to be a nuisance or injurious to health.
2. Any pool, ditch, gutter, watercourse, privy, urinal, cesspool, drain, or ashpit so foul or in such a state to be a nuisance or injurious to health.
3. Any animal so kept as to be a nuisance.
4. Any accumulation or deposit which is a nuisance or injurious to health.
5. Any house or part of a house so overcrowded as to be dangerous or injurious to the health of the inmates, whether or not members of the same family.
6. Any factory, workshop, or workplace not kept in a cleanly state, or not ventilated in such a manner as to render harmless as far as practicable any gases, vapours, dust, or other impurities generated in the course of the work carried on therein that are a nuisance or injurious to health, or so overcrowded while work is carried on as to be dangerous or injurious to the health of those employed therein.
7. Any fireplace or furnace which does not as far as practicable consume the smoke arising from the combustible used therein, and which is used for working engines by steam, or in any mill, factory, dyehouse, brewery, bakehouse, or gaswork, or in any manufacturing or trade process whatever ; and

Any chimney (not being the chimney of a private dwelling-house) sending forth black smoke in such quantity as to be a nuisance,

shall be deemed to be nuisances liable to be dealt with summarily in manner provided by this Act : Provided—

First, that a penalty shall not be imposed on any person in respect of any accumulation or deposit necessary for the effectual carrying on any business or manufacture if it be proved to the satisfaction of the Court that the accumulation or deposit has not been kept longer than is necessary for the purposes of the business or manufacture, and that the best available means have been taken for preventing injury thereby to the public health.

Secondly, that where a person is summoned before any Court in respect of a nuisance arising from a fireplace or furnace which does not consume the smoke arising from the combustible used in such fireplace or furnace, the Court shall hold that no nuisance is created within the meaning of this Act, and dismiss the complaint, if it

is satisfied that such fireplace or furnace is constructed in such manner as to consume as far as practicable, having regard to the nature of the manufacture or trade, all smoke arising therefrom, and that such fireplace or furnace has been carefully attended to by the person having the charge thereof.

108. (*Verb.*) *Duty of Sanitary Authority to Inspect District for Detection of Nuisances.*—It shall be the duty of every sanitary authority to cause to bemade from time to time inspection of their district, with a view to ascertain what nuisances exist calling for abatement under the powers of this Act, and to enforce the provisions of this Act in order to abate the same; also to enforce the provisions of any Act in force within their district requiring fireplaces and furnaces to consume their own smoke.

109. (*Verb.*) *Information of Nuisances to Sanitary Authority.*—Information of any nuisance under this Act in the district of any sanitary authority may be given to such sanitary authority by any person aggrieved thereby, or by any two inhabitant householders of such district, or by any officer of such authority, or by the relieving officer, or by any constable or officer of the police force of such district.

110. (*Verb.*) *Sanitary Authority to serve Notice requiring Abatement of Nuisance.*—On the receipt of any information respecting the existence of a nuisance the sanitary authority shall, if satisfied of the existence of a nuisance, serve a notice on the person by whose act, default, or sufferance the nuisance arises or continues, or, if such person cannot be found, on the owner or occupier of the premises on which the nuisance arises, requiring him to abate the same within a time to be specified in the notice, and to execute such works and do such things as may be necessary for that purpose: Provided—

First. That where the nuisance arises from the want or defective construction of any structural convenience, or where there is no occupier of the premises, notice under this section shall be served on the owner:

Secondly. That where the person causing the nuisance cannot be found andit is clear that the nuisance does not arise or continue by the act, default, or sufferance of the owner or occupier of the premises, the sanitary authority may themselves abate the same without further order.

111. (*Verb.*) *On Non-compliance with Notice, Complaint to be made to Justice.*—If the person on whom a notice to abate a nuisance has been served makes default in complying with any of the requisitions thereof within the time specified, or if the nuisance, although abated since the service of the notice, is, in the opinion of the sanitary authority, likely to recur on the same premises, the sanitary authority shall cause a complaint relating to such nuisance to be made before a justice, and such justice shall thereupon issue a summons requiring the person on whom the notice was served to appear before a court of summary jurisdiction.

112. (*Verb.*) *Power of Court of Summary Jurisdiction to make Order dealing with Nuisance.*—If the court is satisfied that the alleged nuisance exists, or that although abated it is likely to recur on the same premises, the court shall make an order on such person requiring him to comply with all or any of the requisitions of the notice, or otherwise to abate the nuisance within a time specified in the order, and to do any works necessary for that purpose; or an order prohibiting the recurrence of the nuisance and directing the execution of any works necessary to prevent the recurrence; or an order both requiring abatement and prohibiting the recurrence of the nuisance.

The court may by their order impose a penalty not exceeding five pounds on the person on whom the order is made, shall and also give directions as to the payment of all costs incurred up to the time of the hearing or making the order for abatement or prohibition of the nuisance.

113. (*Verb.*) *Order of Prohibition in case of House unfit for Human Habitation.*—Where the nuisance proved to exist is such as to render a house or building, in the judgment of the court, unfit for human habitation, the court may prohibit the using thereof for that purpose until, in its judgment, the house or building is rendered fit for that purpose; and on the court being satisfied that it has been rendered fit for that purpose the court may determine its previous order by another, declaring the house or building habitable, and from the date thereof such house or building may be let or inhabited.

114. (*Verb.*) *Penalty for Contravention of Order of Court.*—Any person not obeying an order to comply with the requisitions of the sanitary authority or otherwise to abate the nuisance, shall, if he fails to satisfy the court that he has used all due diligence to carry out such order, be liable to a penalty not exceeding ten shillings per day during his default; and any person knowingly and wilfully acting contrary to an order of prohibition shall be liable to a penalty not exceeding twenty shillings per day during such contrary action; moreover, the sanitary authority may enter the premises to which any order relates, and abate the nuisance, and do whatever may be necessary in execution of such order, and recover in a summary manner the expenses incurred by them from the person on whom the order is made.

115. (*Verb.*) *Appeal against Order.*—Where any person appeals against an order to the court of quarter sessions in manner provided by this Act, no liability to penalty shall arise, nor shall any proceedings be taken or work be done under such order, until after the detrmination of such appeal, unless such appeal ceases to be prosecuted.

116. (*Verb.*) *Order may be addressed to Sanitary Authority.*—Whenever it appears to the satisfaction of the court of summary jurisdiction that the person by whose act or default the nuisance arises, or the owner or occupier of the premises is not known or cannot be found, then the order of the court may be addressed to and executed by the sanitary authority.

117. *Power to Sell Manure, &c.*

118. (*Verb.*) *Power of Entry of Sanitary Authority.*—The sanitary authority, or any of their officers, shall be admitted into any premises for the purpose of examining as to the existence of any nuisance thereon, or of enforcing the provisions of any Act in force within the district requiring fireplaces and furnaces to consume their own smoke, at any time between the hours of nine in the forenoon and six in the afternoon, or in the case of a nuisance arising in respect of any business, then at any hour when such business is in progress or is usually crrried on.

Where under this Act a nuisance has been ascertained to exist, or an order of abatement or prohibition has been made, the sanitary authority, or any of their officers, shall be admitted from time to time into the premises between the hours aforesaid, until the nuisance is abated, or the works ordered to be done are completed, as the case may be.

Where an order of abatement or prohibition has not been complied with, or has been infringed, the sanitary authority, or any of their officers, shall be admitted from time to time at all reasonable hours, or at all hours during which business is in progress or is usually carried on, into the premises where the nuisance exists, in order to abate the same.

If admission to premises for any of the purposes of this section is refused, any justice, on complaint thereof on oath by any officer of the sanitary authority (made after reasonable notice in writing of the intention to make the same has been given to the person having custody of the premises), may, by order under his hand, require the person having custody of the premises to admit the sanitary authority, or their officer, into the premises during the hours aforesaid, and if no person having custody of the premises can be found, the justice shall, on oath made before him of that act, by order under his hand, authorise the sanitary authority, or any of their officers, to enter such premises during the hours aforesaid.

Any order made by a justice for admission of the sanitary authority, or any of their officers, on premises shall continue in force until the nuisance has been abated, or the work for which the entry was necessary has been done.

119. (*Verb.*) *Penalty for Disobedience of Order.*—Any person who refuses to obey an order of a justice for admission of the sanitary authority, or any of their officers, on any premises shall be liable to a penalty not exceeding five pounds.

120 (*Abs.*) *Costs and Expenses of Execution of Provisions relating to Nuisances.*—All reasonable costs and expenses incurred in making a complaint, or giving notice, or in obtaining any order of the court or any justice in relation to a nuisance under this Act, or in carrying the same into effect, shall be deemed to be money paid for the use and at the request of the person on whom the order is made; or if the order is made on the sanitary authority, or if no order is made, but the nuisance is proved to have existed when the complaint was made or the notice given, then of the person by whose act or default the nuisance was caused; and in case of nuisances

caused by the act or default of the owner of premises, such costs and expenses may be recovered from any person who is for the time being owner of such premises: Provided that such costs and expenses shall not exceed in the whole one year's rackrent of the premises.

Any costs and expenses recoverable under this section by a sanitary authority from an owner of premises may be recovered from the occupier for the time being of such premises; and the owner shall allow such occupier to deduct any moneys which he pays under this enactment out of the rent from time to time becoming due in respect of the said premises, as if the same had been actually paid to such owner as part of such rent.

121. (*Abs.*) *Power of Individual to Complain to Justice of Nuisance.*—Complaint may be made to a justice of the existence of a nuisance under this Act on any premises within the district of any sanitary authority by any person aggrieved thereby, or by any inhabitant of such district, or by any owner of premises within such district, and thereupon the like proceedings shall be had with the like incidents and consequences as to making of orders, penalties for disobedience of orders, appeal, and otherwise, as in the case of a complaint relating to a nuisance made to a justice by the sanitary authority.

221. (*Abst.*) *Power of Officer of Police to proceed in certain cases against Nuisances.*—Where it is proved to the satisfaction of the L.G.B. that a sanitary authority have made default in doing their duty in relation to nuisances under this Act, the L.G.B. may authorise any officer of police or constabulary acting within the district of the defaulting authority to institute any proceeding which the defaulting authority might institute with respect to such nuisances, and such officer may recover in a summary manner, or in the civil bill or any superior court, any expenses incurred by him, and not paid by the person proceeded against, from the defaulting authority.

123. *Sanitary Authority may take Proceedings in Superior Court for Abatement of Nuisances.*

124. (*Verb.*) *Power to Proceed where Cause of Nuisance arises without District.*—Where a nuisance under this Act within the district of a sanitary authority appears to be wholly or partially caused by some act or default committed or taking place without their district, the sanitary authority may take or cause to be taken against any person in respect of such act or default any proceedings in relation to nuisances by this Act authorised, with the same incidents and consequences, as if such act or default were committed or took place wholly within their district.

125. (*Verb.*) *Provisions in case of Two Convictions for Overcrowding.*—Where two convictions against the provisions of any Act relating to the overcrowding of a house have taken place in respect of the same house within a period of three months (whether the persons convicted were or were not the same) a court of summary jurisdiction may, on the application of the sanitary authority of the district in which the house is situated, direct the closing of the house for such period as the court may deem necessary.

126. *Provision as to Ships.*

127. *Provisions of Act relating to Nuisances not to affect other Remedies.*

(*To be continued.*)

## Duties and Remuneration of Medical Officers of Health in Ireland.

THE following letter has been addressed by the Council of the Irish Medical Association to the Local Government Board.

Irish Medical Association,
Royal College of Surgeons, Ireland,
Dublin, 7th day of March, 1879.

SIR,—With reference to the subject of my letter of the 2nd October, 1878—the receipt of which was acknowledged by letter "No. 20,335—1878—Miscellaneous," dated 3rd October, 1878—I am directed by the Council of the Irish Medical Association to request that you will have the goodness to inform them whether the duties of the "Medical Officers of Health," under the 11th section of the "Public Health (Ireland) Act, 1878," have as yet been assigned to them, and also whether the Local Government Board has taken any step with a view to ensure the award of equitable remuneration by the sanitary authorities to those officers for their services?

I am, Sir, your obedient servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Secretary to the Council.

To B. Banks, Esq.,
Secretary, Local Government Board.

Upon a satisfactory arrangement of the two points referred to in this letter, depends in a great measure the success of the operation of the new Act, and although complete success cannot possibly be attained in the absence of independent supervision, comparative success may follow the proper assignment of duties, and equitable remuneration to the "medical officers of health;" while, on the other hand, if those officers be not fairly remunerated for legitimate services, the result must be a failure—inadequate pay means, as little work done as possible—"medical officers of health" cannot afford, and should not be expected, to be mere philanthropists.

## THE POOR LAW SYSTEM OF IRELAND.

AT the meeting of the Belfast Guardians last week, the following motion was agreed to:—"That a petition from this board be presented to Parliament praying for a commission into the poor-law system in Ireland—first, to ascertain how far the object of the laws relative to the relief of the poor in Ireland has been attained; and second, if the benefits resulting from the poor-law system have been commensurate with the burden imposed upon the ratepayers." It was also agreed that a copy of this resolution should be sent to other unions in Ireland.

## A CONVALESCENT HOME FOR DUBLIN.

WE have already spoken in approving terms of the movement to provide Dublin with a suitable convalescent home for the reception of cases discharged from hospital and liable to carry their diseases into their own homes. An urgent appeal for funds has just been issued by the committee.

The establishment of a Convalescent Home for the reception of patients suffering from infectious diseases is a movement of the utmost public importance, and concerns all classes of the community. A large amount of disease is spread by persons in a convalescent, but still infective, state. For their accommodation the proposed home would adequately provide.

The purchase of suitable premises, and the first outlay will involve an expense of not less than £4,000.

The Institution cannot be permanently maintained without an annual subscription from the public amounting to £2,000.

The committee are anxious to open the Home without loss of time, but cannot do so without the necessary funds.

## THE RETIREMENT OF DR. BROWNE.

AT the late Galway Assizes, the Grand Jury, in fixing the retiring allowance of Dr. Browne, who recently resigned the medical officership of the county prison, unanimously adopted the following resolution:—

"That the Grand Jury cannot see their connection with Dr. Browne severed without expressing their sense of the value of the services which he has rendered this county in his late capacity as medical officer to the prison, and their regret that they cannot grant him a higher retiring allowance than they have done."

## POPULATION, ANNUAL MORTALITY, AND TOTAL NUMBER OF BIRTHS AND DEATHS REGISTERED DURING THE YEAR 1878.

| TOWNS, &c. | Area in Statute Acres. | Population in 1871. | YEAR 1878 (52 Weeks). Annual rate of mortality per 1,000 inhabitants. | Total Births registered. | Total Deaths registered. | Deaths under 1 year of age. | Deaths at 60 years of age and upwards. | Number of Deaths from Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dublin . . | 10,050 | 314,666 | 29 | 9,513 | 9,269 | 1,462 | 2,161 | 550 | 116 | 132 | 29 | 281 | 333 | 305 | 241 | 244 | 3,009 |
| Belfast . . | 20,687 | 182,082 | 28 | 6,824 | 5,152 | 881 | 856 | 36 | 52 | 204 | 7 | 69 | 199 | 209 | 85 | 83 | 912 |
| Cork . . | 13,816 | 91,965 | 27 | 2,546 | 2,464 | 350 | 681 | ... | 61 | 1 | 1 | 59 | 58 | 75 | 23 | 87 | 863 |
| Limerick . | 8,509 | 44,209 | 27 | 1,190 | 1,179 | 147 | 398 | 4 | 7 | 12 | ... | 20 | 24 | 50 | 15 | 38 | 519 |
| Londonderry. | 21,865 | 30,884 | 20 | 858 | 618 | 85 | 163 | 1 | ... | 11 | 1 | 2 | 13 | 14 | 4 | 13 | 136 |
| Waterford . | 17,209 | 30,626 | 32 | 865 | 985 | 137 | 231 | ... | 71 | ... | 1 | 52 | 22 | 14 | 3 | 42 | 288 |
| Galway . . | 21,358 | 19,692 | 28 | 474 | 559 | 60 | 178 | 85 | 1 | 1 | ... | 5 | 25 | 3 | 6 | 19 | 181 |
| Sligo . . | 30,835 | 17,285 | 20 | 384 | 340 | 32 | 146 | 1 | 5 | ... | 1 | 8 | 11 | 9 | 1 | 8 | 130 |

## CAUSES OF DEATH IN DUBLIN AND SUBURBS IN THE YEARS 1868-78.

| Names of Diseases. | 1868 (53 w'ks) | 1869 (52 w'ks) | 1870 (52 w'ks) | 1871 (52 w'ks) | 1872 (52 w'ks) | 1873 (53 w'ks) | 1874 (52 w'ks) | 1875 (52 w'ks) | 1876 (52 w'ks) | 1877 (52 w'ks) | Yearly Av'r'ge. 1868-77. | 1878. Total (52 w'ks) | 1st Quar-ter. | 2nd Quar-ter. | 3rd Quar-ter. | 4th Quar-ter. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Zymotic Diseases. | | | | | | | | | | | | | | | | |
| Small-pox . . . . | 1 | 1 | — | 207 | 1,350 | 16 | 2 | 2 | 9 | 38 | 163 | 550 | 57 | 212 | 165 | 116 |
| Measles . . . . | 49 | 159 | 53 | 26 | 202 | 66 | 97 | 122 | 133 | 461 | 137 | 116 | 75 | 22 | 3 | 16 |
| Scarlatina . . . . | 424 | 510 | 448 | 253 | 178 | 233 | 834 | 176 | 194 | 122 | 337 | 132 | 20 | 20 | 25 | 67 |
| Diphtheria . . . . | 20 | 18 | 22 | 22 | 26 | 38 | 44 | 45 | 25 | 23 | 28 | 29 | 7 | 7 | 11 | 4 |
| Whooping-cough . . | 250 | 20 | 136 | 212 | 66 | 250 | 40 | 139 | 195 | 106 | 142 | 281 | 82 | 112 | 51 | 36 |
| Fever . . . . . | 313 | 286 | 371 | 398 | 321 | 274 | 352 | 247 | 260 | 280 | 310 | 333 | 69 | 81 | 77 | 106 |
| Dysentery . . . . | 26 | 23 | 19 | 19 | 12 | 6 | 13 | 19 | 8 | 17 | 16 | 20 | 5 | 6 | 3 | 6 |
| Diarrhœa . . . . | 408 | 248 | 320 | 252 | 196 | 206 | 203 | 278 | 243 | 156 | 251 | 305 | 33 | 39 | 193 | 40 |
| Cholera . . . . | 12 | 6 | 13 | 12 | 5 | 5 | 5 | 2 | 11 | 1 | 7 | 10 | — | 1 | 9 | — |
| Other Zymotic Diseases . | 359 | 285 | 297 | 319 | 266 | 284 | 326 | 366 | 341 | 324 | 317 | 289 | 83 | 86 | 55 | 65 |
| Total. . | 1,862 | 1,556 | 1,679 | 1,720 | 2,622 | 1,378 | 1,916 | 1,396 | 1,419 | 1,528 | 1,708 | 2,065 | 431 | 586 | 592 | 456 |
| Constitutional Diseases. | | | | | | | | | | | | | | | | |
| Phthisis . . . . | 957 | 957 | 974 | 977 | 1,086 | 1,050 | 862 | 977 | 931 | 1,030 | 980 | 945 | 237 | 258 | 240 | 210 |
| Others . . . . . | 733 | 647 | 644 | 650 | 670 | 615 | 590 | 629 | 604 | 690 | 647 | 630 | 137 | 178 | 177 | 138 |
| Total. . | 1,690 | 1,604 | 1,618 | 1,627 | 1,756 | 1,665 | 1,452 | 1,606 | 1,535 | 1,720 | 1,627 | 1,575 | 374 | 436 | 417 | 348 |
| Local Diseases. | | | | | | | | | | | | | | | | |
| Brain and Nervous System. | 1,138 | 978 | 1,021 | 1,046 | 1,074 | 1,093 | 1,112 | 1,126 | 1,072 | 1,193 | 1,085 | 1,169 | 335 | 278 | 277 | 279 |
| Heart & Circulatory Organs | 375 | 383 | 367 | 344 | 353 | 443 | 404 | 452 | 431 | 452 | 400 | 426 | 115 | 115 | 72 | 124 |
| Respiratory Organs . . | 1,302 | 1,508 | 1,387 | 1,546 | 1,366 | 1,605 | 1,398 | 1,878 | 1,712 | 1,889 | 1,559 | 2,046 | 660 | 470 | 230 | 686 |
| Digestive Organs . . | 271 | 335 | 311 | 317 | 263 | 305 | 313 | 303 | 299 | 320 | 304 | 284 | 59 | 76 | 78 | 71 |
| Urinary Organs . . . | 98 | 120 | 93 | 126 | 124 | 147 | 122 | 135 | 134 | 157 | 126 | 157 | 40 | 40 | 35 | 42 |
| Organs of Generation . | 18 | 13 | 18 | 19 | 10 | 22 | 20 | 27 | 22 | 27 | 20 | 17 | 10 | 4 | 1 | 2 |
| Organs of Locomotion . | 17 | 20 | 21 | 26 | 15 | 17 | 16 | 16 | 15 | 22 | 18 | 19 | 4 | 6 | 3 | 6 |
| Integumentary System . | 11 | 10 | 8 | 7 | 8 | 14 | 10 | 13 | 16 | 5 | 10 | 11 | 4 | 4 | 1 | 2 |
| Total. . | 3,230 | 3,367 | 3,226 | 3,431 | 3,213 | 3,646 | 3,395 | 3,950 | 3,701 | 4,065 | 3,522 | 4,129 | 1,227 | 993 | 697 | 1,212 |
| Developmental Diseases | 931 | 853 | 861 | 1,032 | 1,022 | 1,091 | 1,058 | 1,178 | 1,094 | 1,089 | 1,021 | 1,061 | 313 | 244 | 213 | 291 |
| Violent Deaths . . | 196 | 194 | 218 | 183 | 222 | 224 | 194 | 210 | 216 | 270 | 208 | 241 | 49 | 67 | 55 | 70 |
| Causes not Specified or Ill-Defined . . . | 95 | 101 | 126 | 151 | 138 | 208 | 175 | 142 | 132 | 178 | 144 | 198 | 66 | 54 | 34 | 44 |
| **Total Deaths** . | 8,004 | 7,675 | 7,728 | 8,144 | 8,973 | 8,212 | 8,190 | 8,482 | 8,097 | 8,795 | 8,230 | 9,269 | 2,460 | 2,380 | 2,008 | 2,421 |

# The Medical Press & Circular.

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WEDNESDAY, APRIL 9, 1879.

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# Original Communications.

## VACCINO-SYPHILIS; OR, THE ACCIDENTAL TRANSMISSION OF SYPHILIS BY VACCINE-LYMPH. (*a*)

By HUGH THOMSON, M.D.,

Fellow of the Faculty of Physicians and Surgeons of Glasgow; formerly Surgeon to the Greenock Infirmary, &c.

OPINION having within the last few years undergone some considerable modification regarding the communicability of syphilis in the performance of vaccination, I have thought it might profitably form the subject of a paper to the Medico-Chirurgical Society. One of the few drawbacks connected with the great boon of vaccination to our race is the possibility of conveying along with the vaccine-lymph the elements of other morbid poisons, and thus giving rise to accidents more or less serious; and it hence becomes a question of the utmost importance to ascertain how such contingencies are to be avoided.

For a long time it was generally supposed that the contents of the vaccine vesicle were incapable of communicating anything but vaccinia. As a proof, it was customary to point to such cases as concurrent vaccinia and variola, where the matter taken from the vaccine vesicle produced vaccinia and vaccinia only, and that taken from the variolous pustule produced variola and variola only. Here is the case of two unquestionably constitutional diseases, the *materies morbi* of which appeared not to trench upon the domain of one another. It was reasonable to conclude that the same would hold true as regards other constitutional diseases, and, *à fortiori*, other merely local affections.

Then, as regards syphilis, it was generally believed, since the time of Hunter, that after passing into what is called the secondary stage it ceased to be contagious, that is to say, inoculable. Hunter held that if secondary syphilis were contagious, every scratch in a syphilitic subject would become a chancre, and as nothing of the kind takes place, therefore, constitutional syphilis is not contagious. Inoculations with the products of secondary symptoms were often made upon subjects already syphilitic, and as no results followed, it was concluded that this was owing to the innocuous character of these products. No wonder then that many, even of our highest authorities, asserted that the communication of syphilis by vaccine-lymph was an impossibility.

These experiments, however, were always made upon subjects already syphilised, the insusceptibility thence arising not having been recognised, whilst experimenters were restrained by a wholesome fear from operating upon the non-syphilised.

Wallace, in 1835, showed the fallacy of these conclusions by inoculating a healthy individual with the secretion from a syphilitic condyloma, the result being syphilitic tubercle in twenty-eight days, succeeded by secondary symptoms in seventy-five days—an experiment which has been often repeated since with like results.

Again, in 1850, Waller, of Prague, successfully inoculated syphilis with the blood of a syphilitic. These evidences of the contagiousness of constitutional syphilis must have done much to stagger the faith of those who thought it impossible to transmit syphilis in the performance of vaccination.

In 1856, Mr. Simon, the Medical Officer of the Privy Council, in order to elicit the opinions of the profession on various points connected with vaccination, addressed a series of questions to a great number of its most distinguished members both in this country and on the Continent. Question 3rd was as follows:—

"Have you any reason to believe, or suspect, that lymph from a true Jennerian vesicle has ever been a vehicule of syphilitic, scrofulous, or other constitutional infection to the vaccinated person? (*b*) or that unintentional inoculation with some other disease, instead of

(*a*) Read before the Glasgow Medico-Chirurgical Society, March 21st, 1879.

the proposed vaccination, has occurred in the hands of a duly educated medical practitioner?"

The answers to this question showed great diversity of opinion. They might be classified into such as were more or less strongly negative; such as were more or less stronger affirmative; such as only stated a probability that another disease might be transmitted along with the vaccine; and such as expressed no opinion on the points included in the question. By far the largest proportion, both as regards numbers and weight, were against the transmission of any other disease; nevertheless, a very respectable minority replied in the affirmative, among whom we find the names of Alison, Edinburgh; Alquié, Montpellier; Bamberger, Wartzburg; J. R. Bennet, London; I. G. Fleming, Glasgow; R. Guersant, Paris; J. Hutchinson, London; Frosch, Wittingau; Hammernick, Prague; Lever, London; and Startin, London.

It is impossible, however, to rise from a perusal of these answers without a feeling that if the transmission of syphilis in the performance of vaccination does occasionally happen, it must be, in the hands of a competent vaccinator and with due care, an exceedingly rare occurrence, as many of the gentlemen of the most extensive experience in vaccination, in syphilitic, and general disease, confessed to never having once seen such a case.

It would far exceed the time which could be given to a paper such as this, to attempt even a summary of the cases of alleged transmission of syphilis in vaccination. Any one who is interested in the subject will find an excellent review of them in Ballard "On Vaccination," or Seaton's "Handbook of Vaccination." An account of them will also be found in Bouchut's "Maladies des Nouveau-nés," and Lancereaux, "Traité de la Syphilis." A great many of these cases are, from want of sufficient details, not very reliable.

A recent addition has been made to them by Mr. J. Hutchinson, who was requested to report upon some cases of the kind by the Medical Officers of the Privy Council. The able report which he made was published in the "Transactions of the Royal Medical and Chirurgical Society," and re-published in his beautiful work entitled, "Illustrations of Clinical Surgery" in a more extended form. As conveying an accurate idea of vaccino-syphilis, I cannot do better than give a summary of that report, especially as I have no experience personally of it, never having witnessed a case:

The first series consisted of twelve re-vaccinations of persons varying from 14 to 45 years of age. Of the twelve, two youths, aged respectively 14 and 16—the first and second of the series—had normal vesicles, and escaped all untoward consequences. Of the remaining ten, nine were successful vaccinations, which passed through the usual course of vaccinia, and one failed. In all, except two of these ten cases, when first seen by Mr. Hutchinson two months after the vaccination was done, on the site of one or more of the punctures or cicatrices left by the vaccine disease, there were found ulcers of rounded form, varying in size from that of a fourpenny-piece to a florin, with hardened bases, in some cases open, and in others covered with a thin crust. In one, "three glossy buttons of induration formed, but never passed into the stage of ulceration."

Some were secreting healthy pus, but most of them were deficient as regards secretion. The glands in the axilla on the affected side were, for the most part, enlarged, but not painful. As the patients were not under medical observation previous to being seen by Mr. Hutchinson, we have no definite information as to when the syphilitic disease first manifested itself. According to the statements of the patients, hardening at the site of cicatrices was first observed about the sixth week, and was attended in about the half of the cases by febrile disturbance.

Papular eruptions on the skin and ulcers of the throat were common. In all, except one, mercury was administered, and with the most beneficial effect.

Vaccinifer, when vaccinated, was a remarkably well-grown and healthy-looking infant, and the vaccination passed through all its stages normally. Four months thereafter there was observed a slight peculiarity in tint of skin, a nasal twang on crying, firm small condylomata close to anus, said to have been present only a week. After two weeks the condylomata were in the same condition, and symptoms of hydrocephalus with marasmus manifested themselves. The mother was cachectic, and the father was not seen but suspected. Of the four vaccine vesicles used, some, if not all, bled somewhat.

In the second series were twenty-four vaccinated from one vaccinifer. Of these, eleven were primary, six were re-vaccinations, and seven were not found. In the seventeen who were seen, the vaccination failed in one, was normal in nine, and in seven the vaccination was long of healing. At the date of Mr. Hutchinson's visit, that is the thirteenth and fourteenth week, all the chancres were healed, except in one case, eleven had decided symptoms of constitutional syphilis, such as indolent engorgement of the lymphatic glands, various forms of syphilitic eruptions on the skin, symmetrical ulcers on the tonsils, and condylomata. Six appeared to have escaped syphilitic infection. The vaccinifer in this series was a stout well-grown infant, æt. 4 months at the date of vaccination, which was in every respect normal. At seven months his head was large, and fontanelles widely open; he snuffled much; and there was a condylomatous patch at anus, which, however, soon healed. Blood was probably not transferred in this case. Parents appeared healthy.

In the third series twelve children were vaccinated from the same vaccinifer, in one only of whom, according to the statement of the vaccinator, did anything untoward result. He was a respectable married man, æt. 46, and had no trace of a primary sore on the genitals. On the site of the vaccination were large inflamed phagedænic ulcers, the size of a shilling, on hardened dusky bases, when first seen by Mr. Hutchinson about ten weeks after vaccination. At the same time there were present double iritis, syphilitic lepra and roseola, enlarged glands in the axilla, and symmetrical ulcers in throat. The patient stated that just as the vaccination sores were about healed, during the fourth week, they again inflamed and became ulcerated. Under mercury both his iritis and rash disappeared. The vaccinifer was a large and very fat baby, æt. 8 months, and had been vaccinated three months previously. The bridge of the nose was broad and sunken. He was the third child, and the first two had died in infancy. The mother appeared healthy.

The fourth, fifth, and sixth series presented no features differing notably from the foregoing, so that I need not detain you with a particular account of them.

How is vaccino-syphilis to be recognised? What are the diagnostic marks? The description just given gives a fair idea of them. We are not to imagine every troublesome sore which follows vaccination is syphilitic. It would lead us too far away from our present subject to describe the various causes and characters of post-vaccinal affections, many of which are not due to the lymph used in vaccinating, but to the previous health of the individual vaccinated. The vaccination has only played the part of a common excitant in developing the phenomena in question.

The features presented by so-called vaccino-syphilis do not differ materially from those of syphilis inoculated in other manner from the products of secondary symptoms. There is the same lengthened incubation ere the initial symptoms appear, the same variableness in the character of these, and followed, after a time, by the same secondary or constitutional symptoms, as they are called. Where it has been accurately observed, the period of incubation is found to be from three to four weeks, exactly the same as occurred in experiments performed with the view of testing the inoculability of the products of secondary symptoms on healthy subjects. About the time that the crusts of vaccinia fall, that is, at the end of the third

week, the cicatrix becomes irritable, slightly inflamed, and hardened. In most cases it becomes ulcerated, whilst in others it remains in the dry state, covered by a thin crust or scab, its size ranging from that of a pin to that of a shilling, upon a hardened base of variable extent, and of dusky hue. In some cases the vaccination sores appear to open afresh, or they have not quite healed and remain in that condition for several weeks. They have even been known to become phagedænic—much, no doubt, depending on the previous health, as is also observed when syphilis occurs under other conditions.

The glands of the axilla usually at the same period become engorged and slightly painful, with little or no tendency to suppurate. After a few weeks more, the glands in other localities, especially about the occiput and groins, swell, and are accompanied by other indications of derangement of the general health—slight fever, syphilitic roseola, symmetrical ulcers in the throat, mucous patches and condylomata in the mouth and near the anus, syphilitic lepra, iritis, and all the various forms of secondary symptoms.

The treatment, with which I need not detain you, belongs to that of syphilis in general.

An important consideration is by what means are such painful consequences in the performance of vaccination to be avoided. It has been recommended that we should not take lymph from a child whose parents we are unacquainted with, and until these parents have given proof of being untainted by having produced a healthy child. A very good rule in private practice, but one not very workable in the conducting of public vaccinations. It often happens, too, that parents contract the disease after a child has been born to them. The production of a healthy child previously is not therefore an absolute guarantee of the soundness of those which come after. It is well to be familiar with the appearance of syphilis in the infant, that we may detect its presence by inspection. But, again, these sometimes do not manifest themselves until after vaccination, or they may have disappeared for a time under treatment.

It may have been noted that in most of the cases which I have brought before you the vaccinifer is described as a remarkably stout and healthy-looking infant at the period of its vaccination. As this is by no means a rare occurrence, we must not therefore presume it is healthy merely because it is big and fat. It is necessary to look carefully at the mouth and nostrils, the anus and sexual organs, also the general surface of the body so far as practicable. Snuffles is one of the most persistent symptoms of infantile syphilis. Mr. Hutchinson lays considerable stress upon a sunken condition of the bridge of the nose, a large head with the fontanelles widely open showing a tendency to hydrocephalus. A prominent condition of the veins of the scalp is also a frequent symptom, but one which is by no means peculiar to syphilis, being generally present in marasmus from whatever cause. But no one is likely to vaccinate a child in such condition, far less choose it as a vaccinifer.

Being satisfied by this inspection of the absence of any suspicious appearance (and a mere suspicion should be sufficient to cause the rejection of anyone as a vaccinifer), the next precaution is to avoid all contamination of the lymph with blood.

The experiments of Waller, of Prague, in 1850; of Gibert; of the anonymous of the Palatinat in 1856, and of Pellizzari in 1862, have abundantly demonstrated the possibility of inoculating syphilis by means of the blood of one labouring under secondary or constitutional syphilis. It is true, many experiments of a similar kind have yielded negative results, but a single positive, where all care has been taken to avoid error, as was done by Pellizzari, is sufficient to outweigh a hundred negatives, and establish the fact.

As early as 1823, the opinion was mooted by Hannibal Amodei, an Italian physician, that where syphilis was inoculated in vaccination, the blood was the infecting agent. In 1860, Rollet, a surgeon of Antiquaille, revived the idea of Hannibal Amodei, and in the same year, M. Viennois advocated similar views, and supported them by an elaborate review of all the well-authenticated facts relating to the subject published up to that time. These opinions do not appear to have been founded on carefully performed experiments; indeed, I am not aware that any experiment with the blood, of an infant labouring under hereditary syphilis has been made. Their conclusions were chiefly formed from the fact that in many of the recorded cases, blood certainly mixed with the lymph; and likewise from the circumstance that many of those vaccinated from syphilitic vaccinifers, where no blood was observed, escaped contamination. In some of the cases reported on by Mr. Hutchinson, it is positively stated that several of the vesicles which yielded the lymph had bled.

But is it necessary that there should be visible blood globules mixed with the lymph? Keber, of Dantzig, has shown "that even clear vaccine lymph contains pus and blood corpuscles" when examined under the microscope. It is probable, also, that too serous a lymph, such, for example, as runs down the arm of the child, would contain any morbid elements, which might be present in the blood. M. Depaul is of this opinion, and says in support of his views, that it is generally the last vaccinated who are attacked, whilst those done first, escape. I do not think there is sufficient evidence on the point, but I notice that in Mr. Hutchinson's first series, the two vaccinated first, escaped infection. In this connection it is worthy of note, the very large number of vaccinations performed from a single vaccinifer, in many of the recorded cases of vaccino-syphilis:—in one case 24, in another, 30, 40, 46, 63, culminating in 64!

It is a notable fact that almost all these cases of vaccino-syphilis, amounting in several instances to a sort of epidemic, occurred in Italy, where vaccination appears to have been conducted in a manner altogether unknown in this country. Seaton remarks in regard to them: "It is a common thing to read of the same child being used two or three days running for yielding lymph, and of fifty, sixty, or a hundred children being vaccinated off it. In one case, 104 children were vaccinated from the same child on three different days."

However, as there can be no doubt that the first drawn lymph is unquestionably the purest, as shown by its superior activity, it is advisable not to vaccinate too many from a single vaccinifer; about a dozen is, in my opinion, as many as should be attempted even from well-developed vesicles. (The vesicles resulting from six insertions on one arm.)

Finally, unless when we are otherwise certain that no syphilitic taint exists, it is not safe to take a vaccinifer who is under four months old. Of 158 cases of congenital syphilis collected by Diday, in 86, symptoms appeared before the completion of the first month; in 45 more, before the end of the second month; in other 15, during the third month; and in 7 during the fourth month; leaving only 5, in which 1 manifested symptoms of the disease for the first time in the fifth month, 1 in the sixth month, 1 in the eighth month, 1 at 1 year, and 1 at 2 years of age. I think, therefore, we may conclude that by taking care that the vaccine-lymph is free of blood, that it is not serous, and taken from a vaccinifer, whom, if we are not certain from our knowledge of the parents to be untainted, we know to be over four months old, and has not manifested symptoms of the disease, the risk of transmitting syphilis by means of vaccine lymph becomes practically null.

I have said nothing of another method of avoiding syphilitic infection in vaccination, one which may be said to afford an absolute security against it; viz., *animal vaccination*, or the employment of the calf or heifer only as vaccinifers. The reason is, that the drawbacks connected with such a mode of vaccinating are so great, though of a different sort, as so far to outweigh the small, it may be said infinitesimal, advantage it may have in respect to syphilis, that it is never likely to be adopted on a large scale in this country.

## CARIES OF OS CALCIS AND ASTRAGALUS—RARIFYING CARIES OF TIBIA — CARIES NECROTICA OF FEMUR.—AMPUTATION AT THE HIP (a).

By B. WILLS RICHARDSON, F.R.C.S.I.

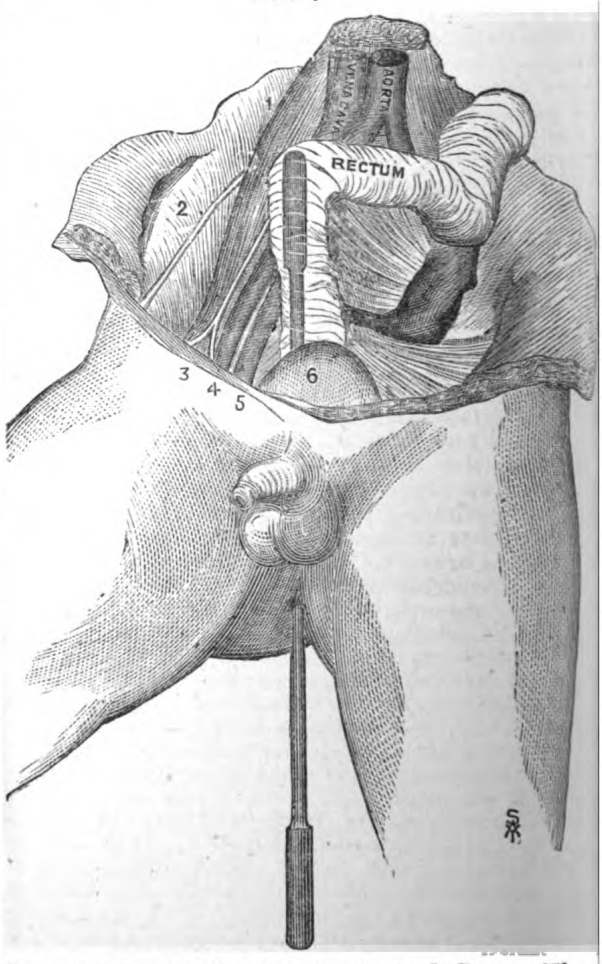
THE specimens I have the honour to exhibit formed part of a lower extremity I removed by amputation at the hip in a child, 8 years of age, on Saturday the 1st inst. The following condensed account of the case was made for me by our resident surgical pupil, Mr. Richard Sawyer.

Dora Strong, æt. 8, was admitted to the Adelaide Hospital under Mr. Richardson's care on the 26th December, 1878. We were told that she had been apparently a healthy child previous to July, 1876, but that in this month she fell and bruised her right forearm and left leg, considerable tumefaction resulting therefrom. At the expiration of three weeks the leg suppurated, and was opened below the knee by Dr. Mahony, and later on at the instep. The suppuration appeared to have been caused by diseased bone, a few small exfoliations having come away, which not long after were followed by what was evidently a considerable portion of the shaft of the tibia, and the leg became quite flexible at its upper part. The forearm next suppurated, and a few fragments of dead bone escaped through sinuses, which eventually closed. A little afterwards a sore formed over the right clavicle, and another on the left loin, both of which healed in a few weeks. As time wore on the left hip became diseased, and there were decided signs of extensive implication of the thigh-bone. At last she became so helpless, and her condition so harassing she was brought to hospital on the day stated. Her symptoms were then as follow :—The left lower limb was shortened one and a-half inches, the left leg being slightly œdematous, and marked here and there with depressed brownish cicatrices, the largest and best marked corresponding to the middle third of the front of leg; the latter was flexible, the centre of motion being at its upper third. The upper two-thirds of the thigh were much enlarged, and very convex forwards and outwards. Three sinuses discharged at the outside and at the front of the hip very fœtid pus. At the bottom of each sinus bared bone could be easily detected, and a little fulness or thickening was felt in the iliac fossa just above Poupart's ligament. At the lower and outer part of the thigh just above the knee there were two depressed cicatrices. Every attempt was made with the view of improving her general health, but it soon became too evident that her only chance of life was amputation, and that it could scarcely be performed too soon.

At my request Dr. James Little made a very careful examination of the child, and not finding any evidence of medical disease, I suggested amputation at the hip to her father, frankly laying its risks before him. He at once consented, and I performed the operation on the 1st inst. The bones of the removed extremity now exhibited, show the following alterations :—The os calcis and astragalus are much softened and hollowed by caries, these bones being mere shells. The foot, it should be observed, cannot be flexed to a right angle with the leg. The tibia is very much altered by caries, which implicates the shaft as well as the extremities of this bone. In the shaft it seems to be a good specimen of rarifying caries, the shaft having been previously rarified by the inflammatory process to allow of the development of the carious action. There seem to have been some feeble attempts at the deposition of new bone corresponding to the fibula. I imagine, but of this I am very doubtful, that the tibia was obliquely fractured from above and without, near the junction of the epiphysis with the shaft downwards and inwards to near the middle of the bone. The upper fragment of this supposed fracture is enlarged from expansion of its tissue, and is almost a mere shell of bone, if it deserves the name of such. The connection between the epiphysis and shaft is loosened, and was the seat of the abnormal motion observed on admission of the patient to hospital.

Of the fibula the head and external malleolus are softened, the remainder of the bone being tolerably sound. The patella also is softened. It is evident that the greater portion of the femur must have necrosed, and, to my surprise, at the time of the operation there were no traces of either the head, neck, or trochanters of this bone. All had disappeared, if we except two sequestra which protruded from a new bone case, and passed for a little distance through an opening into the pelvis in the site of the acetabulum. These had to be removed before I could divide a firm fibro-cartilaginous band that joined the posterior portion of the new case to the pelvis. Obviously the acetabulum had been completely destroyed by caries, as I could pass my finger into the pelvis. With the exception of the sequestra to which I have alluded, no others were to be detected, and as the new bone-case which has replaced the shaft of the original femur almost reaches to the femoral condyles, more than two-thirds of the femur must have been completely destroyed. The new case terminates abruptly above in a nearly circular thin serrated margin in the situation of the top of the middle third. This new case is softened in spots, and consequently not healthy. Between its lower end and the condyles there are posteriorly several openings leading to carious bone.

FIG. 1.




The rectum is supposed to be transparent. 1. Psoas magnus muscle; 2. Iliacus muscle and external cutaneous nerve; 3. Genito-crural nerve; 4. External iliac artery; 5. External iliac vein; 6. Bladder.

Being against rule to give the particulars of operations in recent specimen exhibitions I must crave your permission, Mr. Vice-President, to allow me to deviate from our custom

(a) Read before the Surgical Society of Ireland.

on the present occasion, and to allude to one matter only, it being not altogether devoid of novelty, and cannot fail to be of great interest to those gentlemen present who might at any moment be called upon to amputate at the hip. The full particulars of the case I purpose publishing at some future period, but this is well worthy of immediate corroborative mention. I refer, Sir, to a method for controlling the vessels in amputation at the hip, which is thoroughly effective and easy of application, the compression of soft structures being reduced to a minimum.

In the *British Medical Journal* for the 18th of May, 1878, Mr. Richard Davy, of the Westminster Hospital, London, described a wooden lever for compressing the common iliac artery in amputation at the hip (fig. 1). It appeared to me so simple and applicable that I resolved to use it in preference to the abdominal compressor attributed to Mr. Lister, and can now confidently recommend it as an instrument capable of rendering amputation at the hip one of the most bloodless capital operations in surgery, with a minimum amount of risk to the abdominal or pelvic contents. The lever (exhibits it) is turned out of a piece of box-wood, its length being about 22½ inches. Both ends enlarge, each enlargement being 3½ inches long, the diameter of each being 1 inch. They are oval at the free end, and at the other diminish in calibre, and become continuous with the shaft, which has a uniform diameter of ¾ of an inch.

I here take the opportunity of saying a few words in grateful acknowledgment of the efficacious manner in which the lever was handled in this case by Mr. William Thomson, for my colleague, Dr. Barton, who was at the time recovering from lumbago, and unable for the stooping posture essential for its proper working.

The rectum being empty, two ounces of linseed oil were thrown into it. One end of the lever having been oiled also, Mr. Thomson carefully, with a rotatory motion, passed it through the anus, and up the rectum, until it was felt above the brim of the true pelvis by pressing the abdominal wall. An Esmarch's bandage, which had been previously applied to the whole limb and around the pelvis, to save for the child as much as possible of the blood that had circulated in the limb, was removed. Mr. Thomson, at the commencement of its unrolling, brought forward the protruding end of the lever, making a fulcrum of the perineum, thereby throwing the other end backward and compressing the common iliac artery in the groove between the bodies of the lumbar vertebræ and the psoas magnus muscle. Pulsation at once ceased in the femoral artery, and the operation was then commenced and soon completed. So effectual was the control of the iliac artery, that at the very utmost not more than two ounces of blood were los. Indeed, it is probable, that when the operation was finished, the child, thanks to the elastic bandage also, had more blood than she possessed before it. It is a source of great satisfaction to me to be able to report that, with the exception of some vomiting the day after the operation, seemingly caused by absorption of carbolic acid; the urine being then dark olive-brown, nearly black, from the presence of thed rug (exhibits specimen) she has not had a symptom to excite alarm for her safety. The urine was tested by our assistant physician, Dr. Walter Smith, who reported to me that although free from blood and albumen, there was no doubt of the presence of carbolic acid. Those who believe in the deleterious influence of bacteria on the system after operations, might argue with much plausibility that the circulation for a few hours of carbolic acid in the blood may have had some influence in leading to her present favourable condition.

I should observe that the lever used was the smaller (in diameters) of the two exhibited; the other, the one described above, being a little too large for the child. It was turned for me by Mr. Prescott, of South King Street, Dublin, and has not warped which the larger has done.

Before I sit down, I had better state that Mr. Davy mentions in a letter I received from him, dated the 20th of February, that he was using the lever in compressing the common iliac artery for the cure of an external iliac aneurism.

## ON THE THERAPEUTIC EFFECT OF THE INHALATION OF THE FUMES OF BURNING NITRE PAPER, IN ASTHMA.

By DENIS CROFTON, B.A.

THE beneficial effects arising to the patient in a fit of asthma from inhaling the fumes of a bibulous paper steeped in a strong solution of nitre, then dried, and afterwards set fire to, and the smoke inhaled, have long been known. The fact has been recognised by the most able writers on asthma, as Salter, Trousseau, and Watson, but no explanation has been offered of the *modus operandi*. Our effort here shall be in some degree to do this, or, at least, to make a tentative effort in that direction. *In limine*, it may be stated that by "asthma" we mean nervous spasmodic asthma, uncomplicated, or but little complicated, with other affections. It is not dyspnœa proceeding from the condition of the heart, from dropsy, severe bronchitis, emphysema from a wounded lung, &c., although in ordinary parlance all such forms of difficulty of breathing are frequently clubbed together under the general name of "asthma."

Let us first find out the nature of our remedy; then the diseased condition; and, lastly, the method of relief.

In the first instance, we may reckon the very slight quantities of carbonic acid, carbonic oxide, and watery vapour generated from the burning of the paper as quite inconsiderable, and not to be taken into account. Next, the violet colour of the flame (which may be seen more clearly when a portion of the paper is burnt at a gas jet) shows that the potash of the nitre undergoes dissociation; but the potassium oxidises again, as the solid residual product is a fused mass, shown, by its sluggish combustion if ignited, to consist evidently of a mixture of potassic carbonate and nitre. And now the nitric acid remains to be dealt with. No acrid gases arise from the burning. We may therefore eliminate nitric oxide and nitrous acid, and fairly assume that the nitric acid passes into nitrous oxide and oxygen. So far for the nature of the remedy.

Let us now investigate the diseased condition, which is a matter of difficulty, and must be approached with becoming diffidence. It is impossible to vivisect an asthmatic patient during a fit and observe the morbid processes. Nor can the stethoscope alone do all we want. But analogy may do something. What is cognisable? We find an obviously nervous disorder violently assailing and contracting the dorsal and thoracic muscles, and it has been shown by Moleschott and others, that the more minute bronchial tubes contain around them, muscular rings, which there is fair reason to suppose may also be brought under the influence of spasm, and contract so as to impede the influx of air to the air-cells and mucous membrane, and thereby prevent normal oxidation of the blood.

Having so far cleared the way, it will be well to examine the method, or presumed method, of relief. This we believe to be due to two factors—first the effect of the liberated nitrous oxide upon the nervous system, having its secondary effect upon the muscular one, and so relaxing the spasm which contracts the bronchial rings, thereby opening them, and allowing inspiration and expiration to go on freely. Next to this comes the benefit derivable from the oxygen also liberated, which can now, through the enlarged diameters of the tubes, be freely inspired to aerate the blood, and afterwards freely expired as carbonic acid and watery vapour.

If our hypothesis be correct, it would appear that nitrous oxide alone (or properly diluted) would produce the beneficial effect, although more slowly, by doing for atmo-

spheric air what it does when liberated from the burning paper for its associated oxygen, and that oxygen alone (or properly diluted) without nitrous oxide, could not be expected to confer the same benefit, as the tubes might remain contracted, and so offer an impediment to expiration of the generated carbonic acid.

In illustration of these two positions, we have heard a remarkable instance. A young geologist of our acquaintance, happening in India to live in the house with an old gentleman who was asthmatic—upon the latter being seized with an attack at night, made a bagful of nitrous oxide, which he caused the patient to inhale, and which brought immediate relief. Subsequently, on another attack occurring, he gave him oxygen, but with little or no benefit.

In what we have said about nitrous oxide, we have spoken of it in its topical, or presumed topical effects. Its constitutional action should also be taken into account. This is known to be great, from the symptoms which it produces when inhaled by healthy persons, in whom it often brings on the effects of laughing, pugnacity, &c.

Some further experiments are desirable in this matter. Could they be made upon a patient whose asthma was uncomplicated, or nearly so, they would be of the greater value. First, it would be well to try the inhalation of a mixture of nitrous oxide with only atmospheric air. Secondly, a mixture of oxygen with only atmospheric air; and if this latter were found beneficial, which may be doubtful, a useful burning paper might be made by substituting chlorate of potash for the nitrate. This we have once known used; but as the patient was not suffering from a fit of asthma at the time, no conclusion can be drawn.

We have thus tried roughly to investigate an interesting subject, and trust that others who handle it afterwards may be able to throw more light upon the question, and so confer a benefit upon humanity.

# Clinical Records.

## GUY'S HOSPITAL.

*A Case of Hysteria with Vomiting.*

Under the Care of Dr. GOODHART.

(Reported by Mr. A. PHILLIPS HILLS.)

E. S., æt. 12, was admitted under Dr. Goodhart on March 18th, 1879.

*Family History.*—Father alive and healthy. Mother suffers from jaundice and varicose veins. Has two brothers and one sister, with whom patient had whooping-cough and measles.

*History of Patient.*—Since measles, has been rather deaf. Not been subject to cough. Well till Feb., 1878 (with the exception of above complaints).

*History of Present Attack.*—On Feb., 1878, had a fright, and soon afterwards became sick after taking food; this gradually becoming more frequent. Four months ago hysterical fits came on, occurring about once a fortnight; getting gradually more frequent, and for last three weeks have occurred nightly.

*Condition on Admission.*– Quiet expression of face; skin hot and dry; hair light brown, rather thin, has come out much during last twelve months; teeth very irregular (canines ? syphilitic). Appetite bad; considerable thirst; always vomits immediately after taking food, apparently all that was taken, with sour mucus. Bowels irregular. very much wasted, except face, which is pretty plump. Has not walked for three months; says she cannot stand on her legs. Respiratory and circulatory organs normal; Urine, sp. gr. 1,044—no albumen, sugar, or blood; small in quantity; on standing, a quantity of lithates come down, equal to about 25 per cent. of bulk of urine. Ordered by house physician,

℞. Aqua camphoræ, ℥ss., t. d. s.

Diet, milk, beef-tea. To remain in bed.

March 19th.—Had a slight crying fit last evening; complains of headache.

20th.—Complained that lying in bed made her headache, and asked the sister to let her get up in a wheel-chair. The sister knowing the case to be one of hysteria, said she could not allow her to get up unless she could walk. Soon afterwards patient said she thought she could walk a little if a trial were allowed, so to test her before Dr. Goodhart went round, she was allowed to get up, and walked about ten yards leaning on a nurse's arm, and then back to her bed alone. In the afternoon, Dr. Goodhart came round, and said a great deal could be done in hysteria by means of rewards and punishments, so told her walking was bad for sickness, but as soon as that stopped she might get up a little, and ordered emplastrum lyttæ, 2 × 2 in., pro applic. ad. epigastrium.

℞ Ferri sulph. gr. j.;
Aqua camph. ℥j., t. d. s.

Milk 1 pint, with ice.

21st.—Patient has not been sick since seeing Dr. Goodhart.

22nd.—Wants to get up.

23rd.—No more sickness. Got up yesterday afternoon, and walked about ward.

25th.—Up daily; no sickness; to have fish diet.

29th.—No vomiting; appears well, but thin from want of nourishment. Had meat for dinner to-day without any evil consequences.

April 2nd.—Left the hospital this afternoon; eats, drinks, and sleeps well; no vomiting; walks well; no appearance of any illness.

# Transactions of Societies.

## BIOLOGICAL SOCIETY OF PARIS.

AT the February meeting of this Society, M. PAUL BERT communicated an interesting note

ON ANÆSTHESIA BY THE PROTOXIDE OF AZOTE.

The Author in introducing the subject remarked, that his method of applying the protoxide of azote to human beings was put in practice on a young woman, æt. 20; the operation consisting of tearing out the nail, with extirpation of the matrix, a very short operation, but at the same time, extremely painful.

At 11 o'clock, continued the author, we entered the great bell *à compression* of the splendid ærotherapeutic establishment in the Rue Male-sherbes, under the direction of Dr. Daupley—the party consisting of the patient, Dr. Leon Labbé, who was about to operate, M. Preterre, whose experience is very great in the employment of protoxide of azote, MM. Reynard, Laffont, Blanchard, and self. At 11.10 pressure was increased by 17 cent., without any of us feeling any change, with the exception of some buzzing in the ears and a feeling of tension of the membrana tympana, easily corrected by a movement of deglutition. M. Preterre applied to the nose and mouth of the patient the mouth-piece which he daily uses, and which communicated with a large bag filled with a mixture of

| | |
|---|---|
| Azo | 85 |
| O | 15 |

After some seconds of hesitation, the patient began to respire deeply, insensibility and muscular resolution came on almost suddenly, in a quarter of a minute, more or less. M. Labbé then performed the operation with his well-known skill, and without any sign of pain or of reflex movement being shown by the patient. The eye was closed, but insensible, the pupil a little contracted. About the fourth minute, as M. Labbé was dressing the wound, some contraction of the hand and feet occurred. The operation was terminated, and the mouth-piece was taken away. It was then fifteen minutes past eleven, The contractions immediately ceased, the patient

remained insensible for about half a minute, and then said, "It makes me feel ill," and had a short crisis of tears. In less than a minute afterwards she sat up, and declared she did not feel anything with the exception of a slight headache; there was no *malaise*.

As regards appearance, nothing could be more different than this easy and calm awakening, from that following anæsthetic poisoning by the carburets and chloro-carburets of hydrogen. During all the phase of insensibility the pulse remained calm and the skin retained its rosy tint. The total pressure was equal to 75 c. + 17 c. = 92 c.; the tension of the protoxide of azote may be expressed by the formula—

$$85 + \frac{92}{76} = 104$$

that is to say, it was a little higher than that of the protoxide absolutety pure, respired under normal pressure.

The tension of the oxygen was $15 + \frac{92}{76} = 18{\cdot}4$, that is to say, a little lower than that of air (30·9). The difference is too slight to induce any trouble; it is as if one were transported to Chamounix (barometric pressure, 67 c.).

It is then proved by experience on man, as we have so often seen it on a dog, that with a mixture which, at ordinary pressure, will not produce any anæsthetic phenomena, we may by compression (1) obtain complete insensibility; (2) maintain it for a long time without any fear of asphyxia.

The protoxide of azote is now introduced into surgery, with its four principal advantages upon which I have insisted:—

1. No discomfort in application.
2. Dosage easy.
3. Perfect innocuity.
4. Immediate return to sensibility.

# Department of Lunacy.

## THE CARE OF THE INSANE.

THERE are very few subjects which have at various periods of our history occupied the attention of mankind more than the care and treatment of the insane. Parliamentary committees and meetings have frequently been held to inquire into the working of the lunacy laws.

Under the feudal system in England, when lands were held under military tenure, lunatics were placed under the immediate protection of the Crown. During the year 1272, in the reign of Edward I., a statute was passed giving the property of those insane *a nativate* to the Sovereign. In the following reign an Act *de prærogativa regis* was made by which the King became the possessor of the property of all natural fools during their life-time, restoring it to the lawful heirs at the death of the lunatic. In 1547 we read of the foundation of Bethlehem—the first hospital for the insane in England—and in 1644, during the reign of Charles I., it was proposed to enlarge it, but this could not be done, in consequence of its being in a confined situation; but in 1675 it was removed to Moorfields, the building beiug erected at a cost of upwards of £17,000, and the design taken from the Tuileries, at Paris. The first clause referring to the legal care of lunatics is a section in the Vagrant Act, by which two justices of the peace were authorised to issue a warrant for the arrest of any lunatic, who was to be locked up in a secure place, or if it was found necessary, chained and confined in his own parish. The first Committee of the House of Commons was appointed in the year 1763, who examined many witnesses and the following resolution was passed—"That it is the opinion of this Committee that the present state of madhouses requires the interposition of the Legislature." A discussion arose in consequence of this resolution, but nothing was done for ten years after the Committee had sat, when Mr. Townshend introduced his Lunacy Bill, the first that was framed by Government relating to this important subject. In 1814 the attention of Parliament was again directed by Mr. Rose to the question of the supposed incarceration of sane persons in asylums. This Bill, though passing the Commons was thrown out by the House of Lords, and led to the appointment of another Parliamentary Committee, who, though appointed in 1814, did not examine the witnesses until the subsequent year. The Report framed by this Committee was laid by Mr. Rose before the House. Nothing resulted, and another one sat during the session of 1816, who decided that the immediate interference of the Legislature was required to reform and organise our lunacy laws. Many legislative measures were from time to time introduced, but they were all rejected by the House of Commons, and it was not until the year 1828 that any new lunacy law was made. This was introduced by Mr. Gordon, and seconded by Lord Ashley (now Lord Shaftesbury), the Chairman of the Board of Commissioners. In 1833 an amended Act was passed, and in 1845 Lord Shaftesbury introduced our present Act, 8 and 9 Vic., c. 100, which was slightly amended in 1853 and 1862. Attempts have frequently been made since then to bring about additional legislative enactments in our Lunacy Law. Questions of a very erratic character have been asked in the House by some of its members, in consequence of some sensational case which has occurred; and, lastly, a Committee was again appointed last year who examined witnesses, and, after a lengthened deliberation, issued a report which, up to the present moment, has led to no reform in lunacy matters; but we are anxiously awaiting the Lunacy Bill of Mr. Dillwyn, about which he gave notice last week, and to which we shall again allude.

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WE wish to draw the attention of our readers to the *Journal of Psychological Medicine* which has just appeared. It contains a number of articles to which we shall refer *in extenso* on a future occasion. One on "Mad Poets," and one by Mr. Paget, magistrate, on "Constance Kent and the Road Murder," are well worthy perusal as the subjects are discussed fully. The present number is replete with interesting matter, and it is deserving of the support of those interested in the treatment and care of the insane.

# Special.

## LICENSING OF FOREIGN MEDICAL MEN IN FRANCE.

SUMMARY Report furnished by M. Frébault, Deputy, in the name of the Fifth Initiative Parliamentary Committee charged with the Examination of M. Roger-Marvaise's Bill for the Licensing of Foreign Medical Men in France.

Gentlemen,—During the Session of April 29th, 1878, a Bill for Licensing Foreign Medical Men to practise in France was presented at the office of the Chamber of Deputies by M. Roger-Marvaise. This Bill is simply the reproduction of one already presented by him during the Session of March 29th, 1876. The Chamber, on this occasion, not only voted that the Bill should be considered, but had also appointed a committee to do so, when a dissolution put an end to all further proceedings.

Article 4 of the Law of the 19th Ventôse, year XI. of the

Republic (10th March, 1803), which applies to this matter, is thus worded :—

"It shall be in the power of the Government, if it consider it suitable to do so, to grant to foreign physicians or surgeons, graduates of a foreign University, license to practise medicine and surgery within the territory of the Republic."

In a remarkably clear exposition of his views, M. Roger-Marvaise particularly insists on the following points :—

That the tests imposed, by the Law of the 19th Ventôse, year XI. of the Republic, on Frenchmen desirous of practising medicine in their native land, are instituted in the interests of society for the protection of the persons and the health of the citizens of the Republic.

That Article 4, introduced for the purpose of strengthening the Royal perogative, is contrary to the spirit of this law.

That, as a matter of fact, since it has been in action, it has ever been a source of abuse, and has been strongly condemned, under all circumstances, by the most distinguished representatives of the French medical body.

For these reasons he proposes that the Chamber should adopt in its place the following resolutions :—

Article 1.—Article 4 of the Law of 19th Ventôse, year XI., relating to the practice of medicine, is altered as follows :—

Foreign physicians and surgeons, graduates of a foreign University, may obtain a dispensation of the academic course, from the Minister of Public Instruction, on notice having been given by the Faculty of Medicine that they have passed before it, the so-called authorised examinations.

They cannot obtain a license to practise medicine and surgery, within the territory of the Republic, without having passed two examinations ; one theoretical, the other practical, of which the forms and matter shall be prescribed by a regulation of the Public Administration.

Any foreign physician or surgeon who shall have passed these two examinations, will receive the title of authorised physician or surgeon.

Article 2.—No person practising medicine shall take the title of Doctor, if this title has not been conferred on him by a French Faculty. Any unauthorised person assuming the title of Doctor shall be liable to a fine of from 50 frs. to 1,000 frs., and to an imprisonment of from six days to six months.

Article 463 of the penal code is applicable. The Bill of our honourable colleague appears to the Committee to unite all the conditions which should recommend it to the serious consideration of the Chamber. As has been remarked by its author, the examinations imposed on young men intending to devote themselves to the practice of medicine, are tests instituted in the interests of society, for the security of the persons and health of the citizens of the Republic. They are guarantees of society against ignorance and charlatanism, and are essential to one of the most honourable professions, for the preservation of that dignity which should ever surround it.

Article 4, therefore, is contrary to the spirit of this law, giving, as it does to the Government the power of granting to foreign physicians, who do not present sufficient guarantees of their efficiency, those prerogatives enjoyed by physicians, members of our Faculties.

In several European countries, in order to preserve the public health against the too great indulgence of University examination boards, independent of the Government, the law attaches no professional rights to the title of "Doctor," and the right of practising medicine is granted to those only who have obtained a title distinct from that of "Doctor" from a Government examination board, acting in the name of the Government.

Throughout the whole extent of the German empire, in Holland, and in German Switzerland, the title of "Doctor" confers no professional rights. It has, therefore, appeared to the committee to be but just that such guarantees as are imposed on them in their own countries should be exacted from all foreign physicians desirous of practising in France ; but what should be the extent of these guarantees ?

Should we consider as absolutely null all titles previously acquired by them, and require from them not only those tests imposed on all students when beginning their studies, but also certificates of their academic course? This would be excessive, and the first article of M. Roger-Marvaise's Bill appears to provide for all interests concerned in a most satisfactory manner. Before advising its adoption, however, the committee have considered it necessary to examine the question of reciprocity in a special manner.

In imposing certain tests on foreign medical men desirous of practising in France, do we not affect unfavourably the interests of our fellow countrymen who are desirous of practising in foreign countries? This question is fully answered in M. Spuller's Report, in which we read :—

"The committee having applied to the Minister of Foreign Affairs for information, a precise and detailed account of the state of the law in relation to the practice of medicine in the countries in which they resided was by him immediately demanded from our foreign agents. All these accounts have been forwarded to the committee. From the study of the documents furnished by the Minister we have arrived at the conclusion that our honourable colleague's propositions tend to place France, as regards the subject to which our attention is now given, on the same footing as the greater number of the other Continental nations."

It is noteworthy that nearly everywhere it is not academic certificates which are required from foreign medical men desirous of practising, but proof of having passed several probationary examinations before national faculties or special examination boards appointed by law. We have among our colleagues in the Chamber of Deputies men who, in order to practise during a time of exile, have been obliged to pass these examinations, even in the frontier countries, in places but a short distance beyond the limits of our territory. In fact, with the exception of the United States of America, in which professions are free, the Spanish Republics of South America, and three or four Swiss cantons, though academic certificates are dispensed with, yet all foreigners are required to pass an examination before obtaining a licence for the practice of medicine and surgery. It is M. Roger-Marvaise's Bill, therefore, which virtually establishes reciprocity in this matter.

The first article of our honourable colleague's Bill is, then, completely justified, as the title of "Doctor," which is so highly appreciated when conferred by a French faculty, does not enable any of our countrymen who are desirous of practising in a foreign country, to dispense with the probationary examinations.

The second article appears to the committee to be of equal importance. The title of "Doctor" denotes that its holder has obtained, after long and laborious study, the public confidence ; it is essential, therefore, that it should be borne by those only who are worthy of it.

On examining the Medical Directory we find the names of a considerable number of doctors who have obtained their degrees from the Faculties of Jena, Giessen, Louvain, and elsewhere, and who are far from being in a position to furnish the scientific guarantees required by our legislation. Further, as has also been remarked by our honourable colleague, a considerable number of sanitary officers go to foreign countries, and, having there acquired, often by unjustifiable means, the title of "Doctor," which they were unable to obtain in France, take this title, omitting all mention of the Faculty by which it has been conferred.

This is a fraud which the law cannot tolerate without serious injury to the reputation of the French medical body. For these reasons the Fifth Initiative Parliamentary Committee proposes that the Chamber of Deputies shall take into consideration M. Roger-Marvaise's Bill on the Licensing of Foreign Medical Men in France.

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THE notorious plaster of Paris flour adulteration case terminated on Saturday with a verdict for the defendants, the jury holding the opinion that the original exporters were the guilty parties, no proof being adduced to show that the recipients were cognisant of the fraud.

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A TELEGRAM from Egypt, dated Friday, states that Mr. Baird, who was sent to Upper Egypt to take measures for relieving the starving population, has sent in a report to the Government, in which he fully confirms the appalling extent of the famine, and proves by statistics that 10,000 persons have died from starvation alone in Ghirgeh, Kena, and Esna.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 9, 1879.

## THE LAST SITTINGS OF THE MEDICAL COUNCIL.

As we have already mentioned, Sir J. Paget and one or two other members were of opinion that no report respecting the reconstruction of the Medical Council should have been issued, considering that it was the intention of the Government to appoint a Select Committee to inquire into the matter. Sir James Paget thought that this vexed question should have been left entirely to that committee, before whom any member of the Council could have stated his own views. It is to be regretted that this good advice was not taken, for although we would not go so far as to say with some that the character and result of the recent discussion of the Council respecting its own reconstruction was such as to forfeit the good opinion of the profession, we must confess that very little can be said in favour of that discussion. Indeed, one or two of its own members appear to have entertained a similar opinion. Dr. Pitman expressed his "disappointment at the small amount of work that has been done by the Council during its present sitting;" and although it does not follow that a reconstruction of the Council would have saved it from so humiliating a reflection, such a confession coming from one of its own members, coupled with the almost enforced and adverse criticism of the press, are not calculated to allay the outside agitation on the subject. Sir James Paget said he did not regret that the discussion had taken place, because it had given all members an opportunity of stating their views. Considering, however, the great expense that is involved in the sittings of the Council, as well as the valuable time of most of its members, something more may be reasonably expected from that body than a long, desultory, and barren discussion on a subject which is of so much importance that the Government thinks it worth while to appoint a Select Committee to inquire into the matter.

Moreover, the general tenour of the debate was in more than one respect very unsatisfactory. Not only was the general opinion of the Council exactly the reverse of that which it had formerly expressed on the subject, but it repudiated its own past views of the subject in such a cavalier fashion as could not fail to be offensive to the rank and file of the profession. There is nothing so very unreasonable in the agitation in behalf of a more direct and very partial representation of the profession, as to call for the strong remarks, or to warrant the selfish views that were made or expressed by some of the members of the Council. "Fanatics and wire-pullers" were scarcely the terms in which a member of the Medical Council should speak of those who merely ask that a very small portion —only three or four members—of that body should be chosen from among the great class of general practitioners. It was, moreover, natural that there should be some difference of opinion as to the best way of effecting the proposed reconstruction, but it was scarcely to be expected that the Council would reverse its former decision on the subject, and resolve that after all there was no necessity of making any change. An impartial consideration of both sides of the question forces us to declare that the grounds on which the agitation in favour of direct representation are based, are more substantial and more logical than any of the arguments which the Council adduced on the other side. As a matter of principle it will be generally conceded that the parties to be represented in the Council are the Government, the corporations, the profession, and the public. But in fact, while the Government, and through it the public, are represented by the Crown members, and the corporations by all the other members of the Conncil, the great body of the general practitioners, for whose education and in whose interests the Council was chiefly established, are precluded from having directly any voice in the management of its affairs. It is no use saying that the profession is sufficiently well represented by those who represent the universities and the different examining bodies, inasmuch as the interests of the corporations are not only not identical with those of the profession, but may be in many respects directly opposed to them.

It is needless, however, to pursue the matter further, as the question is so soon to receive the consideration of a Government Committee. We may, however, express our hope that the passing of the Lord President's Bill will not be jeopardised by the obstacle which the agitation in favour of direct representation has thrown in the way. The very decided opposition of the Council to the proposed reform shows that we have been all along right in recommending that the new Medical Bill as now amended should be passed with as little delay as possible, so that when this great instalment of medical reform has been secured, we may all be in a position to deal more effectually with the question of direct representation.

## HEALTH OF THE NAVY.—II.

PASSING on now to the prevalence of *syphilis* in the navy, we find that of the primary form, 1,692 cases were under treatment, and of the secondary 631. Compared with the previous year, there was an increase of primary syphilis to the extent of 3·6 per 1,000, as well as a slight increase in the secondary form. With regard to the Home Station, there was an increase equal to 4·16 per 1,000 when compared with the ratio in the previous year, but this increase was owing to a larger number of cases being entered in the three depôts for seamen, than in the previous year. In one of these depôts (*Duke of Wellington*) 81 cases were recorded, of which as many as 39 were contracted out of the district (Portsmouth). Moreover, at Sheerness Barracks, the primary disease chiefly occurred in men who had contracted it, before joining the barracks, in unprotected districts. "The number contracted in Sheerness itself has been but small, thus proving the efficacy of the Acts. The largest percentage of cases occurred on the coast-guard ship, at Hull, an unprotected port. In the vessels composing the Channel Squadron, there was an increase both in the number and virulence of the primary disease, chiefly attributable to the squadron having been at anchor at Portland (an unprotected port) for some time. In the *Black Prince* many cases were contracted at Portland, Weymouth, or Dorchester, and these were extremely virulent. "I cannot," says the medical officer, Fleet Surgeon Keenan, "too strongly endorse the desirability that those places should have the benefits of the Contagious Diseases Acts extended to them, more especially as Portland has lately become a rendezvous for the Channel Squadron." The medical officer of the *Thunderer*, in commenting upon the large number of cases entered on the sick list of that ship, expresses the same opinion. As a striking instance of the benefit to be derived from preventive treatment, we find, in referring to the North American and West Indian Station, that the medical officer of the *Bellerophon* calls attention to the entire immunity from syphilis after the crew had been on leave in Quebec and St. John's, Newfoundland, and that he attributes it to the care taken by the public women, who have established among themselves a system of voluntary attendance at a medical office, and are admitted into the general hospitals at these ports. With regard to this station, great complaints are made of the lax manner in which the Contagious Diseases Acts are enforced at Barbadoes, where the disease was so prevalent and of so virulent a type as to call for a special investigation. Coming to the African Stations, we remark that one medical officer strongly recommends the introduction of these Acts at the principal ports of the Cape Colony, where venereal disease rides rampant, there being no kind of supervision whatever; while another complains of their inefficient administration at St. Helena, "as every ship on the African Station suffers severely from venereal disease amongst the men after a visit to this otherwise healthy place." Primary syphilis was very prevalent at Bombay and at Sydney, Australia. At the former place, the Contagious Diseases Acts have not been enforced on account of the expense; while at Sydney, the increase of the disease was attributed to infected prostitutes flocking from the neighbouring colony of Queensland, which is protected, to Sydney, which is not protected, and where they can ply their calling without any hindrance. But of all places the China Station is the one where the ravages of syphilis are most to be dreaded. The ratio for the primary disease was as high as 69·01 per 1,000. No disease on this station causes so much loss of service as primary syphilis; and 58 men were daily ineffective from this disease. Most of the cases of the primary disease were contracted at Hong Kong, while the rest, which were of a formidable character, were contracted at the various Japanese ports. We may, however, remark that the Contagious Diseases Acts are so well carried out at Hong Kong, that syphilis of a bad form may almost be said to be eradicated from that town. But the Acts only affect prostitutes who are resorted to by Europeans. There is a class of women not under any medical supervision, and it is amongst them that Europeans contract the disease. In consulting the tables to which we referred at the beginning of this article, it will be observed that while, in the years 1871—77, the ratio of primary and secondary syphilis was, in *ports under the Acts*, only 40·32 per 1,000 of Force, it was in ports *not under the Acts*, as high as 90·10. On the other hand, the tables show an "apparent" increase of gonorrhœa at the protected ports, as compared with the number recorded at the unprotected ports. This is said to be only apparent, because "previous to the time of the passing of the Contagious Diseases Acts it was not the practice of the navy to place slight cases of gonorrhœa on the sick list, and thus the majority of cases was not recorded." This explanation, however, is not very satisfactory, for on referring to the tables for 1871—77, years in which the Acts have been in full force, and in which we may presume that all cases of gonorrhœa were registered, we still find an increase in the ratio of this disease in the protected ports over those contracted at unprotected ports, for while the ratio for those years was 61·71 in the ports under the Acts, it was only 50· in the ports not under the Acts. This is at least a remarkable statement, the accuracy of which should be further investigated. It is not sufficient to say in a note, that "the apparent increase of gonorrhœa which has taken place at all the stations, whether under the Acts or not under the Acts, is probably due to this cause, and not to any real increase of disease." We may be sure that the opponents of these Acts will take some notice of this attempt to explain away a statistical statement which, as far as gonorrhœa is concerned, does not bear out the alleged protection afforded by them. Nor must we expect that the protection afforded by the Contagious Diseases Acts will ever be as great in respect of gonorrhœa as they undoubtedly are in respect of syphilis, inasmuch as the former disease is not always so easily detected in the female as the latter, and consequently is not, from a preventive point of view, so much under the control of the authorities who are charged with the carrying out of the Acts.

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THE solicitor for Perryman, who was last week sentenced to death for the Kentish Town murder, has appealed to the Secretary of State for a reconsideration of the case, on the ground that three medical men were not called who were prepared to prove that the deceased had, to all professional appearance, died by suicide, and not murder.

# Notes on Current Topics.

## Are We Right or Left-Handed?

Dr. Crichton Browne, Lord Chancellor's Visitor in Lunacy, has issued a number of questions in the hope of solving the above problem. He has also lectured on the subject. We have heard of the coming man, who shall be ambi-dextrous, but, judging from Dr. Browne's lecture, the advent of this creature seems far distant, and the men and women of the future will have to content themselves with the general method in use of using the right hand—a method not imposed by custom, education, or tradition but as the result of a special organisation, depending on a motor centre, which leads to, if not impels, the use of the right hand.

This we gather to be the result of the condensed and necessarily mutilated accounts we have read of Dr. Browne's lecture. The subject selected for inquiry well illustrates the all-searching tendency of the age we live in. There is nothing too minute, in connection with man or his movements, to escape the attention of the scientist. A common place movement, like the use of either hand, to an ordinary mind would not seem a subject capable of being invested either with a scientific aspect, or even of being made popular or attractive. Moreover, it required a more than ordinary degree of what we might call self-reliance to issue such a number of questions as those framed by Dr. Crichton Browne, and to coolly ask us to expose our little weaknesses as regards our petty habits—about winking, walking, running, kicking, toying with our hands, &c., for on such seemingly trifling and unimportant data Dr. Browne is endeavouring to rear a superstructure, philosophically considered and argumentatively worked out, which will destroy the dream of ambi-dextrous advocates. Long-eared men—and we are afraid there are a large number in the world—might feel insulted at being asked such a pointed and personal question as—"Can you move your external ears separately; and, if so, which of the two do you move more freely?" Some men might have a delicacy in stating that they are possessed of this supposed asinine accomplishment.

Seriously, we trust that Dr. Browne will receive a sufficient number of replies to assist him in his investigations. We feel certain that he will extract all the wheat from the chaff (and we have no doubt there will be plenty of chaff), and present us with the result of his researches in a style worthy of his antecedent literary productions, which are well known to all, whether interested in psychological medicine or not, and which have deservedly gained for him a high rank as a *litterateur*.

## A New Saline Purgative.

M. Rabuteau announced some experiments he had made relative to the physiological action of the sulphomethyla e or methysulphate of sodium. It is a colourless salt crystallising with difficulty, without any disagreeable taste. M. Rabuteau first injected in the veins of a dog a solution of ten grammes in twenty-five grammes of water, without producing any diarrhœic phenomena. Later he administered to a patient in the Hôtel Dieu a dose of fifteen grammes in two glasses of water—the woman had abundant stools.

## Cremation.

It is to be regretted that one of the leading daily journals, though apparently writing impartially upon the subject of cremation, yet is unmistakably employing its influence to direct the feeling of the public altogether against cremation, and therefore to affect the decision in the House when the subject comes before them for consideration. Notwithstanding that the number of the people in favour of cremation is rapidly increasing, it is evident that the vast majority are from an imperfectly comprehended religious sentiment strongly disposed against this method of disposal of the dead, and would not fail to exert their influence to prohibit it, disregarding the matter as a question of science and the sanitary advantages which would accrue if cremation were introduced on a large scale, and unfairly disregarding the opposing sentiment of those who, dreading the burial of the body, are relieved from mental annoyance by the knowledge that they can exchange the grave for the crematorium.

We have already entered upon the arguments in favour of, and against, cremation, but there are one or two points recently referred to by the journals which cannot be allowed to rest undisputed. It must not be argued that because the individuals who at the present time desire this rapid and complete form of dissolution of the body after death are but few in number, therefore, the public gain will be too inconsiderable to warrant any reconsideration of the laws which are affected by it. It is impossible to say what views will be taken by the people in general when cremation has received the sanction of the Legislature, and just in proportion as the burial of the dead diminishes, so, logically, must follow the diminution of the evil consequences upon the living now brought about by the burial of the dead. It is a known fact that churchyards and cemeteries have been recently closed, and that vast numbers of useful wells in the neighbourhoods have been condemned in consequence of the evils ensuing; further it is no argument to say that in future our graveyards are to be removed far away from our populous districts, for no greater centre of attraction exists than a new necropolis. Stone-masons and labourers congregate, shops are opened the choice spots around are selected as the sites of mansions because of the travelling conveniences which the necropolitan necessities have developed, and thus originate vast towns in the immediate proximity of the dead.

Perhaps the strongest reason that can be put forward in favour of burial and against cremation is, that exhumed bodies have been brought up in judgment against their murderers. But the records of generations must be searched to find such cases, in number more than can be counted upon the fingers, and the danger of foul play undetected is far over-balanced by the danger of a living entombment undetected such as there is too much reason to believe has occurred in epidemics.

The increased opportunity for foul play when the body is to be cremated is slight, yet it exists; and it is for Parliament to consider how it may be averted—a matter of no difficulty. It is, however, to be remembered that Parliament is not called upon to make cremation compulsory upon the people, but only to permit it on the part of the few who, for their own particular

reasons, have a strong desire that with life their body also should cease to exist. A majority have no right to coerce a minority, provided the actions of the latter concern themselves only; and if any person should choose, during life, to determine that his or her body should be disposed of by cremation, it would be a retrogressive act on the part of the Legislature to prohibit it.

## Vaccination Certificates.

We informed our readers some weeks since that the Irish College of Surgeons had decided to require a certificate of instruction in vaccination from all candidates for its licence after August next. The Council of the College has finally adopted the regulations on this subject, which are as follows:—

Any public vaccinator, holding office under the Local Government Board for Ireland, may be recognised by the Council as entitled to grant the certificate recognised for the letters testimonial of the College, if he shall produce such evidence as shall satisfy the Council:—

*a.* That the number of vaccinations performed by him at his dispensary are sufficient for the instruction of students.

*b.* That he has made special arrangements for the instruction of students upon at least two days in each week during the period covered by the certificate.

The instruction shall include—

1. The performance of the operation of vaccination.
2. The conditions of the patient which contra-indicate vaccination.
3. The characteristic appearances of the true vaccine disease at the different stages of its course, and the deviations therefrom, which are compatible with its protective influence.
4. The taking of lymph, and the method of preserving it in tubes or on points, and of recognising impurities.

The candidate shall be liable to be examined upon these subjects at his final examination.

The certificate required from candidates shall be in the following form:—

*I certify that Mr.*
*has diligently attended upon the instruction given by me during months ending the day of* 187 *, and that he has been duly instructed by me in the performance of the operation of vaccination, and in the allied subjects, as required by the regulations of the College.*

(*Signed*)
Public Vaccinator,
Vaccine Institution or
Dispensary.

Dated this day of 187 .

Public vaccinators shall return to the Registrar of the College, at the commencement of the period of instruction, the names and addresses of all students who shall be entered by them for instruction; and no certificate shall be received unless it shall be dated at least one month subsequently to such return. The Council may revoke their recognition of the certificates issued by any public vaccinator if it shall appear to them, from examination of the students instructed, or for any other reason, that the instruction is insufficient.

It will be observed that all public vaccinators are eligible to become recognised instructors in vaccination, but they must apply for special recognition—make special arrangements for *bonâ fide* instruction—return the names of their pupils before the period commences. If gross ignorance be displayed by such pupils on examination the ecognition may be revoked.

## Professional Confidences.

In a recent lecture delivered by Dr. Kinkead, Professor of Forensic Medicine in the Galway College, he said:—

A question often arises: Is a medical man justified in refusing to answer a question on the ground that by so doing he would violate professional confidence? The law allows us no such privilege, which it extends to the Church and the Bar; and yet, gentlemen, to us, in the exercise of our profession, are confided secrets no less momentous than the confidence of a client in his counsel, involving frequently the honour of families, the life-long happiness of individuals—no less sacred than the confession of the penitent to his clergyman. These secrets the law tells us we are bound, under penalty of contempt, to divulge in open court. Such a law, in my opinion, is more honoured in the breach than in the observance. I trust that if it ever falls to your lot to decide whether you will obey or not, that you will elect to keep sacred the confidence of your patient, and undergo whatever penalty may attach to your silence, rather than betray the trust which, perchance in a moment of pain or weakness, in a hope of relief from suffering, and in firm belief in your faithfulness and honour, was committed to your keeping.

We entirely concur with Dr. Kinkead's feeling, and we believe that the good sense of our judges will protect medical men in their refusal to divulge the professional confidences of their patients. It is time that the position of medical men in this matter should be distinctly understood, for it is, but a few weeks since, that a Poor-law inspector in Ireland assumed the right to compel a medical man to testify to a conversation which had no reference to his official duties, and, in the end, succeeded in frightening the doctor into a full confession of all details.

## Longevity of Quakers.

It appears from the annual list of the members of the Society of Friends, that the number of deaths among that body during the past year, in Great Britain and Ireland, was 281. There are about 17,000 members; the mortality is consequently much below that of the population generally, and shows the longevity which prevails among the members of the Society. The infant mortality was very small, only 15 deaths of children under one year; between 1 and 5 years, 18 occurred; between 5 and 20 years, 11; between 20 and 30 years, 19; from 30 to 40 years, 15; and 11 only between 40 and 50 years. Above 50 years old the numbers rise, the deaths in the first decade being 24; between 60 and 70, 46; while from 70 to 80 (the most fatal period) the deaths were 65. Above 80 and below 90 the number was 53—a very high rate out of a total of 281; while from 90 to 100 there were 5 deaths. Of the total 281, 147 were males and 134 females.

## The Netley School.

The thirty-eighth session of the Army Medical School was opened on Tuesday, the 1st inst., when the introductory address was delivered by Professor F. de Chaumont, M.D., who welcomed the new candidates for the Indian and Naval Medical Services, and expressed regret that the Army was still unrepresented, a state of things which, it was hoped, would not occur again. The present session is attended by fourteen candidates for the Naval Service, besides two officers of the Indian Service, one surgeon-major and one surgeon.

## M. Renan's Address at the French Academy.

M. RENAN'S brilliant reception at the French Academy was signalised by a remarkably eloquent and eulogistic description of the life and labours of Claude Bernard. "Claude Bernard," said M. Renan, "was the greatest physiologist of our age. He spent his life in an obscure laboratory at the College de France, and there, in the midst of the most repulsive spectacles, inhaling the atmosphere of death, with his hands steeped in blood, he discovered the most hidden secrets of life; and the truths that proceeded out of this sad retreat dazzled all who knew how to see them. A writer he certainly was, and an excellent writer, for he never gave the matter a thought. He possessed the first quality of a writer, which is complete unconsciousness of the process. His style is his very thought, and as that thought is always lofty and powerful, his style also is elevated, solid, and strong." We were particularly struck with this last observation, for we have always considered that as medical and other scientific writers have chiefly to state in plain and simple language the results of their experience, observation, or reflection, they would naturally fall into a plain, perspicuous, and unaffected style of writing. It may, however, be doubted whether the nature of the subjects which scientists have to deal with is such as to enable them to write in an attractive manner, as there is so little scope for the point, epigram, illustration, graphic description, and other graces of style that characterise popular or eminent writers.

But the most original and thoughtful part of M. Renan's address was a few sentences, each of which might be made the text of a brilliant discourse. Alluding to the religious and other prejudices with which scientists have to contend, he said: "What do misconceptions signify in the eyes of eternal truth? *The purest worship of the Deity sometimes hides itself behind apparent negation; the most perfect idealist is he who considers that he owes it to a certain frankness to call himself a materialist. How many saints are concealed beneath the cloak of irreligion?* How many among those who deny immortality would deserve a startling disclosure? Reason triumphs over truth, and to work for reason is to work for eternity." These are certainly grand thoughts, the full meaning, the truth, and the purity of which, it will not be in the power of every one to understand. We have not space now to dwell upon the many points of interest in this eloquent address of the author of the "Life of Jesus;" but we hope that its publication will soon give us the opportunity of perusing it in the language in which it was delivered.

## Mr. Millerchip and the Poor-law Medical Officers' Association.

AT a meeting of the Council of this Association on April 1st, a resolution was passed, strongly disapproving of the very unjust and rigorous manner in which this surgeon has been treated by the authorities:—

"The Council are desirous in the first instance of pointing out that although it is in evidence that some fourteen applications for Mr. Millerchip's attendance were made at his house, it did not appear that Mr. Millerchip ever had more than one intimation that his services were required; although the father of the child was out of work, he never applied personally to Mr. Millerchip—only children were sent. If the father had called upon Mr. Millerchip he would have at once ascertained that at that time he (Mr. Millerchip) was suffering from perineal abscess, and his legally appointed deputy, Dr. Brown, of Coventry, was not only in attendance upon him, but was also visiting his other patients. Mr. Millerchip was not only suffering from this disease, but, according to affidavits of Drs. Brown, Plowman, and Mr. Reed, also from epilepsy of some years' standing, and it is shown that his memory was seriously affected thereby. And this Council begs to express their regret that the Home Secretary should have delayed so long his decision in this case. This Council wish also to signify their sense of the injustice done to the prisoner by the partial character of the charge made to the grand jury, and by the summing-up of the Lord Chief Justice Coleridge. They also feel that, even if nothing had been put forward in extenuation, the sentence would, even then, have been unnecessarily severe and unjust."

We willingly and unreservedly endorse the opinion thus expressed, and trust that the profession generally will do something to mark their sympathy with Mr. Millerchip, and the indignation they must feel at a member of the medical profession being, under the circumstances above mentioned, so unjustly and severely punished.

## The Revival of Bloodletting.

M. CHAUFFARD (*La Presse Medicale Belge*) thinks that phlebotomy is at the present day often neglected in cases where it might be found very useful. He lately had under his care in the hospital a young man, twenty years of age, robust, moderately stout, and rather plethoric, who, after enjoying good health, had a severe attack of hæmoptysis. By occupation he was a stone cutter, and doubtless the attack had been excited by the irritation caused by inhalation of the dust. The symptoms having lasted for three days without any signs of improvement he entered the hospital. After examining the lungs, and finding them free from any serious disease, M. Chauffard prescribed bloodletting to the extent of 500 grammes. The result was very remarkable, for the hæmoptysis, which had continued up to the time of the operation, ceased immediately afterward. His appetite and strength soon returned, and the blood so quickly recouped itself that no trace was left of the double loss it had undergone. It may be observed that the above is the inverse of what takes place in those cases in which a suppressed normal hæmorrhage gives rise to one that is vicarious of it. It is not, however, merely the accidental attack of hæmorrhage that may be arrested in this manner, for it should be borne in mind that the hæmorrhagic molimen to which, by habit, an organ has been subjected may be a source of danger. For instance, one of the most useful applications of bloodletting is the prevention of those catamenial congestions which persist after impregnation, and which lead to the separation of the ovum. Prof. Hardy, of Paris, has come out decidedly in favour of venesection in apoplexy, renouncing the doctrines of Trousseau, which have so long held sway. He prefers to bleed at the first sign of the return of consciousness.

## The Alkaline Waters of Vals.

M. CLERMONT, of Lyons, who has carefully studied these waters, says (*La France Médicale*) that they are very beneficial in biliary derangements, and that they stimulate

digestion, secretion, and the nervous system. The spring, *Précieuse*, from the bicarbonate of magnesia which it contains, possesses gentle laxative properties. Another character of this spring is the intimate mixture of its several ingredients. It contains carbonic acid to the extent of two grammes to the litre, and yet the solution of this gas is so complete that it is not seen to be attached to the sides of the glass. The bicarbonate of soda, of which there is 5-8 gms. per litre, does not impart to the water a disagreeable taste, and patients who have been drinking the waters of Vichy are astonished at the contrast, as regards taste, between the strong alkaline waters of that spring with the equally strong alkaline waters of Vals. The carbonic acid of these waters evidently plays a modifying *rôle*, and accounts for their agreeable taste. These waters are particularly serviceable in the treatment of biliary calculi. "I have," says M. Chabannes, "known at Vals people who, having never suffered from nephritic or hepatic colic, but from gastro-hepatic derangement of uncertain origin, have been attacked during 'the cure' with pains in the right side, in a very short time after which calculi were passed per anum."

## Nerve Stretching in Anæsthetic Leprosy.

Surgeon Laurie, M.D., Resident Surgeon of the Medical College Hospital of Calcutta, states in the India *Medical Gazette* that owing to the difficulty in following up cases in dispensary practice, he has not been able to report upon one complete case of local anæsthesia treated by nerve stretching. One such case has, however, now occurred to him, and the result is satisfactory. A European female consulted him on March 22nd, having suffered for four months from pain and tingling in the hand and forearm, gradual loss of sensation in the ulnar area of the hand, and a peculiar weakness and stiffness in the fingers. The ulnar nerve was much thickened; the ulnar area of the hand was of a dull red, with complete anæsthesia all over this discoloured patch; and the hand had a wasted appearance, due to atrophy of the muscles supplied by the ulnar. The nerve was stretched the same day under chloroform, and in a few days considerable improvement took place. When the patient was seen six months afterwards, no trace of disease existed in any part of the hand, forearm, or arm, the woman having been quite well from the time the wound had healed.

## Corns and their Treatment.

M. Guibout (*L'Année Médicale*) says that corns consist of an induration and hypertrophy of the epidermis which grows downwards, taking the form of a nail, with the point directed against the deeper parts. The portion of skin adjacent to the induration, becomes inflamed and altered; its papillæ disappear, and at last it becomes a true matrix, producing from below new layers of hard epidermis as the upper ones are removed. His treatment is to soften the corn by applying to it for one night an ointment consisting of equal parts of turpentine and acetate of copper, mixed with white resin and yellow wax. The corn is then to be excised with scissors, care being taken to go deep enough to remove its summit. After excision, the matrix should be cauterised with sulphuric acid, to prevent the corn being reproduced.

## The Eighth Congress of the German Surgical Society.

It is announced that the above Congress will meet at Berlin on April 16. The sittings will take place on April 16, in the hall of the University, from 12.30 to 4 p.m., and on April 17, 18, and 19, from 2 to 4 p.m. Demonstrations of patients and preparations will be held from 10 a.m. to 1 p.m. in the University Clinic and at the Charité Hospital. Objects for exhibition will be received at No. 7 Ziegelstrasse, Berlin, N., and the address of the office of the Society is "Berlin, N.W., 3 Roonstrasse." The President for the coming meeting is Professor Von Langenbeck.

## The Abortive Treatment of Bubo.

The following plan is that adopted by the French surgeon, Malplaquet:—

The cuticle over the swelling having been removed by blistering fluid, to the extent of a shilling piece, a scrap of lint steeped in a saturated solution of perchloride of mercury was applied to the raw surface, with a linseed poultice over all, and left for about twenty-four hours. When again seen, a greyish eschar was found to have formed, and we had occasion to notice that the firmer was this eschar the more certain and speedy was the good result. After two or three days' poulticing, a clean, shallow, granulating depression only remained for treatment, and readily healed by simple means, the swelling itself having meanwhile quite disappeared.

## Minims and Grains—Poisoning by Atropine.

The Leeds coroner lately held an inquest upon the dispenser at the Leeds Dispensary. The deceased was suffering from acute consumption, and it was stated that at most he could not have lived more than two or three weeks. At a consultation between his medical adviser and Dr. Clifford Allbutt, the former prescribed a solution of atropine, one minim to the half-ounce. The prescription was taken to the dispensary, where, unfortunately, one minim was read as one grain, and a dose of this strength was administered to the deceased, who died some hours afterwards. The jury returned a verdict of died from misadventure.

## The Mortality in Dublin.

It is worth recording that last year (1878) there were 1,369 burials in Mountjerome, the Protestant Cemetery of Dublin. For the first three months of 1878 there were 380 burials, and for the first three months of this year (1879) there have been 474 burials, nearly 100 more than in the corresponding period of last year. These returns, it should be recollected, have special reference to the deaths of the upper classes within the Dublin district.

## "Castor-Oil" Pills.

Bell and Son, of Liverpool, the manufacturers of the pills in respect of which a store manager was recently fined under the Food and Drugs Act, have abandoned their appeal against the conviction. It will be remembered that a box of pills, purporting to be "compound castor-oil pills," was purchased and sent for analysis to the county analyst, who certified that the pills "contained no castor oil."

## Stammering.

Dr. J. Schrank, of Munich, alleges stammering (*Medical Reporter*) to be the result of disease of the cortical portion of the brain. It is brought about through mental influences. Speaking requires a succession of acts of volition; but with the stammerer the behests of the will are hindered by anxiety or doubt as to his powers of execution of the words to be uttered. Undue attention is thus thrown upon the special acts of pronuciation. The stammerer is therefore one placed under the influence of dominant ideas, having especial reference to his capacity for articulation. He thus belongs to the same class as those suffering from agoraphobia or ataxia muscularis.

Dr. Schrank rejects Kussmaul's view, that stammering is owing to a born weakness of the apparatus by which syllables are co-ordinated. If this were so, stammering ought also to occur in reading and singing, which is not always the case.

The author would seek for an anatomical basis of stammering in the parts around the island of Reil, where the so-called motor speech centres have been located. Stammering appears to be hereditary. Colambat found it to be inherited in two-fifths, and Coën in one fifth of his cases.

Dr. Schrank gives an instance where stammering ran through four generations, originating from the mother's side. In those cases where there was no direct inheritance of the disorder, other diseases of the nervous system, such as epilepsy, hysteria, or chorea, were frequently found. The author sees a confirmation of his theory in the treatment which has been found most efficacious in removing stammering. This consists in different devices and exercises to increase the strength of the will, and to diminish anxiety in speaking. Electricity has not been found of any efficacy in the treatment of stammering.

Very great success is reported as attending the treatment of stuttering by purely physiological training, according to the system of M. Chervin, of Paris. Three types of stuttering are distinguished. First, that occurring during the inspiration; second, stuttering expiration; third, stuttering during both these periods and between breaths. The first involves various respiratory exercises, and the pupil is first taught to make long, full inspiration, and follow it by regular, forcible expiration. Then the respiratory movements are made with various rhythms until they become full, regular, and easy, instead of being jerky, laboured, and fatiguing. In the second stage of treatment, exercises with vowel sounds are substituted for the previous mute breathings, giving to each vowel the various modifications of tone, pitch, duration, &c., heard in conversation. The third stage comprises exercises on consonants alone, and in combination with vowels; at first slowly, then rapidly, varying the duration and pitch of each syllable, and passing from words of one syllable to those of two and more syllables. Prepared by these exercises, the pupil learns to articulate slowly and methodically short sentences, then longer periods and paragraphs, separating sentences, and always beginning with a deep inspiration. Twenty days of this treatment usually suffice for a perfect cure.

## Alleged Neglect.

We are sorry to see that there has been another charge of neglect against a Poor-law medical officer. Last Thursday an inquest was held at Woolwich on the body of Geo. Scarr, aged 75, of 12 Trinity Street, Woolwich, who died on Sunday week under circumstances which excited a considerable degree of public interest. The deceased was employed by Mr. S. C. Harrington, who instructed Mr. Peake to watch the case on behalf of the widow, who stated that the deceased had been ill for three months. She got an order from Mr. Padgham, relieving officer, for Dr. Fegan to attend him. The doctor attended next day, and sent some medicine. Dr. Raitt, partner to Dr. Fegan, called next. His daughter directed his attention to deceased's toe; but he did not look at it. On the second time of Dr. Raitt calling, he looked at the toe and said it was a mortified chilblain. Dr. Raitt sent some oil and lotion, which was duly applied. Dr. Raitt next called in nine days, and told her to persevere in the treatment. It got worse, and she sent several times for Dr. Raitt, but he did not come. The inflammation went up the leg, and Dr. Raitt at last cut off the toe. Dr. Raitt called on Sunday, when deceased was insensible. The doctor said the leg was mortifying, and that he could not live many hours.

We abstain from making any comments while the case is *sub judice*, but it shows that Poor-law medical officers cannot be too careful to avoid that unenviable publicity and prejudice which a charge of this kind, even if unjust, is sure to bring upon them. There is no class of people so exacting and particular with regard to medical attendance as the poor, and none more sensible of any attention or kindness that is paid to them.

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The Council of the Royal College of Surgeons in Ireland has given notice that on the 5th day of June next it will proceed to elect a Curator of the Museum, in the room of the late Dr. John Barker, at a salary of £250 a year. Candidates will be required to lodge at the College, on or before the 31st of May next, preparations in human and comparative anatomy made by themselves, as prescribed in the regulations. The curator need not necessarily be a medical man, but he must not be a teacher in any medical school, nor directly or indirectly interested in any museum other than that of the College.

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The death-rate from the seven principal zymotic diseases averaged 2·9 per 1,000 in the large towns last week, ranged from 0·4 and 0·5 in Portsmouth and Brighton, to 5·0 and 6·4 in Sunderland and Newcastle-upon-Tyne. Whooping-cough showed the greatest fatality in Sheffield, Newcastle-upon-Tyne, and Manchester; scarlet fever in Sunderland, Oldham, and Nottingham; and measles in Newcastle-upon-Tyne. The deaths from enteric fever were proportionately most numerous in Bristol and Nottingham. Small-pox caused 9 more deaths in London, 17 in Dublin, but not one in any of the other large towns.

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In the principal foreign cities the rates of mortality, according to the most recent weekly returns were in Calcutta 34, Bombay 30, Madras 35; Paris 31; Geneva 35;

Brussels 39 ; Amsterdam 29 ; Rotterdam 28 ; The Hague 21 ; Copenhagen 22; Stockholm 19 ; Christiana 24 ; St. Petersburgh 48 ; Berlin 26, Hamburg 27, Dresden 27, Breslau 31, Munich 39 ; Vienna 36, Buda-Pesth 45 ; Rome 28, Naples 39, Turin 30 ; Alexandria 45 ; New York 29, Brooklyn 19, Philadelphia 18, and Baltimore 20 per 1,000 of the populations. Fevers caused 45, and small-pox 49 deaths in St. Petersburgh.

We regret to learn of the death of the United States Surgeon-General, Dr. John M. Woodworth, of the Marine Hospital Service, which took place at Washington on March 14th. Dr. Woodworth's valuable work in promoting sanitation ; his researches into the etiology of yellow fever, &c., have made his name respected throughout English speaking countries ; and it is probable that his premature death, at forty-one years of age, was induced by overwork and anxiety.

The rates of mortality per 1,000 last week in the principal cities and large towns, were as follow :—Edinburgh, 18 ; Brighton, 18 ; Bristol, 23 ; Portsmouth, 23 ; Bradford, 23 ; Norwich, 24 ; Leeds, 25 ; Salford, 25 ; Glasgow, 25 ; Liverpool, 26 ; Leicester, 26 ; Birmingham, 26 ; Plymouth, 27 ; Sheffield, 29 ; Nottingham, 29 ; Hull, 29 ; Manchester, 30 ; London, 30 ; Oldham, 30 ; Newcastle, 31 ; Wolverhampton, 31 ; Sunderland, 31 ; and Dublin 33.

The question of infected milk is attracting much attention at this moment, both at homeand on the continent. It is sought to discover whether or no the milk of cows that have become consumptive by being kept pent up in large cities, is capable of communicating that fearful disease to young children. Our contemporary, the *Analyst*, has devoted several articles to the subject.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Mortality of Glasgow.—During the week ending the 29th ult., the deaths in Glasgow were at the rate of 25 per 1,000 per annum, against the same figure in the preceding week, and 28, 31, and 29 in the corresponding periods of 1878, '77, '76.

Health of Glasgow.—Dr. Russell reported that during the fortnight ending 22nd of March, there were 568 deaths registered, compared with 554 in the preceding fortnight. The number of deaths of persons under one year was 111 in place of 101, and persons aged 60 years and upwards 80 in place of 88, as compared with the preceding fortnight. The deaths from pulmonary diseases were 225 in place of 223. The deaths from fever were 11 in place of 4, viz., 9 from enteric fever, and 2 from typhus. The number of deaths from infectious diseases of children was 55 in place of 45, viz., 39 from whooping-cough, 10 from scarlet fever, and 6 from measles. Whooping-cough is always most fatal in the months of March and April. The number of cases of fever registered was 42 in place of 41, viz., 33 of enteric fever, 8 of typhus, and 1 undefined. In addition to these cases of fever, 92 cases of measles, 59 of whooping-cough, 38 of scarlet fever, and 19 of diphtheria were the occasion of sanitary supervision.

Edinburgh Royal Maternity Hospital.—The medical board of this hospital have appointed E. F. Scougal, M.A., L.R.C.S.E. and L.M., and G. T. Atkinson, M.B. and C.M., to be house-surgeons for the quarter beginning on May 1. Dr. Angus McDonald will be succeeded by Dr. Kieller at the end of the quarter.

Edinburgh University—Election of a Professor of Botany.—The Curators of the Edinburgh University met on the 1st April to appoint a professor of botany in room of Professor Balfour, resigned. All the Curators, with the exception of Lord Rutherford Clark, who voted by letter, were present. It is understood that, owing to the high qualifications of the several candidates the Curators had a considerable difficulty in making their selection. Dr. Dickson, of the University of Glasgow, was the successful candidate. This gentleman graduated in medicine at the University of Edinburgh in 1860 ; in the same year he obtained a gold medal from the Medical Faculty for a thesis on a botanical subject. He was for some time President of the Royal Medical Society of Edinburgh, and shortly after his graduation he abandoned the practice of the medical profession and devoted himself to botanical research. During the summer of 1862 he conducted the class of botany in the University of Aberdeen in room of Professor Dickie, who was then in ill-health. In 1866 he was appointed to the Chair of botany in the University of Dublin, and held the office for two years. In the second of these years he also held the appointment of Professor of Botany in the Royal College of Science for Ireland, and in the course of his stay in Dublin he received from the Senate of the University the honorary M.D. degree. In 1868 Dr. Dickson was appointed to the Glasgow Chair of Botany, having held the office till now. Since 1858 Dr. Dickson has been a frequent contributor to scientific societies and journals on his own subject.

University of Edinburgh—Scholarship.—The senior Mackenzie bursary has been awarded to Benjamin Wainwright, and the junior Mackenzie bursary to D'Arcy Wentworth Thompson, being the students who displayed the greatest industry and skill in practical anatomy work during the winter session in the senior and junior classes respectively.

Dr. Andrew Wood.—The Senatus Academicus among other honorary degrees conferred the degree of LL.D. on Dr. Andrew Wood, F.R.C.S., F.R.S. Edin., the learned representative of the Edinburgh College of Surgeons on the General Medical Council.

Knowledge in High Places.—At a meeting of the Medical Council held last week Dr. Rolleston remarked that "he had listened with great delight to Dr. Scott Orr's vindication of his own country. He said that Scotland had laid the world under great obligations, because she had held aloft the torch of knowledge and science at a time when the English were using the lamp only for coal mines." The illuminating influence of "the torch" can be pleasantly illustrated by the subjoined prescription of a *Scotch University Professor*, viz.:—

℞ Saponis mollis, uncias 2.
Sp. rect., unci*um*.
Sp. rosmarini, *drachmum*. Solve.

The "signatur" is in English, and is correctly spelt. Again:

℞ Ung. rumicis *c* sulph., unci*um*.

This is no slip of the pen, as the prescription is printed by means of a type-writer. A few days ago we saw a certificate about to be submitted to the sheriff in which a graduate of the University of Glasgow said of a patient supposed to be insane that he "jesticulates" in a particular manner. Such as this is not at all uncommon, as 75 per cent. of medical practitioners in Scotland have been tradesman, drapers, or drapers' clerks

and have received consequently no preliminary education befitting them for a *learned* profession. No wonder all sensible medical men fervently hope success to the Medical Reform Bill of the Government.

# Correspondence.

## "AN APOTHECABY GUESSED TO HAVE BEEN POISONED."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I have read your remarks relative to the proceedings at the inquest held at Limerick on the body of the late Mr. John Joseph Furlong, apothecary, &c.—a very fair criticism, indeed, on proceedings which you justly stigmatised as "an utter farce." Putting aside my slight acquaintance with the deceased, and regarding him only as a member of our profession, it is repugnant to feel that he has been branded as a suicide (through "unsound mind") by a coroner's verdict, from the mere fact that a medical man found after death "glistening eyes, dilated pupils, placid (flaccid ?) muscles, and a maculated side," and that a two-ounce phial was found, the contents of which were mere merely guessed at.

If on such grounds verdicts in all similar cases were arrived at, I believe that many deaths would be recorded as suicidal which ought to be recorded as natural. I have the greater reason for arriving at this belief from the result of an inquest case which came, not many months ago, under my own immediate notice, the details of which I will briefly give, with your permission.

A photographer in this town was found dead in his bed, under suspicious circumstances, pointing to suicidal poisoning. He had been for many months ailing, and, though not thereby entirely incapacitated, he could not follow his occupation with his usual energy. This, with domestic troubles and pecuniary embarrassments, brought on a low state of despondency. He was highly sensitive, given to night thinking, and suffered much from want of sleep. One day he confessed that he felt such depression of spirits he was afraid of himself, and feared lest he would be driven to commit suicide. Four or five days before his death he told me he had taken the night before *half-an-ounce of tincture of opium*, with the legitimate object of procuring sleep. I was literally stunned. He was not an opium eater, as far as I could discover, and was quite ignorant of the dose. On questioning him, and pointing out the great danger incurred in having taken this enormous dose, he said he was not aware of that, but felt so "tortured for want of sleep" that he took it, and that "really it had but very little effect after all." There could be no mistake about the quantity taken, for he accurately described it, and, in fact, after his death a two-ounce phial was found by me amongst his chemicals in his sleeping room with laudanum in it, evidently of an inferior kind. The bottle was full, minus half-an-ounce exactly. Not including other poisons, he had within reach in his bed-room (where for convenience he stored his chemicals) as much cyanide of potassium alone as would poison every human being in this large town. Taking into account his physical condition, his embarrassed circumstances, his discontented state, his sleepless nights, and great despondency, more than once expressed, also his dread of being driven to do himself harm, and the fact that he had abundance of cyanide of potassium and other poisons in his very bed-room, what more reasonable conclusion could one arrive at than that he had poisoned himself. In these circumstantial links every fact pointed strongly to that conclusion, and there was scarcely a shadow of doubt that the result of post mortem examination would fully verify that belief. Our worthy coroner (James J. Shee, Esq., J.P.) rightly directed a post-mortem examination, which I accordingly made, in conjunction with my respected friend, Dr. Scully, of this town. We discovered evidence of fatty change in the heart structure, and had that organ, together with the stomach, duodenum, and contents, carefully sealed up, and forwarded, by order of the coroner, to Dr. Cameron for analysis and microscopical inspection, having firstly stated as our opinion at the inquest that it was possible that death was caused by failure of the heart's action owing to the degenerative change. The result was, *not a trace of poison of any kind was detected* by Dr. Cameron, who reported the heart structure to have undergone interstitial fatty change, and a verdict of death from this natural cause was accordingl given.

Such an example would clearly show the necessity for post-mortem examination in cases of suspected poisoning, as the only means for arriving at the true cause of death. In the case of Mr. Furlong, there having been made no such examination of organs which might have shown disease sufficient to produce natural death, no particular examination of the stomach and its contents, no analysis of the contents of the two-ounce phial, it is a shame that so great a stigma should be cast on his memory ; and I am surprised that any medical man under the circumstances should, without protest, have silently agreed to the non-performance of a post-mortem examination. The coroner's verdict may be forced upon us, but I, for one, mentally acquit Mr. Furlong of the act imputed to his memory, in the absence of better proof to the contrary.

Dear Sir, very truly yours,

CHARLES W. MACCARTHY,
L.K.Q.C.P.I., L.R.C.S.I., &c.

Jervis Place, Clonmel, March 21st, 1879.

## A DISPENSARY DOCTOR'S WILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have recently drawn up the will of an aged dispensary doctor. Amongst the provisions are the following :—"1st. There is to be no wake whatever. My brothers and sisters, with their children, are to be the only persons admitted while my body is laid out. No clergyman is to be invited to my funeral ; as they do not attend the burial of the poor, they shall not attend mine. No crape, gloves, cypruses, hat-bands, or such emblems of mourning, to be made use of at my funeral. The cost of my coffin shall not exceed one pound. The money thus saved, amounting to over £60, shall be distributed among the poor of the village of ———, where I have lived for the last thirty-three years." What will surprise some of your readers is that the testator has, up to the present, lived, and, I believe, still continues to be, a strict Roman Catholic.

A SOLICITOR.

19th March, 1879.

## TREATMENT OF POST-PARTUM HÆMORRHAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Under the above heading reference is made in the 2nd of April No. of the *Medical Press and Circular* to my paper recently published in the *Obstetrical Journal*, and these words of the kindly reviewer occur—"But it has been recently shown that introduction of the hand into the rectum is not only a difficult operation, but one that is attended with some danger. Besides, the safe introduction of the whole hand into the rectum should be effected in a gradual manner, and while the patient is under chloroform ; whereas, its introduction for the purpose of compressing the aorta in cases of post-partum hæmorrhage would have to be immediate, and without the assistance of anæsthetics."

It is quite true that the introduction of the hand into the rectum *is* a difficult operation, and attended with some danger if the operator have a large hand, and be rough and hurried in his manipulations, thrusting and forcing the hand into the bowel, or attempting to do so, instead of gently, and with boring motion, working in the fingers folded together cone-shaped and well larded, and then the hand narrowed as much as the operator can. If there were malignant disease of the bowel, or organic stricture, then, indeed, if the operation were attempted, it would be difficult and most dangerous. But in such instances no man should be rash enough to attempt such a proceeding, and would, of course, by digital examination, first ascertain the state of the bowel. I can understand that in some cases, other than childbed, it would be especially "difficult" if called upon to perform it without being able to have had the bowels cleared out, though such must be extremely rare, and "dangerous" to some, because of pain and shock if anæsthetics could not be administered. But in the post-partum patients, to whom I refer, it is not so difficult, because the bowels have been unloaded during the parturient efforts ; their muscular coats are relaxed, as well as the sphincters, owing to the post-partum loss and hæmorrhage,

which call for such interference ; and the necessity for reducing anæsthesia obviated because of the unconscious or semi-unconscious state of those patients in whom the operation is needed. The introduction of the hand, will, indeed, ofttimes be a judicious stimulus towards rousing the sinking energies.

It must be borne in mind that it is a last resort, and it will prove a very effectual one, I have no doubt ; that the patient is *in extremis*, and that there is only the choice between her dying of hæmorrhage and the performing of this operation, which the reviewer speaks of as "difficult, and one attended with some danger." The difficulties, I hold, are, in a great measure, removed by the carefulness and skill of the operator (provided he has not an unduly large hand) ; the danger also is reduced to a minimum, for the same reason, as well as because of the prostrate and flethel or lethargic state of the patient. Moreover, I greatly question whether, in such a post-partum condition, there is more danger (or even as much) in introducing the hand into the rectum than into the vagina and uterus ; and whether there is more risk in this procedure than in injecting iron into the womb—flabby, relaxed, and unable, through general and local debility, to respond to even such stimulation, and when the hand within its cavity has failed to excite to natural contractile efforts. By tourniqueting the aorta in the manners I have named we have time to have stimulants given our patient by mouth and nose ; we are enabled to have the womb also compressed by the hands of an assistant ; to permit it to rest ; to allow clotting of the blood in the open uterine vessels, the rush of blood being stopped, or very greatly eased, by the compressing, while, at the same time, we throw back upon the vital organs the blood, diminished in quantity, and keep up their supply, thus sustaining them, and preventing the stoppage of their functions and the cessation of life.

Yours truly,

G. de Gorrequer Griffith.

9 Lupus Street, Belgravia.

# Medico-Parliamentary.

## HOUSE OF COMMONS.—Thursday, March 27th.

### THE CORONERS' BILL.

The Select Committee appointed to consider the provisions of this Bill resumed their inquiry this morning, Sir Matthew Ridley presiding. A preliminary meeting was held some time ago, when the chairman was selected, and a course of proceeding was decided upon after some discussion amongst the members, who are, besides the chairman : Mr. Ashley, the Attorney-General for Ireland, Lord E. Fitzmaurice, Mr. Goldney, Sir Julian Goldsmid, Mr. Mitchell Henry, Mr. Herschell, Lord F. Hervey, Mr. Hicks, Mr. Law, Sir T. Lawrence, Sir P. O'Brien, Mr. Pell, the Solicitor-General, Mr. Benjamin Williams, and Mr. Yorke. No evidence was taken to-day, and the public were not admitted to the room.

## Tuesday, April 1st.

### RELIEF OF INSANE POOR BILL.

Mr. Rodwell, in moving the second reading of this Bill, observed that the demands for the accommodation of lunatics had been becoming more and more burdensome to the local taxation of the country. There were only six counties in England which were not under peremptory orders to provide increased accommodation for pauper lunatics. The Lunacy Commissioners were bound to treat any one whose mind was affected in any way—all harmless, crazy, fatuous, imbecile, and incurable persons—as unatics ; and the consequence was that their lunatic asylums were crowded with patients who did not require the complete and costly system of attendance which was provided in these establishments. The persons who were chronic and harmless imbeciles might be maintained at a much smaller cost, and the object of his Bill was to enable a board constituted for the purpose to take from the lunatic asylums those patients and put them into infirmaries. He believed that in this way they would lessen the burden of local rates caused by the expense of lunatics, and they would separate the curable from the incurable lunatics. It was well known that the crowding of lunatic asylums with incurable patients retarded the recovery of those whose cure might otherwise be rapid. The Bill provided that the governing authority should consist of the visiting justices and of the chairman of the board of guardians in the county. In regard to the question of management and control, he would remove this class of paupers out of the hands of the Lunacy Commissioners and transf er the supervision to the Local Government Board.

Mr. Salt said that the Bill was one of very great importance, and he should be very happy to consent to its second reading.

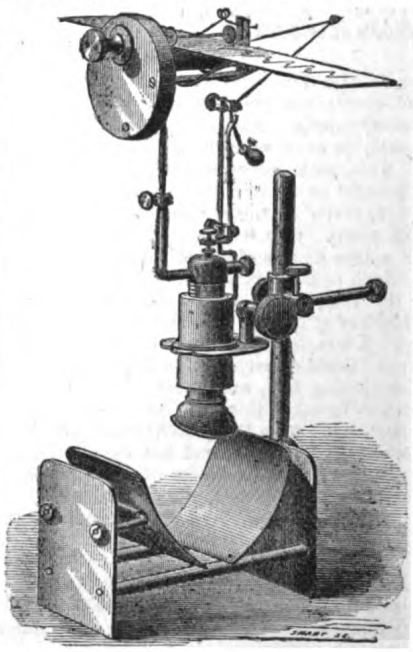
Dr. Cameron said the Bill dealt with a most important subject ; but he feared it would not be found economical in the working.

The Bill was then read a second time, and ordered to be referred to a Select Committee.

# Novelties.

## IMPROVED SPHYGMOGRAPH.

The diagram represents a sphygmograph recently invented by Dr. Pond. The pulse movement is taken by the working of a delicate spring with levers attached, so that the tracing paper or mica lies horizontally. The instrument can be fixed to an arm rest, as in the diagram, to prevent movement of the limb, but as a matter of fact the application is so simple, and so easily accomplished, that the operator requires only to rest the wrist of the patient in the palm of his left hand whilst with his right he places the spring of the instrument upon the pulse. The small supports give it a fragile appearance, but as no real force is sustained by them, the instrument is rendered light and elegant, and at the same time it cannot easily get out of working order.



It has been said the vibrations of the needle would give false impressions to the pulse tracing, but experience shows that such is not the case, and that the pulse tracing is, on the contrary, clearer than that by any other sphygmograph.


## LIQ. SANTAL FLAVA C BUCHU ET CUBEBA

Is an elegant preparation, readily miscible with water. It is a combination of drugs the effect of which is well known in the treatment of urethral discharges and catarrh of the bladder. It may be considered a very useful medicine, for it is more effective than preparations of copaiba, and has none of the disadvantages of that drug. Messrs. Hewlett and Sons, manufacturing chemists of Cree Church Lane, London, are the introducers of this preparation.

## THE MEDICAL BILL.

THE Duke of Richmond's Bill has passed the House of Lords, and, in its transit, has been amended, so as to make it a very excellent measure, but for the absence from it of provisions for the reconstruction of the General Medical Council, which provisions we hope to see inserted in it with the approval of Government when the Bill is in the Commons. Saving this omission, we can express a hearty approval of the measure, and an earnest desire to see it passed. It provides for conjoint examination in a form which affords every promise of efficiency and practicability, and without unduly interfering with licensing bodies—it leaves the ladies without any grievance upon which they can expect sympathy. It disposes of the money question in an equitable way, and, it manages the admission of foreign and colonial graduates, so as to leave that very questionable move as little open to abuse as it can be hoped to be.

Above all, it puts the principle of perfect uniformity of education, examination, and fees throughout the Kingdom, upon a firm basis, and leaves no loophole for the continuance of that diploma-selling competition which has been at once the disgrace and the misfortune of the profession.

Having been thus perfected, the Bill can go no further for the present. The question of reconstitution of the Medical Council stops the way, and, very reasonably, claims adjustment before the measure can be proceeded with. The Government has recognised the propriety of that claim—has promised to stay proceedings until that subject has been discussed, and wishes to entrust the matter to a Select Committee.

But at this position the obstructionists of medical reform have entrenched themselves, and will resist the appointment of such a committee. The Scotch licensing bodies, whose continued prosperity depends on their still being permitted to undersell England and Ireland in the education, the examination, and the money payment requisite for their diplomas, have been consistently and continuously hostile to this Bill, or any Bill which provides for uniformity of standard. They do not ask for amendments or concessions, nor do they make any counter-proposals for improving the existing system. They simply express their complete contentedness with the present system, and their determination not to be reformed if they can help it, and they mean to defend their right and title to sell diplomas to anyone they please, and at any price—educational or monetary—they please.

They, therefore, have proposed to remit to a Select Committee not only the question of reconstruction of the General Medical Council, but the whole question of medico-educational reform, and all the matters included in that very comprehensive subject. The purpose of this proposal is manifest—it is not even attempted to be concealed. The Scotch representatives know that a discussion as to the re-constitution of the General Medical Council might readily be arrived at in a few weeks, but that no conclusion as to the general question could be reached within the present session, and they think it most probable that the present Parliament will have expired before legislation could be effected next year, and that the Government would probably have its hands full after the election of a new House of Commons, and would be unwilling to re-open the subject then. Thus the Scotch licensing bodies hope, by resisting the appointment of a Select Committee on the General Medical Council, to tide over the present danger, and postpone indefinitely the day of reckoning with them which the profession has been looking forward to.

In this plan of obstruction the canny Scots have shown their characteristic astuteness and wisdom, for they have made it appear that they are clamorous for inquiry, when, in reality, no one fears inquiry so much as they do. They cry out for a Select Committee because they know that the Government will not grant it, but if they thought that there was the least chance of such a calamity to their cause as a full investigation of their system, they would throw every difficulty in the way of such a proposition.

Such being the present condition and prospects of the Medical Bill, the profession at large and the English and Irish licensing bodies are brought face to face with the difficulty which must be overcome some time or other if we are ever to have an improvement in medical status. If not now, certainly at some future time, the Scotch bodies must be coerced. Ten years hence they will be less ready to submit to reform than they are now, and ten years hence medical reformers may not have at their back the potent aid of a strong Government. We, therefore, most earnestly urge all those who are interested in raising our profession from the discredited position which the Scotch licensing bodies and the Queen's University have been instrumental in placing it, to put out their whole strength in support of the Government Bill, and the proposal to submit nothing but the constitution of the Medical Council to a Select Committee.

Adopting this policy there is a reasonable hope that a fair measure of medical reform may become law this session. Adopting any other course, the hope of a change for the better is indefinitely distant. We cannot afford to wait another ten years until public indignation becomes strong enough to deal peremptorily with those who traffic in the abuses of medical education, and a golden opportunity now offers to bring to a crisis the state of affairs which has been borne so long and with so much fretting. We earnestly counsel the medical reform committees of the various medical associations of England and Ireland to put forth their energies for the purpose of forcing the progress of the Bill before it is too late. The Government have shown so earnest a desire to do what is right in the matter that we feel convinced that they will not shrink from the necessity of out-voting the Scotch representatives if they are well supported by English and Irish members, and we trust that—in view of the very critical circumstances of this well-meant effort at medical reform—the profession will exercise the whole of its influence to provide for the Government that support.

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**The Birmingham Queen's Hospital.**—At the annual meeting of the Governors of this Hospital last week, the report stated that the total expenditure for the past year was £7,703 5s., being nearly £700 less than in the previous year, although some of the retrenchments had been in operation during only part of the year, and the bank charges had increased from £239 in 1877 to £399 in 1878. The efficiency of the hospital had, however, not been diminished. As regarded income, the subscriptions had increased from £2,839 4s. 2d. in 1877 to £2,876 8s. 9d. in 1878, notwith-

standing the severe depression of trade, from which a contrary result might naturally have been expected. Legacies and donations had fallen off to the serious extent of £1,454. Hospital Saturday produced £636; and Hospital Sunday, after payment of all expenses, £6,075 17s. 3d., which was not only the largest amount received by the hospital from this source, but the largest since the collections were organised. We commend the retrenchment scheme of the Queen's Hospital to the attention of the authorities of some of the Metropolitan Institutions, where there is full scope for its exercise.

**Vaccination Acts (Ireland) Amendment Bill.**—On Monday last, in the House of Commons, Mr. Gibson moved the second reading of this Bill. Mr. Hopwood moved, as an amendment, that the Bill be read a second time upon that day six months. The hon. member denounced as intolerably cruel a law which compelled a man, by a repetition of convictions, to do that which he honestly believed to be dangerous to the health of his child. This view had been supported by evidence given before the Select Committee on the subject, and there was grave reasons to doubt the efficacy of the system of vaccination. There was no guarantee that vaccination would prevent small-pox, and it might import into the system of a child the most loathsome disease. He asked the Government to introduce a provision into the Bill to the effect that no person should be prosecuted more than twice for refusing to vaccinate his child. Mr. Meldon said that all the efforts of the Anti-Vaccination League had failed to stir up any feeling in Ireland against the practice of vaccination. One of the great objects of the Bill was to secure that vaccination was successfully performed. After a few remarks from Mr. M. Henry and Major Nolan, the amendment was not pressed, and the Bill was read a second time.

## NOTICES TO CORRESPONDENTS.

HARVEIAN SOCIETY OF LONDON.—The Harveian Lectures will be delivered by Mr. Edmund Owen, F.R.C.S., "On Certain Practical Points in connection with the Surgery of Childhood."

EMPROSTHOTONOS.—Your queries shall be answered in our next.

Is it according to a man's valuation that members of dispensary committees are to judge of his right to obtain dispensary relief, and, if so, what is the standard that prevents him being entitled to it? [We are astonished to observe that our correspondent—though himself a dispensary medical officer—is perfectly ignorant of the law under which he acts. Any one, and every one, is entitled to medical relief if the granter pleases to call him a "poor" person. If the question arises as to the cancelling of the ticket, the committee judges as to the fitness of the person for medical relief, not upon any standard of valuation, but upon all the circumstances.—ED. M. P. & C.]

DR. C. DRYSDALE'S paper, "On Urethritis," will be inserted in due course.

THE ACTON PRIZE.—The Royal Institution of Great Britain announce that the next Actonian Prize will be awarded in the year 1879 to an Essay, the subject being "The Structure and Functions of the Retina in all Classes of Animals, viewed in relation with the Theory of Evolution." The Prize is One Hundred Guineas, and will be awarded or withheld as the managers in their judgment shall think proper. Further particulars are given in our advertising columns.

A. B.—The "registered dentist" who is, it would seem, entitled to call himself dental surgeon, is, in many instances, a druggist's shopboy. This accounts for the *Chemist and Druggist's* assertion of his claims to the title of surgeon. Without doubt he can call himself dental surgeon if he pleases.

DR. J. G. WILSON, writing to the *Glasgow Medical Journal*, asks, "Do bank-notes ever convey infection?" We should say certainly. The desire for possession is decidedly infectious.

BETHESDA (AMERICA) MINERAL WATERS.—A correspondent asks, Will any of your numerous readers kindly inform me through your columns if they have any experience of the efficacy of the Natural Mineral Waters of *Bethesda*, of Wancesha, Wisconsin, U.S. America, in urinary diseases? I am aware they are shipped by the barrel to this country, but had to confess ignorance to a patient were they considered of much value or largely used.

[*** We have no personal knowledge of these waters. Our correspondent will find a full description of the waters of America in the medical directory for that country published in London.—ED.]

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Wise, Norwood. Dr. Peirson, Scarborough. Dr. Ewing Whittle, Liverpool. Dr. Chitwood, Connersville, America. Dr. Kennedy, Dublin. Mr. B. Wills Richardson, Dublin. Mr. Lucas, London. Mr. J. Birchinall, Macclesfield. The Registrar-General for England. Dr. Johnson, Kilkenny. Mr. Teevan, London. Dr. P. Heron Watson, Edinburgh. Dr. Thorowgood, London. Mr. Field. London. Dr. McNaughton Jones, Cork. Mr. S. J. Coleman, London. Dr. S. Atherton, Thatto Heath. Dr. Hugh Thomson, Glasgow. Dr. Campbell Black, Glasgow. Mr. Hill, Wolverhampton. Mr. Jesse, Henbury, Macclesfield. Dr. Hendrie, Cheshunt. The Registrar of the General Medical Council. Dr. Smith, London. Dr. J. Williams, London. Mr. Balmanno Squire, London. Dr. Crothers, Hertford, Connecticut. Dr. G. de Gorrequer Griffith, Pimlico. Dr. O'Flanagan, Houghton-le-Spring, Durham. Mr. Jabez Hogg, London. Mr. Wright, Birmingham. Mr. Scott, Edinburgh. Mr. Blyth, London. Dr. Cundell, Kew. Dr. Collard, Bishopwearmouth. Mr. Cripps Lawrence. Bayswater. Mr. Muter, Kensington. Dr. Clare, Leeds. Dr. Dolan, Halifax. Dr. Brereton, Oughterard. Dr. Conolly, Moycullen. Dr. Bryans, Pettigo. Dr. Johnston, Portarlington. Dr. Leatham, Cooksland. Dr. McCloskey, Derry. Dr. O'Reilly. Killeshandra. Dr. Finegan, Glasnevin. Dr. Kelly, Ballinrobe. Dr. Dwyer, Rathdrum. Dr. Lynch, Ballymoe. Dr. Cordner, Aughnacloy. Dr. Lynn, Armagh. Dr. Anthony, Dungarvan. Dr. Allen, Gory. Dr. McIlroy, Portglenone. Dr. Bourke, Limerick. Dr. Abbott, Bray. Dr. Buchanan, Arvagh. Dr. Crean, Ballyhamins. Dr. Carleton, Delvin. Dr. Ahearn, Cork. Dr. Hazlitt, Lahey. Dr. O'Connell, Kilmallock. Dr. Bodkin, Glennamaddy. Dr. Wilson, Liverpool. Mr. Parratt, London, &c., &c.

### VACANCIES.

Ashton-under-Lyne.—House Surgeon for the District Infirmary. Salary, £50, with board. Applications to the President by May 1.

Castlebar Union, No. 1 Dispensary District.—Medical Officer. Salary, £110, with fees, and £15 as Sanitary Officer. Election, April 19.

Castlebar Union, No. 2 Dispensary District.—Medical Officer. Salary, £110, with fees, and a salary as Sanitary Officer. Election, Apr. 19.

Lisnarkea Union, Derrylin Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Apr. 11

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board, &c. Applications to the Chairman by April 19.

Nottingham Dispensary.—Assistant Resident Surgeon. Salary, £100 per annum. Applications to the Committee by May 1.

Royal College of Surgeons, Ireland.—Curator of the Museum. Salary, £250 per annum. Applications to be lodged before May 30. (See Advt.)

Royal Free Hospital, London.—Physician for Diseases of Women, and an Ophthalmic Surgeon. Both Honorary. Testimonials, &c., to the Secretary before April 30. (See Advt.)

St. Patrick's Hospital for Insane, Dublin.—Master. Salary, £200, with allowances. (See Advt.)

Sunderland Infirmary.—House Surgeon. Salary commencing at £80, with board. Applications to the Chairman of the Medical Board before April 23.

### APPOINTMENTS.

ATKINSON, Dr. W. T., Medical Officer, Medical Officer of Health, &c., for the Killashee Dispensary District of the Longford Union.

BROUGHTON, H. T., M.R.C.S.E., a Medical Officer to the Dewsbury and District General Infirmary.

CRIPPS, E. C., L.R.C.P.L., M.R.C.S.E., Assistant Medical Officer to the Central London Sick Asylum District Asylum, Highgate.

CUMMING, J., M.D., Physician to the Royal Edinburgh Hospital for Sick Children.

CUNYNGHAME, R. J. B., M.D., an Extra Physician to the Royal Edinburgh Hospital for Sick Children.

DALE, H. R., L.R.C.P.Ed.. M.R.C.S.E., Medical Officer for the Sunderland District of the Sunderland Union.

DANIEL, J., M.R.C.S.E, L.K.Q.C.P.I. & L.M., Medical Officer for the Burton District of the Kendal Union.

## Births.

BARK.—On March 31, at 87 Aston Road, Birmingham, the wife of Ernest Bark, L.R.C.P., of a son.

BORTHISTLE.—On March 28, at Clonevan, co. Wexford, the wife of H. Borthistle, L.R.C.S.I., of a daughter.

KNIGHT.—On March 28, at 56 Synge Street, Dublin, the wife of Charles F. Knight, M.D., of a son.

O'GRADY.—On March 25, at 105 Stephen's Green South, Dublin, the wife of E. Stamer O'Grady, M.B., of a son.

SANDERSON.—On April 1, at Drymen, N.B., the wife of Charles Sanderson, L.R.C.P.Edin., of a daughter.

## Deaths.

BOLTON.—On March 24, at Kustendjie, Roumania, Geraldine, wife of A. I. Bolton, A.B., M.B., F.R.C.S.I., daughter of the late T. Orpen, M.D., of Queenstown.

COMYN.—On March 30, at Roxborough, Limerick, S. E. Comyn, M.D., aged 61.

DAVEY.—On March 27, at Folkestone, Surgeon-Major William Davey, Bombay Service, aged 58.

DEMAIN.—On March 26, at Sheffield, Joseph Demain, M.R.C.S.I., aged 37.

GARLAND.—On March 29, at Cambridge, Thomas H. Garland, L.R.C.P., L.R.C.S., formerly of Hokitika, New Zealand, aged 35.

JACKSON.—On March 28, at Dunoon, Duncan Jackson, L.F.P.S.G., aged 83.

KNOTT.—On March 26, at Lakeview, Dundrum, co. Dublin, Mary Elizabeth, wife of John F. Knott, L.R.C.S.I., aged 28.

MUTCH.—On March 23, at Orton, Westmoreland, Wm. Mutch, L.R.C.P., aged 43.

RAY.—On March 26, at Cambridge Street, Hyde Park, Edward Bunley Ray, M.R.C.S.E., of Milton, near Sittingbourne, aged 50.

SELLS.—On March 31, at Guildford, T. J. Sells, M.R.C.S., J.P., late of Kingston, Jamaica.

SMYTHE.—On April 3, at 82 Amiens Street, Dublin, Ralph Smythe, M.R.C.S.Eng.

WARD.—On March 25, at Hyde Gardens, Eastbourne, Thomas Ogier Ward, M.D., aged 75.

WOODHOUSE.—On March 29, at Reading, Richard T. Woodhouse, M.D., aged 78, for nearly 40 years Physician to the Royal Berks Hospital.

WOODHOUSE.—On March 23, at Westport, co. Mayo, Frances Woodhouse, M.R.C.S.Eng.

WORSLEY-BENISON.—On April 2, at Gordon Villa, Grange Road, Canterbury, Millie, wife of H. W. S. Worsley-Benison, aged 30.

YEATES.—On March 30, at Balderstone, Lancs., W. M. Yeates, M.R.C.S., aged 35.

## DUTIES AND REMUNERATION OF MEDICAL OFFICERS OF HEALTH.

THE following letters have passed between the Irish Medical Association and the Local Government Board since those already published in former issues of this journal; we shall refrain from making any remarks upon the subject until the correspondence has terminated.

No. 5086—1879, Miscellaneous.

Local Government Board, Dublin,
March 13th, 1879.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 7th inst., in which, referring to your letter of the 2nd October last, you inquire whether the duties of "the medical officers of health," under the 11th section of the Public Health (Ireland) Act, 1878, have as yet been assigned to them, and also whether the Board has taken any step with a view to ensure the award of equitable remuneration by the sanitary authorities to those officers.

In regard to the remuneration of the sanitary officers, the Board have to state that they addressed the Lords Commissioners of the Treasury shortly after the deputation of the Irish Medical Association had waited on the late Chief Secretary, Sir Michael Hicks-Beach, in the month of May, 1877, and communicated the views of the Association as to the proposed increase in the maximum of remuneration awarded to the sanitary officers, submitting at the same time that the maximum scale of additional salaries to dispensary medical officers might properly be increased from one-fourth of their existing salaries to one-third of such salaries, and the Board received a reply that my Lords were not prepared under present circumstances to assent to that proposal.

With respect to your inquiry whether the duties of the medical officers of health, under the 11th section of the Public Health Act, 1878, have as yet been assigned to them, the Local Government Board have to state that the Sanitary Order of the 9th September, 1874, is still in force, and the section of the Public Health Act, 1878, to which you refer, does not appear to make any further regulations of the Local Government Board necessary.

By order of the Board,
B. BANKS, Secretary.

To John Wm. Moore, Esq., M.D.

Irish Medical Association, Dublin,
March 26, 1879.

*To the Secretary of the Local Government Board for Ireland.*

SIR,—I am directed by the Council of the Irish Medical Association to acknowledge the receipt of your letter, "No. 5086—1879, Miscellaneous," bearing date the 13th inst., which the Council have had under consideration; and in reply thereto, I am instructed to direct the attention of the Local Government Board to the fact that the scale to be approved by the Commissioners of Her Majesty's Treasury which was to regulate the amount of salaries to be paid to the medical sanitary officers under the 10th section of "The Public Health (Ireland) Act, 1874," has been omitted from "The Public Health (Ireland) Act, 1878;" and further, that the omission of that scale was one of the latest concessions made by the Government in deference to the remonstrances of the Irish Medical Association.

Whilst the Council are pleased to learn that the Local Government Board communicated to the Commissioners of the Treasury the views of this Association with regard to remuneration of the medical sanitary officers, and at the same time proposed an increase of their salaries, the Council must dissent from the statement in your letter to the effect that *they* (the Council) proposed an increase in the maximum of remuneration. On this point the Council have ever felt that it was unjust and inadvisable that any maximal scale whatever should be fixed. The Council strenuously opposed such a course, as they have always considered that each case should be decided on its merits. It appears from your letter that the representations of the Local Government Board to the Commissioners of the Treasury regarding this matter were made shortly after the 17th May, 1877 (the date of the reception in London by Sir Michael Hicks-Beach of the deputation from this Association), and previous to the passing of "The Public Health (Ireland) Act, 1878." However, any action taken or intended to be taken by the Commissioners of the Treasury before the 8th August, 1878, relative to fixing a maximal scale of remuneration for the "medical officers of health" became null and void since that date, as "The Public Health (Ireland) Act, 1874" was repealed *in extenso* upon the passing of "The Public Health (Ireland) Act, 1878," on the 8th August, 1878.

The Council most strongly object to the proposal of the Local Government Board which suggested that one-third of the salary of a dispensary medical officer might be considered proper remuneration for his services as "medical officer of health;" to any such officer who discharges fully all the onerous duties imposed upon him under "The Public Health (Ireland) Act, 1878," such rate of remuneration would be utterly inadequate.

The Council cannot think that any orders relating to the duties or remuneration of the "medical officers of health" which were made under an Act of Parliament since repealed *in extenso*, are legal and binding under the provisions of "The Public Health (Ireland) Act, 1878;" whether the Council are correct or otherwise in holding such opinion, they are aware that the "medical officers of health" appear generally, if not unanimously, to take a similar view of the matter, and accordingly have been expecting and awaiting a new definition of their duties, as well as much more liberal remuneration for their services than that hitherto given.

The 11th section of "The Public Health (Ireland) Act, 1878," provides (in the future, not the past, tense) that the Local Government Board "*shall* assign to the 'medical officers of health,'" &c., their duties, which the Council conceive means that not only shall the duties of those officers be assigned to them subsequently to the date of the passing of the Act, but also that the duties of those officers shall be specifically defined separately from those of the other sanitary officers, so as not to be mixed up with them, as they were in the Sanitary Order of the 9th October, 1874. It was with this view that the Council, in a former communication bearing date 2nd October, 1878, suggested that the duties of the "medical officers of health" should be confined to those which properly come within the province of a medical practitioner to perform, and that they should be relieved from the performance of unnecessary duties relating to the inspection of nuisances, the removal of which, upon notice served by the sanitary sub-officer (now designated by the new Act as "Inspector of Nuisances"), was not contested.

The Council trust that the Local Government Board will re-consider the matter, and assign to the "medical officers of health" their professional duties under the new Public Health Act in accordance with the suggestions expressed in my former letter, and also take steps to ensure that those officers shall be equitably remunerated for their services.

The Council are moved to make this request as much in the interest of the public as in that of the "medical officers of health," feeling confident that unless those officers be fairly remunerated for their services the valuable provisions of the new Public Health Act will remain, to a very great extent, inoperative. They would all the more deplore such a state of things at the present time when the sanitary condition of Ireland is proved to be sadly defective, and the cause of spread of disease and loss of many valuable lives annually; which would doubtless be obviated by due effect being given to the means provided by the Legislature.

I am, Sir, your obedient servant,
JOHN WILLIAM MOORE
Hon. Secretary to the Council.

## ABBEY DISPENSARY.

At a meeting of the Committee of the Abbey Dispensary, held on the 24th ult., for the purpose of electing a medical officer for the district—the Local Government Board having refused to sanction the previous election of Dr. Lambert owing to some irregularities in the formation of the committee—Dr. Lyden, Medical Officer of the Castlebar Dispensary, was elected by a majority of two. The election caused great local interest. Major Nolan, M.P., came over for a second time from London, and Mr. R. W. Waithman, J.P., who was so ill, was allowed to record his vote without leaving his carriage, both voting for Dr. Lyden.

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MARCH 29, 1879.

| | | | |
|---|---|---|---|
| Total registered deaths in Dublin and suburbs* | | ... | 197 |
| Ten years average of same week ... | ... | ... | 199 |
| Decrease of mortality below average ... | ... | ... | 2 |
| 10 weeks' ratio of deaths Rathmines | | 30·4 per | 1,000 |
| „ „ „ Donnybrook† | | 32·3 | „ |
| „ „ „ Blackrock | | 23·1 | „ |
| „ „ „ Kingstown | | 27·5 | „ |
| „ „ Entire Dublin District | | 31·2 | „ |
| Comparative Ratios—London ... | | 29·9 | „ |
| „ „ Glasgow ... | | 24·6 | „ |
| „ „ Edinburgh ... | | 17·9 | „ |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Zymotic diseases caused 43 deaths, being 2 more than the number in the preceding week. and 7 over the average for the thirteenth week of the last ten years. They include 17 from small-pox, 9 from scarlatina, 7 from fever (3 typhus, 3 typhoid, and 1 simple continued fever), 2 each from diphtheria and whooping-cough, &c.

The deaths from small-pox are 3 over the number registered in the preceding week. Twenty-three new cases of the disease were admitted into the Dublin hospitals during the week, being 7 less than in the week ended 22nd inst. There has been a slight increase in cases of measles, scarlatina, and typhus fever under treatment in the principal Dublin hospitals.

Diseases of the respiratory organs caused 49 deaths, being 2 over the average for the corresponding week of the ten years 1869-78. They comprise 26 from bronchitis, 8 from pneumonia, 1 from asthma, and 4 from lung disease unspecified.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

*(Continued.)*

### Offensive Trades.

128. (*Verb.*) *Restriction on Establishment of Offensive Trade in Urban District.*—Any person who, after the passing of this Act, establishes within the district of an urban authority without their consent in writing, any offensive trade; that is to say, the trade of blood boiler, or bone boiler, or fellmonger, or soap boiler, or tallow melter, or tripe boiler, or gut manufacturer, or any other noxious or offensive trade, business, or manufacture, shall be liable to a penalty not exceeding fifty pounds in respect of the establishment thereof, and any person carrying on a business so established shall be liable to a penalty not exceeding forty shillings for every day on which the offence is continued, whether there has or has not been any conviction in respect of the establishment thereof.

129. (*Abs*). *Byelaws as to Offensive Trades in Urban District.*—Every urban authority shall from time to time, with the sanction of the L.G.B., make bye-laws with respect to any offensive trades established.

130. (*Verb.*) *Duty of Urban Authority to complain to Justice of Nuisance arising from Offensive Trade.*—Where any candle-house, melting-house, melting-place, or soap-house, or any slaughter-house, or any building or place for boiling offal or blood, or for boiling, burning, or crushing bones, or any manufactory, building, or place used for any trade, business, process, or manufacture causing effluvia, is certified to any urban authority by their medical officer of health, or by any two legally qualified medical practitioners, or by any ten inhabitants of the district of such urban authority, to be a nuisance or injurious to the health of any of the inhabitants of the district, such urban authority shall direct complaint to be made before a justice, who may summon the person by or on whose behalf the trade so complained of is carried on to appear before a court of summary jurisdiction.

The court shall inquire into the complaint, and if it appears to the court that the business carried on by the person complained of is a nuisance, or causes any effluvia which is a nuisance or injurious to the health of any of the inhabitants of the district, and unless it be shown that such person has used the best practicable means for abating such nuisance, or preventing or counteracting such effluvia, the person so offending (being the owner or occupier of the premises, or being a foreman or other person employed by such owner or occupier) shall be liable to a penalty not exceeding five pounds nor less than forty shillings, and on a second and any subsequent conviction to a penalty double the amount of the penalty imposed for the last preceding conviction, but the highest amount of such penalty shall not in any case exceed the sum of two hundred pounds.

131. (*Verb.*) *Power to proceed where Nuisance arises from Offensive Trade carried on without District.*—Where any house, building, manufactory, or place which is certified in pursuance of the last preceding section to be a nuisance or injurious to the health of any of the inhabitants of the district of an urban authority is situated without such district, such urban authority may take or cause to be taken any proceedings by that section authorised in respect of the matters alleged in the certificate, with the same incidents and consequences, as if the house, building, manufactory, or place were situated within such district; so, however, that summary proceeding shall not in any case be had otherwise than before a court having jurisdiction in the district where the house, building, manufactory, or place is situated.

### Unsound Meat, etc.

132. (*Verb.*) *Power of Medical Officer of Health to inspect Meat, &c.*—Any sanitary officer of the sanitary authority may at all reasonable times inspect and examine any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, flour, milk, or butter exposed or being conveyed for sale, or deposited in any place for the purpose of sale, or of preparation for sale, and intended for the food of man, the proof that the same was not exposed or being conveyed, or deposited for any such purpose, or was not intended for the food of man, resting with the party charged; and if any such animal, carcass, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, flour, milk, or butter appears to such sanitary officer to be diseased, or unsound, or unwholesome, or unfit for the food of man, he may seize and carry away the same himself or by an assistant, in order to have the same dealt with by a justice; and should he seize the same in a public thoroughfare, may require the person conveying the same to give his own name and address and that of the owner of the article seized, and in default, or if the officer have reasonable ground for suspecting the names or addresses so given to be false, may detain such person and give him into custody until his real name and address be ascertained. Any person giving a false name or address to any officer authorised to demand the same under this section shall be liable to a penalty not exceeding five pounds.

*(To be continued.)*

## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 16, 1879.

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## Original Communications.

### ON SOME HEART DISEASES IN CHILDREN.

By W. H. DAY, M.D., M.R.C.P. Lond.,

Physician to the Samaritan Hospital for Women and Children.

ALL those affections of the heart that are associated with valvular change occur on the left side of the heart, at least in the first instance (except in cases of congenital disease of the right side), and they are most frequent among girls. That females should be so predisposed to this misfortune is one of those intricate problems which at present must be allowed to pass without hypothesis or explanation.

Endocarditis affecting the valves on the left side of the heart is rare in intra-uterine life, and cases affecting the pulmonary valves only are also seldom met with in extra-uterine life.

"Out of 300 cases of heart disease examined after death in the Berlin Pathological Institution there were only three instances of endocarditis of the tricuspid valve alone, and no case of the same affection confined to the valves of the pulmonary orifice." (*a*)

Possibly, disease of the right side of the heart is more frequent than supposed, for, owing to its reputed rarity, the pulmonary and tricuspid orifices are too often overlooked or carelessly examined during post-mortem examinations. However, as the right side of the heart has less work to perform, and less force to resist than the left, it must be less liable to disease, just as certain well-known affections, varicose veins, aneurism, &c., are more common on the legs than on the arms.

Some of these cases of valvular disease would appear to be congenital where there is no history of rheumatism or fever, and where the disorder has not followed any sudden or lingering illness. The disease has stolen on steadily, or having slumbered from infancy, it remains unsuspected till long after it has taken hold of the patient and made itself manifest by the general constitutional disturbance which it has produced. Disease of the heart, then, may exist in children independent of rheumatism or febrile disorder.

It may announce itself shortly after birth in weakly subjects, as in a case that came under my care many years ago. The valves may become structurally changed independent of endocarditis; indeed from any causes that may be ascertained. Fortunately, in children there is a less liability for valvular disease to increase, and a power of tolerance, and even repair, which is not seen in later life. Indeed, it is difficult to conceive how little disturbance is sometimes created in the general health when the central organ of life is structurally damaged.

The sole explanation of this fact may be that the valves are mechanical arrangements to facilitate the circulation, and are not immediately concerned in the nutritive functions of the body.

Again, there are congenital malformations of the tricuspid, and much more rarely of the mitral valves, causing contraction of the auriculo-ventricular apertures, and such specimens have from time to time been brought before the medical societies of England and the Continent. Seeing that in some cases children have from infancy suffered from dyspnœa, palpitation, and other signs of heart trouble, it is not improbable, according to Louis, Dr. Farre, Dr. Peacock, and others, that these changes may take place during fœtal life ("Malformations of the Heart," Peacock, p. 139). I suspect that this is the cause of many cases of organic disease of the heart in children who have never had rheumatism or any other acute disease.

2. Heart disease consequent on thoracic deformity generally takes place in rickety subjects, but I presume that this is not necessarily so, because the posterior wall

(*a*) *Medical Examiner*, June 6, 1878.

of the thorax is sometimes distorted on the right side, whilst the left side posteriorly, is flattened, and, indeed, in some instances, the right anterior wall of the chest is most prominent and rounded. The distension of the heart's cavities leads to excited action of the heart, even where there is no valvular imperfection, and increased action follows to overcome the impediment. Every time the heart contracts it fills the aorta, which becomes dilated laterally, and elongated at the same time. The elongation drives the heart downwards against the parietes of the chest, and where the ribs are softened, as in rachitis, it not uncommonly produces bulging of the ribs on the left side anteriorly. It is a fact to be borne in mind that a bulging of the præcordial region is one of the accepted signs of dilatation of the heart, just as there is an increase of dulness from the organ displacing the lungs, and coming into closer contact with the chest wall. Balfour speaks of "malformation of the aorta, due to rickets, simulating aneurism" ("Diseases of the Heart," p. 320). In rickety chests, with lateral curvature of the spine, the aorta becomes unnaturally curved, so as to produce increased pulsation and a lengthening of its sounds, which may be mistaken for actual disease, or even for an aneurism in a person who has attained the age when that affection might be expected, and, as this happens on the right side of the sternum, over the position of the arch of the aorta, the inference is not *improbable*, if it is not *conclusive* in many instances.

"Strange things happen to the heart when the chest is deformed. There is an end of our pretending now to calculate what its condition may be by listening, and feeling, and percussing. Its sounds and impulses and resonances, be they what they may, are now worth nothing at all as guides to diagnosis. The heart is dragged from its proper seat and imprisoned in some strange place, and, perhaps, turned almost topsy turvey by the encroachment of the vertebral column and the approximation of the ribs. And thus cramped in and hooped about with bone, at every movement it gives a jar that may be felt, and a sound that may be heard, in every part of the chest. And this sound, which is thus conveyed to a distance, is seldom the natural sound, but a loud whiz—the same in kind, and the loudest in degree, which belongs to mechanical impediment from valvular disease; and mechanical impediment there is, but valvular disease there is none. The weight and pressure which the heart or its large vessels sustain from the hard framework of the chest raise the impediment, and throw it in the way of the circulating blood." (*a*) Such a description as this could only answer to an extreme case, for in the two cases to be quoted the mischief of the valves was owing to rheumatism and other changes having no relation to rickets, and the chest was too prominent and elevated to restrict the natural movements of the heart.

To pass over the region of speculation, and to come to practical details, the following cases significantly elucidate the course and progress of this variety of heart affection. That it is most frequently connected with rheumatism is evident, but it nevertheless may arise independently of that constitutional disorder, though pursuing an identical progress, and involving other organs in a similar manner, and finally leading to equally disastrous consequences. If the enlarged and over-excited heart did not induce this sternal prominence in its area, there ought to be a similar elevation, or convexity on the right side; and this, so far as my experience goes, rarely happens, for in all cases of distorted chest with heart disease which I have seen, the thorax has been most altered in the cardiac region. I have now under my care a girl with mitral stenosis, which cannot be traced to rheumatism, and although the action of the heart is not excited, except under exertion, and the left ventricle is rather dilated than hypertrophied, this side of the chest wall is more prominent than the right, which, below the left nipple, presents a striking depression.

(*a*) Dr. P. M. Latham, "Diseases of the Heart." 1869. P. 37.

CASE I.—*Rickets and Valvular Disease of the Heart complicated with Emphysema and Severe Headache.*

E. K., æt. 11, came under my care at the Samaritan Hospital as an in-patient in January, 1874. She was of rickety constitution, of square build, and short stature, and had been ailing for three years, chiefly with breathlessness on exertion. Five years ago she was attacked with measles and whooping-cough, followed by jaundice, but she never had *rheumatism* or scarlet-fever.

(Scarlet-fever I believe to be by no means an uncommon cause of heart disease. Von Dusch classes it next to rheumatic fever as a cause of endocardial inflammation. In April, 1877, I saw a boy, æt. 14, who was quite well till three years before, when he had a severe attack of scarlet-fever. No dropsy followed the fever. Since then he had never been strong, and at that time there was a bellows-murmur accompanying the first sounds of the heart, loudest at the apex, heard also at the base, and throughout the thorax, but not to be detected below the left scapula. The heart was enlarged and dilated, and the apex was seen and felt in the sixth interspace. The boy was languid, tremulous, and weak, but there was no embarrassed breathing nor sign of obstructed circulation, further than that which belonged to his mitral valve.

Valvular disease of the heart may result from scarlet fever, as it does sometimes from diphtheria. The processes involved in either disease, or those arising from several acute specific diseases, may bring about morbid changes of the endocardium connected with the valves.

Dr. Burdon Sanderson demonstrates what he happily terms "the doubly infectious character" of these forms of endocarditis after acute diseases. They result from specific infection, and the infective material becoming disturbed from the acutely diseased valves, is distributed to the liver, the kidneys, and the lungs.)

To return to the case under consideration. The tibiæ were arched forwards above the ankle-joints, the left half of the thorax was much deformed, and the ribs, both above and below the left nipple, were more prominent than on the corresponding side. Below the right nipple there was flattening, or to speak more accurately, a well-defined hollow, and the liver was pushed downwards below its normal limits. The left side of the thorax, from the centre of the sternum to the spine, measured 15 inches, the right, 14¼ inches. An examination of the heart showed that the apex beat was seen to pulsate for two inches in the seventh interspace and external to the nipple line. The action of the heart was strong and forcibly heaving, raising the stethoscope when placed over its area; with the systole was a loud and harsh bellows-murmur; it grew weaker in the direction of the ascending aorta, the sounds of which it obscured, and the murmur was very audible posteriorly on both sides of the spine, and in the epigastrium, where the impulse was strong. It was perceptible to the hand in the latter situation. The area of præcordial dulness was much increased. At each inspiration the ensiform cartilage was drawn in, and with expiration the heart was seen projecting beneath the left receding ribs, and felt by the fingers. Above the line of dulness at the third costal cartilage on the left side the bellows-murmur was inaudible, but in the course of the aorta it was very audible. The face was bloated and congested, the eyes heavy, the veins of the neck and thorax prominent, becoming full on inspiration. Slight catarrhal sounds were heard throughout the chest, which was hyper-resonant for two inches below the clavicles. Temp., 99·4; pulse 100, regular; respirations 36. The urine was scanty, and contained copious lithates, but no albumen. The patient was kept at rest in bed, and a mixture of tincture of digitalis, citrate of potash and senega was ordered.

On the 18th of March the patient, after an improve-

ment of some weeks, began to suffer headache over the forehead and both temples, the temporal arteries being full and throbbing. The respirations were still hurried and shallow, and over 40 per minute.

The diagram does not show sufficient dilatation on the right side of the heart.

July 16th.—The patient had so far benefited from complete rest and a careful diet that she left the hospital.

In January, 1876, she was re-admitted, after being absent from the institution eighteen months. The chief symptoms were now inability to rest the head on the pillow at night from pain in the chest and dyspnœa. The deformity of the chest was very remarkable. The thorax on the left side having further yielded to the action of the hypertrophied heart, and the left side of the thorax, measured, from the centre of the sternum to the spine, nearly an inch more than the right. The first sound was prolonged over the aorta and pulmonary artery, which was conducted from the mitral orifice; it was also harsh, blowing, and bellows-like over the left apex (mitral); the second sound was obliterated. The murmur was heard over the conus (which, we should remember, is uncovered by lung), and less so over the tricuspid valve. The sound was not so blowing to the inner side of the left nipple. She remained on this occasion six weeks in the hospital, and again left relieved. Rest and a careful diet were more relied on than medicine. Here let me say that the physical signs were somewhat different from those usually met with, for in mitral regurgitation the pulmonary second sound is usually accentuated from the increase of tension in the pulmonary artery, whilst the tension in the aorta is diminished, and the sound is weaker. And yet the sounds are, as I have just mentioned, frequently unchanged or prolonged over the base of the heart, even when there is present a considerable degree of pulmonary hyperæmia. I notice the fact without offering any hypothesis in explanation.

Re-admitted December 1876, with severe frontal headache, heat and fulness of the head. There was now a *set* colour in the cheeks, and the jugular veins and temporal arteries were full and pulsating. She had continual singing in the ears, and if she turned round was afraid of falling. The pulsation over the sixth and seventh ribs on the left side was perceptible for two inches laterally, raising the hand with considerable force when laid across this position. It was exactly over this point that the murmur was so loud, rough, and bellows-like; it was next most audible over the tricuspid orifice; then over the aortic; then over the pulmonary orifice. All the murmurs were from conduction, and all accompanied the first sound. The loudness of the murmur much obscured the respiratory sounds on both sides of the thorax posteriorly. She slept badly and dreamed constantly that she fell from a rock into deep water, and was drowned. As it was important to calm the excitement of the vascular and nervous system, a mixture of hydrate of chloral and bromide of potassium was ordered for the headache, and to procure sleep. A month later, notwithstanding free purgation, the head was hot, and the pain insupportable, so that the child, when allowed to be up, would take herself to some quiet corner of the ward, and sit alone without uttering a word. Formerly, when her nose bled periodically from congestion and coughing, she obtained temporary relief, but since hæmorrhage had subsided her head had been worse. Throughout the posterior lobes of the lungs there was some crackling in respiration from pulmonary engorgement. A mixture of sulphate of magnesia and nitrate of potash was ordered, and two leeches were applied to each temple. Notwithstanding the pain in the head and the lung disturbance, the urine remained clear.

Dr. Mahomed kindly took a sphygmographic tracing of the patient's pulse.

It indicated well marked percussion impulse, produced by the hypertrophied and dilated heart, which was apparently doing its work efficiently, and compensating for the mitral regurgitation, producing, in fact, a normal tracing with but one exception, namely, the undulation in the respiratory or base line, which indicated a variation in arterial tension, produced by each respiration movement, and was due to interference with the pulmonary circulation, and regurgitation through the tricuspid orifice. After staying two months in the hospital the patient again left.

Re-admitted March 15th, 1877, with pulmonary complication. Temp., 101·0; pulse, 120; respiration, 40. There was small crepitant rhonchus in the inferior lobe of the left lung, with bronchophony in the centre of the middle lobe, and dulness on percussion. Four days later the temperature fell to 100·0, but the pulse and respiration were unaltered. There was tearing cough, with bronchial expectoration mixed with streaks of bright-coloured blood. These symptoms disappeared in a fortnight, when few traces could be discovered of any lung affection. The chief feature was the intensity of the mitral murmur, which could be heard all over the chest, under both clavicles, throughout the right lung before and behind, and in the axillary regions. There had been no headache since her admission this time.

Note.—The salient features of this case were subacute congestion, and emphysema of the upper lobes of the lungs, collapse of the lower, cerebral congestion—all these evidences of disturbance originated in the great centre of the circulation, and constituted a condition of no doubtful import, exposing in turn almost every organ to undue excitement and strain, and defeating all attempts to remedy the evil which imperilled the life of the sufferer.

A heart hypertrophied like this, and structurally damaged at its chief apertures, gradually propagates its disturbing influence to the brain. For a variable period the heart and lungs bear the conflict between them, equalising and counter-balancing as far as possible the force of the circulation which neither can control; but sooner or later, if the patient does not succumb to dropsy and anasarca, as happened in the next case, than a state of stupor

and drowsiness, from an overloaded brain, is the consequence, and we have one of the most pitiful examples of human distress and suffering; the eyes are bloodshot and prominent; the veins of the scalp, neck and face are engorged; the head is hot, the vessels throb as if about to rupture at every cardiac systole, and the brain is racked with torture. If the vessels are not relieved of their tension from time to time, either by leeching or cupping, or by epistaxis, if it has happened occasionally, now ceases to recur; then a still worse stage is reached; the brain, oppressed and overcome by the enormous congestion and retardation of the blood within the vessels, and the heart yielding and becoming more attenuated, the nervous structure becomes exhausted from the greater impurity of the blood, and the last perilous stage of apoplectic coma is reached.

The vehemence of the heart's action, and the energy with which the arteries at first conveyed the blood to the brain, inundated or deluged it, if I may be allowed the term, and now that the violence is abated, and the storm is over, the over-stretched and paralysed vessels cannot return to their former state, and the brain is sodden and worn out. A more melancholy picture can scarcely present itself to our minds.

(*To be continued.*)

## ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON HEARING, RESPIRATION, AND PHONATION; AND THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris,

Translated by H. Macnaughton Jones, M.D., &c., Professor, Queen's University, Ireland.

In 1865 we first proved the direct relation of adenoid tumours of the naso-pharynx to the well-known granulations on the posterior wall of the throat. The view is founded on the observation of a number of cases where both kinds of morbid growths exist in the same individual. We have even been able to show the existence of intermediate degrees, between the one and the other pathological appearance, in the same person.

Case II.—(Taken from the same Memoir, p. 116). A lady, æt. 33, was affected with granular pharyngitis, occupying almost the entire pharynx. The characteristic protuberances were more evident according as they approached the interior of the naso-pharynx. About the posterior nares there are wrinkled folds the size of a pea. (Compare Cases I. and III.)

We can see in these cases that the granulations become larger and bear a greater similarity to adenoid growths, according as they approach the roof of the pharynx. The difference between these two kinds of excrescences consists, according to us, in a more or less considerable degree of development, or rather in the greater or less number of elements of the normal mucous membrane which form the hyperplastic growth. While in granular or glandular pharyngitis (follicular pharyngitis of Virchow) the solitary follicles scattered in the buccal pharynx are alone hypertrophied (Virchow) (compare also Rindfleisch), it is, on the contrary, the entire group of elements of the mucous membrane of the naso-pharynx which combine in the hyperplastic growth to form adenoid tumours of this region. In order to ascertain the causes of this difference in the size of the morbid growths in the one and the other cavity, we should, perhaps, remember that the normal mucous membrane of the naso-pharynx is more vascular and thicker than that of the buccal pharynx, and that it contains more adenoid tissue and glands than this latter, the mucous membrane of which is composed of conjunctival tissue.

Our own observations, made some time since, show us in the naso-pharynx of the same individuals adenoid tumours and simple glandular granulations, at the same time that there exists every degree of transition from the one to the other. These observations have enabled us, first, to deny the opinion of those authors who formerly affirmed that granular or glandular pharyngitis was bounded by the buccal pharynx, and did not attack the superior portion of the organ of deglutition. Thus, in 1862, Stifft says, in his Memoir on Chronic Pharyngitis, "Granular pharyngitis does not affect the naso-pharyngeal cavity." Since then the similarity of structure of these two groups, which has been histologically proved, particularly by B. Wagner, has corroborared our view. It perhaps might be better to give to the entire group one name, but we prefer to reject this innovation, in order not to introduce confusing elements into the question.

Adenoid tumours of the lateral walls are composed of conjunctival tissue, with the simple addition of more or less *of cytogenic elements:* the term adenoid tumours should not be applied, strictly speaking, to the entire group of which we are writing. We can offer the same objection to the expressions "lymphomes, lymphatic tumours, or lymphadenomes," borrowed from the nomenclature of M. Virchow. It might perhaps be better to give to the entire group one name, and to base it on the appearance of the tumours and their pathological *rôle.* We might then call them "polypoid tumours," thus distinguishing them (an important matter), from naso-pharyngeal polypus, to which we shall allude further on. But this expression would have the defect of not including the granulations of the throat, except for which we should prefer it to that of "adenoid tumours." In fact, this last term has been brought into use by Velpeau, to replace "glandular hypertrophy" of M. Lebert, and is meant to designate a totally different thing from that which we intended.

Before we conclude this histological sketch, we must mention *acinous adenomes,* described by MM. Cornil and Ranvier as situated on the soft palate and in the pharynx, and which are really due to simple hypertrophy of the acinous glands of this region. Future study will enable us to decide whether we can assign to this class a place in the group which we are now considering.

### ETIOLOGY.

The number of cases contained in the memoir of M. Meyer (of Copenhagen), and the statements of many authors who have seen adenoid tumours, particularly amongst the inhabitants of the German coasts, appear to imply that the rude climate of the North particularly favours the development of the affection in question. But since our attention was originally attracted to this point in 1863, at the commencement of our otological career, we have sought these tumours in those of our patients who presented symptoms of chronic coryza, or of troubles in the naso-pharynx, and we have often found specimens of this affection, more or less similar to those we have described.

It does not appear that social conditions, any more than climate, favour the formation of these tumours, for we have found them in the highest classes of society, as well as in the lowest.

We must leave these general considerations and examine more closely the special conditions of the development of adenoid tumours in the child. Here we first have to consider the lymphatic temperament, the presence of which we have proved in the great majority of children who suffer from these vegetations. This does not astonish us when we consider the direct relationship of adenoid tissue with that of the lymphatic glands, the enlargement of which is a most characteristic feature of this diathesis; we are surprised that no one has as yet dwelt on this well-marked feature of union, both anatomical and pathological.

In a different manner heredity seems to have a marked influence on the origin of this affection. We have sometimes been able to observe remarkable cases of the transmission of adenoid tumours to all the offspring of one

family by a father or mother who were affected as in the following case.

Case III.—We are, at present, treating a whole family belonging to the highest class of society, in which we are enabled to study the affection in its various symptomatic manifestations. All the children are of the same parents, and all are affected. The examination of the father yields an absolutely negative result, as to the naso-pharynx; but it is otherwise with the mother. Mme. X., about thirty-three years of age, breathes constantly by the mouth, and has a pronunciation slightly *nasonnée*. The rhinoscope shows adenoid tumours not very large, and scattered. There is a slight catarrh of the nasal fossa. The tonsils are normal. It would seem as though the troubles were much greater in the childhood of Mme. X. This is, perhaps, one of those cases of retrograde metamorphoses of the tumours, which we shall treat of in the chapter on prognosis.

Passing now to the children of the marriage—

1. J. X., æt. 6½, was brought to us on April 16, 1877. He was a perfect type of the affection. The face had the characteristic expression of stupidity. The mouth is constantly open, from which flows an abundant secretion of saliva; the parents say, sometimes tinged with blood. The respiration is loud, blowing, and frequently interrupted by an arrest during inspiration. The pronunciation is characteristic—instead of "mama," the child says "baba." The chest is extremely flat (see the special symptomatology).

Local examination shows that the tonsils are normal; the naso-pharynx contains a lobulated tumour very large, and hard to the touch, reaching the free border of the soft palate.

It is surrounded by a number of tumours of more diminutive size. The nasal fossæ are in a state of slight chronic inflammation; there is no polypus. The teeth present, in a striking manner, the defect of formation described by Hutchinson, except the inferior incisors, which are normal. The glands of the neck are enlarged. He snores at night. There is no hæmorrhage, no difficulty in swallowing, and no deformity of the face.

The parents, strange to say, took but little notice of this group of symptoms, although so striking and so painful to see. They brought the child to me for an old and severe bilateral deafness. The ears of the little patient were in this condition:—On the left there was a purulent discharge, with perforation of the membrana tympani; the hearing is very much diminished. The almost complete deafness of the right side is caused by an accumulation of cerumen, and disappeared when this was removed. There is a cicatrix in the membrane in front of, and below the end of the handle of the malleus, caused by an old perforation.

Since then, there have been many intercurrent inflammations of the middle ear, resulting in perforation of the tympanum at the place we have just described, and healing rapidly by cicatrisation under appropriate treatment. (Compare in this respect Case No. IV.

The tumours were successively removed by crushing (the parents refused any other operation.) The microscopic examination of the particles showed characteristic adenoid tissue. At present the constitution of the child is beginning to recover from the manifold troubles which are excited by these growths. This satisfactory result decided the parents to bring their other children, who present the following symptoms.

II.—Mlle. J. X., æt. 5; the hearing is good; the mouth is sometimes open; the pronunciation is slightly defective; she snores often; the vegetations are numerous, but not so large as those of No. I. and No. III.

III.—Mlle. A. X., æt. 4; the mouth is always open; respiration blowing; pronunciation *nasonnée*; she snores. There are many large vegetations, multilobular, filling the naso-pharynx from the roof to the free border of the uvula.

IV.—Mlle. M. X., æt. 8 months; the mouth is always open; it is probable that there exists here also morbid growths like those of her brothers and sisters; but it is, at present, impossible to ascertain by palpation.

We shall conclude this chapter by merely stating that adenoid tumours have been often found in connection with congenital cleft palate.

### Symptomatology.

When adenoid tumours have attained a considerable degree of development, the nasal passage and Eustachian tubes cannot sufficiently discharge their proper functions, so far as their permeability is concerned (in respiration, phonation, and hearing).

The permanent opening of the mouth, and the peculiar pronunciation associated with the deafness, form a type so characteristic, that the attidude and pronunciation of the patient are almost sufficient to form a diagnosis, without having recourse to the two methods of physical examination (the rhinoscope and digital examination), which we shall allude to further on.

But it is otherwise when the affection has not arrived at its height, or that the adenoid growths, thanks to their site, interfere but little or not at all, with the nasal passage, or that of the Eustachian tubes. We must then take our clue from other symptoms; although less strictly characteristic, they will call attention to the naso-pharynx, and induce us to make the special physical examination, which alone will prove the real nature of the affection.

We shall commence by the study of the symptoms, which should guide us in the examination of slightly advanced cases.

1. *Symptoms caused by Adenoid Tumours at their commencement.*—There is naso-pharyngeal catarrh from the commencement of the affection; it is characterised by an abundant secretion in the nasal and pharyngeal cavities. When the mouth of the patient is open, a greyish-green covering is seen, more or less extended, which descends along the surface of the posterior wall of the naso-buccal-pharynx. These masses, often tinged with blood, are expectorated in considerable quantity by the mouth and by the nose. Granulations of the naso-buccal pharynx are often found at the same time as adenoid tumours of the nasal portion; this does not astonish us after what we have previously said of the similarity of these pathological growths to each other.

We have sometimes been surprised to meet with symptoms indicating an impediment to nasal respiration (for instance, the frequent or even permanent opening of the mouth, at an early period of the affection); but usually these phenomena do not become striking until we arrive at an advanced stage of the disease. We shall refer to them, as to the aural troubles, with greater advantage later on.

The symptoms that we have been describing are not of themselves absolutely characteristic, nor can we form so clear a diagnosis as would direct us in our operative measures, save by the confirmatory evidence of the presence of the adenoid tumours themselves.

If, in the meantime, we insist on the *semiology* of the first stages of the affection, it is in order to convince our readers that they must not be satisfied with referring these symptoms to a general cause, such as a lymphatic temperament, as we constantly find done. Frequently also the mistake is made of being satisfied with general treatment, while the symptoms point to a distintly local affection and material impediment. It is necessary, then, to make a special examination to recognise this obstacle, and to check it "*manu armatâ*."

Once we acknowledge this necessity, digital or rhinoscopic examination will quickly recognise the characteristic vegetations. The latter of these two methods will also explain the abundant secretion. Small, or even large, drops are seen to exude from numerous apertures on the pharyngeal tonsil, from the entrance to the Eustachian tubes and the fossa of Rosenmüller, particularly on pressure, or if the patient contracts the muscles of this region.

2. *Symptoms of Adenoid Tumours at advanced periods of*

*the Affection.*—Having attained a certain degree of development adenoid tumours, by the disorders which they cause in the naso-pharynx and the neighbouring organs, give rise to a variety of symptoms dependent on the site of the vegetations. According to their position they interfere sometimes with phonation and respiration, when they obstruct the naso-pharyngeal passage; at other times, by a direct action on the Eustachian tubes, they compromise the functions, and even the integrity, of the organ of hearing. In cases where the vegetations fill the entire of the naso-pharynx all these symptoms exist and are exaggerated to their greatest extent.

To proceed methodically, we shall first consider the closure of the naso-pharyngeal passage, with its direct or remote consequences, and then, separately the disorders to which the organ of hearing is subject.

A.—THE SUPPRESSION OF THE NASAL RESPIRATION AND ITS CONSEQUENCES.

In the cases where adenoid tumours attain so large a size as to obliterate the two posterior apertures of the nasal fossa the air passes during the act of respiration by the mouth; this latter, therefore, remains constantly open. Even an incomplete obstruction of the nasal passages will often render them incapable for their physiological function, for with whatever rapidity the air traverses this contracted space, it will not reach the lungs in sufficient quantity in cases where the aperture leading from the two nasal fossa is too small.

This substitution of the oral passage for that of the nasal fossa entails a series of mischievous consequences, which we shall study one after the other.

The first is (*a*) *the change in expression*, which we have explained elsewhere.

(*b*) *Action on the phargnx.*

In most cases this transference of the entrance of air from one channel to another cannot take place without injury to both the respiratory passages. When we breathe normally—that is, by the nose—the inspired air undergoes a double physical change, while passing through the long and narrow windings of the nasal fossa; on the one hand it is raised, at the cost of that of their walls, to a temperature nearer to that of the interior of the body than is generally that of the surrounding atmosphere; on the other hand, during its passage it is saturated with a greater quantity of watery vapour, simultaneously with this elevation in temperature. Consequently the air reaches the pharynx warmed, and more or less saturated with water.

It is otherwise when the air is inspired by the mouth. After passing over a portion of the superior surface of the tongue and the roof of the pharynx, the atmosphere first comes in contact with the posterior wall of the buccal pharynx, and draws heat and moisture from those portions which form the isthmus and floor of the throat and the commencement of the laryngo-tracheal passage. In other words, it cools and dries them. This affects more particularly the mucous coat of the posterior wall of the buccal pharynx—not alone its epithelium, but even the superficial layers of the mucous membrane itself.

The condition of chronic irritation thus induced and maintained by buccal respiration has been already recognised by many authors, but we consider that it is carrying this point a little too far to impute to the defective respiration the origin of granular adenoid pharyngitis, and we may here with advantage notice the opinion of our friend, the able aurist of Glasgow, Dr. J. P. Cassels, who also expresses doubt on this subject. For our own part, we think that there is here a degree of confusion between cause and effect; that granular adenoid pharyngitis induces buccal respiration (by occluding the posterior apertures of the nasal fossa) rather than that it is the effect of it. Besides, no one will deny that this affection is observed daily in a number of people who breathe by the nose, which considerably lessens the probability of the above-mentioned hypothesis.

At the same time, we do not deny that the dryness and lowering in temperature of the mucous membrane of the buccal pharynx (the result of respiration by the mouth) may, to a certain extent, aggravate a granular pharyngitis which already exists, by interfering with the circulation in the superficial layers of the mucous membrane.

It seems to us to present a certain train of events, to which no one has as yet drawn attention—"granular adenoid pharyngitis, leading to the formation of adenoid tumours in the naso-pharynx; these, intercepting respiration by the nose, induce that by the mouth; from that comes a fresh irritation of the throat and increase of the pharyngitis."

# Clinical Records.

## MEATH HOSPITAL, AND CO. DUBLIN INFIRMARY.

*Brief Notes of Cases of Operation.*

UNDER THE CARE OF

Mr. LAMBERT H. ORMSBY, F.R.C.S.

(For the following notes we are indebted to MR. MACNAMARA WILLIAMSON, Resident Pupil).

OPERATION I.—*Removal of Two Large Glandular Tumours from Region of the Neck, under Lower Jaw.*—J. McGuinness, æt. 40, a fresh looking, healthy countryman, coming from the co. Donegal, suffering from two large glandular tumours situated and growing from the submaxillary region. The tumours were very hard to the feel, and appeared to be very movable under the skin. Mr. Ormsby mentioned, however, that the movability of tumours was extremely deceptive, as in many tumours, particularly in the region of the neck, it was found necessary to use the greatest caution in the removal, owing to deep and posterior attachments. Operation performed on Wednesday, March 19.—Ether having been administered, an incision in the skin was made, vertically. Over the tumours the handle of the knife and finger-nail were then used with very great effect, and the skin and fascia carefully separated from the anterior part of the tumours. It was, however, found that deep posterior attachments extended down, for some distance, in close connection with the carotid vessels. Large veins were met with in this direction, and the operator was very careful to use the point of the knife as little as possible. The tumour, though of stony hardness before operation, were found to be cystic, and to contain a large quantity of thick fluid, of a white pappy-like consistence, which, during the dissection, escaped from the tumour; the tumours were finally removed, together with their cysts. Some small bleeding vessels were commanded, and the incision brought together with interrupted suture, and the patient removed to his bed.

OPERATION II.—*Removal of a large Fatty Tumour from Posterior Part of Neck.*—Mary Roach, æt. 35; domestic servant; a rather thin spare woman; suffering from a large fatty tumour, which had been growing for five years. It was not painful, nor was there any adjacent glands contaminated or enlarged, and when pressure was made with the finger in the centre of the tumour, the scolloped outer edges of the fatty lobules were clearly demonstrated. Operation performed on same day, Wednesday, March 19. The patient, being fully etherised, by means of the operator's "inhaler," an incision was made over the summit of the growth, and the tumour removed, without much difficulty. The wound was brought together with silkworm gut, interrupted sutures, and the patient transported to her bed.

Mr. Ormsby drew the attention of the class to the extreme ease by which this tumour was removed as compared to the great difficulty he experienced in the removal of the tumour in the preceding case, owing to deep attach-

ments. He also briefly mentioned the diagnostic features of fatty tumours as compared with appearance and pathology of other abnormal growths.

Operation III.—*Removal of large Sequestrum in a Case of Necrosis of Tibia.*—John Hagerty, æt. 56, a well-nourished healthy man, suffering from extensive necrosis of tibia, which had lasted for more than two years. Various pieces of dead bone had been removed on former occasions. Operation performed on same day, March 19. Ether having been administered, an incision three inches long was made along the tibia, and the gouge was freely used, so as to allow the loose sequestrum to be removed more easily, which was facilitated by its division with a bone forceps ; the parts were extremely vascular, as is the case in the majority of cases of necrosis. All loose and roughened edges of bone were removed, and the hæmorrhage stopped by plugging the wound with strips of lint. The patient was then sent to his ward.

Operation IV.—*False Anchylosis of Elbow.*—Ellen L., æt. about 25, a rather nervous and possibly hysterical girl, suffering from fibrous anchylosis of left elbow-joint, caused by extra articular fibrous adhesions ; the result of strumous disease of some years' standing. All inflammatory mischief, however, had ceased for some months previously, leaving the joint stiff in an angular useless condition. Operation performed on same day, March 19. Ether having been administered, and the patient thoroughly relaxed, the operator grasped the arm firmly, and set up considerable motion in the direction of flexion first, afterwards extension. The crackling sound of the fibrous adhesions, giving way was clearly audible to those round the operating table. The patient was then sent to her ward, and a cold evaporating lotion ordered to be applied to the joint.

Mr. Ormsby mentioned that it was quite possible he would have to set up passive motion under ether at intervals of a week on many future occasions before he could ensure permanent useful motion to the patient ; and such cases when carefully and diligently attended to, generally turned out remarkably well, so long as there was no actual subacute inflammation going on, in or about the joint, in which case he would patiently wait for complete subsidence of such inflammation and irritation before attempting passive motion.

# Literature.

## ASTHMA : ITS PATHOLOGY AND TREATMENT. (*a*)

So little real knowledge do we have of the pathology of asthma, and so often are the best physicians baffled in either warding off, or mitigating the asthmatic paroxysm, that the disease may be fairly regarded as an *opprobrium medicinæ*. As the prevention and treatment of asthma are still so unsuccessful, notwithstanding all that has been written on the subject, the question naturally arises whether or not this want of success is due to any erroneous opinions which pathologists may have entertained with regard to the causes and nature of the disease. It is quite certain that, rightly or wrongly, the profession have, for a long time, agreed in regarding spasmodic asthma as a purely nervous affection ; but it is equally certain that the prevalent doctrine has done little towards demonstrating the means by which we may successfully cope with this distressing malady. We have undoubtedly been all moving in one groove—but a groove which has not conducted us to the object at which we aimed.

It is no little credit to a physician when he boldly challenges the accepted theory of a disease, and offers another which is, in his opinion, more conformable with the general principles of pathology, and, may be, more practical in its results. The author therefore has, what some authors do not have, a good reason for writing a book ; for whoever, in the true spirit of philosophical inquiry, writes either in favour of, or against, the dominant doctrines of the day, is entitled to a respectful hearing.

For some years Dr. Berkart has been strongly of opinion that spasmodic asthma is not, as is so generally thought, purely a neurosis, but that its main clinical phenomenon—the dyspnœa—is merely one link in a chain of morbid processes ; that it commences with a more or less insidious inflammation of the pulmonary tissue, and terminates with a bronchiectasis and emphysema. The practical importance of duly estimating the conditions on which this intractable and capricious disease depends, cannot be overrated. As the author justly remarks : "The dependence of asthma on definite organic lesions, affords, on the principle that forewarned is forearmed, the best prospects, not only of averting the dyspnœal seizures, but also of arresting the final development of the disease. Neither of these objects was hitherto attainable, because the nature of asthma was supposed to consist of a mysterious derangement of the nervous system, and the exciting causes of the asthmatic paroxysm were generally regarded as inscrutable."

With the view of developing his views on the pathology and treatment of asthma, Dr. Berkart divides his work, which consists of 230 pages printed in a clear bold type, into seven chapters. The first is merely introductory, but the second is an able and learned retrospect of the literature of the subject, a chapter which gives proof of much literary research. In perusing this chapter, in which the various theories of asthma that have been adopted from time to time, are passed in review, the reader cannot fail to notice how much the nervous origin of the disease has dominated the minds of most writers who have devoted their attention to the subject, although there were not wanting those who were of a different opinion, and who regarded asthma as a disease that depended upon some organic lesion of the respiratory organs. Thus, while Lænnec, Andral, Lefevre, C. J. B. Williams, Longet, Bamberger, Lehmann, Sée, Hyde Salter, Duclos, Trousseau, Weber (Halle), F. Haring, Biermer, and others, regarded asthma as some form of neurosis ; Rostan, Louis, Budd, Hirsch, Benvenisti, Bean, Traube, and Villemin, contended that the disease depended upon some structural change or vascular derangement of the lungs, or their bronchi. On the other hand, there were some who, like Canstatt and Wunderlich, regarded the pathology of asthma as an open question, or who believed that the disease was sometimes due to a neurosis, and sometimes to inflammatory, congestive, or organic lesion of the respiratory organs. While, moreover, the majority of the neural pathologists asserted that asthma was chiefly due to bronchial spasm, Budd, Wintrich, and Duchenne, thought the dyspnœa might be owing to a tetanic affection of the diaphragm and the other respiratory muscles.

In the third chapter we have an elaborate "discussion of the prevalent theory" of asthma, and the reasons why the author cannot regard the disease as a pure neurosis. In the first place, the absence of physical signs is no proof, as some argue, that the disease is a functional one, as there are many other complaints depending upon organic lesions which cannot be diagnosed during life. Thus in affections of the heart, the mere existence of certain abnormal physical signs does not warrant the assumption that textural change exists ; and, conversely, the total absence of physical signs does not prove the heart to be in a perfect state of organic soundness. Nor is the freedom of respiration between the attacks inconsistent with the existence of impairment in some part of the respiratory organs. For there are many other diseases, some of which may prove fatal at any moment, in which the patient may present all the appearances of health, and may be able to attend to his usual occupations without any inconvenience. Besides, this freedom of respiration and absence of distressing symptoms are often more apparent than real, as when anything happens to bring the respiratory organs more in to play than usual, the dyspnœa is at once made evident. And then with regard to the evidence from post-mortem examinations, it should be borne in mind that in the vast majority of instances, pathological conditions have been met with after death ; while in many of those cases in which no morbid appearances were found, there is reason to believe that the examination was not sufficiently exhaustive. Besides, it should not be forgotten that there are several morbid conditions capable of producing dyspnœa and other symptoms, but which are so fleeting in their nature as to leave no traces after death. Even the fact that asthma is one of those affections which are most frequently seen in private practice, where post-mortem examinations are seldom performed, should be taken into account, as were such examinations more

(*a*) "On Asthma : its Pathology and Treatment." By J. B. Berkart, M.D., M.R.C.P., &c. London : J. and A. Churchill. 1878.

often made, more evidence of the organic origin of the disease would probably be found. At all events it cannot be contended, as Hyde Salter has urged, that "diseases which leave no traces of their existence produce their symptoms through the nervous system;" and, as regards asthma, though, in a few instances, the lungs *may seem* perfectly sound, still there is no evidence that they *are so*, whereas the symptoms and the results of post-mortem examinations tend to opposite conclusions. What has been called the "capriciousness" of asthma, and the inconstancy of its alleged exciting causes, were regarded by Hyde Salter as a clear proof of the nervous origin of the disease. But in reply to this argument, Dr. Berkart observes that the etiology of disease in general, and especially of asthma, is a very obscure department of medical science, and that there is hardly one instance in which the real cause of the dyspnœal seizure has been ascertained, while doubtless in many instances, the circumstances which accidentally *preceded* were supposed to have produced the attack. Again, the action of certain drugs in the treatment of asthma has been supposed to indicate its nervous origin. But then it should be remembered that the remedies for asthma are of very irregular and uncertain operation, that the "most blind and purposeless treatment may be attended by the happiest result, and that, if narcotics and antispasmodics have given relief in this disease, they have likewise been of benefit in many organic diseases. Nor does our author think that the periodicity of asthma, or the copious discharge of limpid urine during the attack, are always characteristic of a nervous affection, as those phenomena are not incompatible with the presence of structural changes or vascular derangements in the respiratory organs. With regard to the theory of bronchial spasm, Dr. Berkart endeavours to show that such a theory is not merely inconsistent with the clinical aspect of the disease, but actually impossible. The experiments upon which this theory had been based, disprove rather than support that inference; for the distension to which the lungs are subjected in asthma "proves an insuperable impediment to the contractions of the bronchi." In his experiments, Dr. C. J. B. Williams found that when the lungs were inflated, electrical irritation produced no effect; only after a certain volume of air had been expelled from the lungs, did the bronchi exhibit signs of contractility. Moreover, the clinical features of the asthmatic paroxysms afford abundant evidence against that theory. If the bronchial muscles were engaged in respiration, they could be only auxiliaries of expiration; whereas in asthma, inspiration is relatively easy, and expiration laborious and difficult. Then experiments have shown that though the bronchi may be contracted, the elasticity of the air-vesicles is yet able to expel the air. It is, therefore, hardly conceivable that the spasm of the circular fibres of the bronchi should be capable of resisting the united forces of the elasticity of the pulmonary fibrous tissue, the contractions of the auxiliary muscles of expiration, the external atmospheric pressure, the resiliency of the chest walls, and the tension during the previous inspiration. Moreover, spasm of the bronchi would produce collapse of the lungs, whereas, in point of fact, the organ is, during the paroxysm, distended to its utmost limits in all directions. Nor should it be forgotten that in most instances the bronchial muscles are so greatly impaired in nutrition, and the bronchi themselves so permanently dilated, as to be even incapable of contracting. Indeed, the most dilated bronchi Hyde Salter has ever seen, was in a case of spasmodic asthma. We need scarcely remark that the above is merely an outline of some of the arguments by which Dr. Berkart opposes the prevalent theory of asthma. In perusing this chapter the reader will be struck with the able manner in which the author developes his argument in favour of this affection being of a very different nature to that generally supposed. The correctness, however, of some of the author's premises, or the validity of the conclusions he would draw from them, may be fairly doubted, while the argument he draws from the morbid anatomy of asthma is certainly open to criticism. Asthmatic patients are often long-lived, and it could be scarcely expected that they could suffer for years from such a complaint as asthma without leaving behind them some traces of disease, although it would not follow that the morbid appearances were actually the real cause and *prima origo* of the asthmatic attacks with which they had been so long afflicted. In such cases it is not always easy to separate the lesions which have given rise to the symptoms observed during life from those which are of a secondary nature, and which are really the effect or a complication, and not the causal condition, of the complaint. Supposing, for the sake of argument, that asthma is, in the first instance, a purely nervous affection, could it be expected that such embarrassment of the respiration, and such interference with the pulmonary circulation, and with the interchanges which normally take place between the blood and the respired air, could go on for years without doing some injury to the delicate structure of the lungs and bronchioles, or even to the right side of the heart, the action of which must be necessarily taxed in its effort to propel the blood through the obstructed pulmonary capillaries?

While in the third chapter the author has endeavoured, not altogether unsuccessfully, to show the untenable nature of the generally received doctrines respecting the nature of asthma, in the fourth chapter, or that which treats of its pathogeny and etiology, he states in more precise terms his own views of the subject, and adduces several facts which lend strong support to the doctrine that the disease originates in some previous affection of the respiratory organs. Thus, he remarks it is a striking fact that constitutional defects appear to be invariably associated with asthma; and, what is still more to the point, the majority of asthmatic patients have, previous to the appearance of the typical paroxysms, suffered from an acute or chronic inflammation of the lungs or bronchi. Of the 223 cases collected by Hyde Salter, the original cause of asthma was not ascertained in 46, but out of the remaining 183 cases it was found that no fewer than 132, or about 80 per cent., had previously suffered from "chronic catarrh, colds, and catarrhal pneumonia, complicating whooping-cough, measles, and typhoid fever." Only 10 out of the 183 cases were "apparently spontaneous." For this and other reasons to which we have partly adverted, Dr. Berkart concludes that asthma arises from an "insidious inflammation of the pulmonary tissue," that both its "antecedents and sequelæ are one continuous pathological process," and that the process commences "in the interlobular and peribronchial tissue, and thence gradually spreads to the internal surface of the bronchi. From an anatomical point of view, a copious exudation of serum and white blood-corpuscles is the starting point of the affection. The crowding of the leucocytes in the bronchial and interstitial tissue probably not only impedes their development, but tends to compression and obliteration of the adjoining capillaries. An extensive thrombosis of the capillaries, whether from stasis, compression, or endartritis, thus diminishes the supply of arterial blood to the affected parts. The white blood-corpuscles are softened and re-absorbed. The pulmonary and bronchial tissues become implicated in the process of liquefaction. The bronchial muscles, at first paralysed by the previous inflammation, afterwards undergo fatty degeneration. Then follow atrophy of the contractile and elastic element of the lungs, and finally dilatation of the bronchioles and alveoli. Thus," according to this view, "asthma is only one link in a chain of quasi-independent affections, which commences with inflammatory changes of the pulmonary tissue, and terminates with emphysema or bronchiectasis." Thus, moreover, the "idiopathic" asthma of writers corresponds to the dyspnœa, for as the primary lesions above-mentioned neither diminish the volume of air in the lungs, nor impedes its entrance and exit to and from them, the full extent and nature of the disease cannot be recognised at its early stages. On the other hand, the "symptomatic or catarrhal" asthma of the older writers corresponds to the fully developed state of chronic bronchitis and emphysema.

Such, in brief outline, is Dr. Berkart's opinion of the nature of asthma, the only weak point of which appears to us to be its want of anatomical proof. Both from the previous complaints of most asthmatic patients, and from other considerations, it is highly probable that a chronic inflammation or congestion, or hyperæmia of the bronchial mucous membrane, or a chronic and insidious inflammation of the pulmonary tissue itself, may be the starting point of the asthmatic paroxysms, especially in persons peculiarly susceptible to any excentric and reflex irritation of the respiratory nervous centres; but then what post-mortem evidence do we have that it is so? It is very seldom that one has the opportunity of examining in the post-mortem room the lungs of a patient who has not long suffered from attacks of asthma; and in the absence of such evidence we must regard the pathology of asthma as still an open question. Nevertheless, it must be admitted that, could such an examination be made, the probability is that the "prevalent" doctrine of asthma would be in a great measure upset, and that the nervous element of the disease would be found to be only a part, and a very secondary part, of the pathological events which lead up to the disease.

Moreover, from a therapeutical standpoint, the doctrine which our author espouses is a very safe one, and one that is remarkably suggestive with regard to the measures which should be taken to ward off attacks of asthma.

What these measures should be we shall not discuss. We have perhaps partly satisfied, as well as aroused, the curiosity of the reader, and therefore we shall, in consideration of the length to which our review has reached, ask him to consult this very able and interesting work itself, if he wishes to know the treatment which, in accordance with the above views, the author recommends for one of the most distressing and intractable complaints with which the physician has to deal.

## THE BEARINGS OF CHRONIC DISEASE OF THE HEART UPON PREGNANCY, PARTURITION, AND CHILDBED. (a)

THIS is undoubtedly a very interesting work. Dr. Macdonald will carry with him the sympathies of all his readers after they see this passage in the introductory chapter. "It is, I hold, the first duty of every obstetrician to make sure that he is a physician in the first instance, and an obstetrician only in the second place. Unless he does so, he can have only an extremely inadequate idea of the scope and importance of his department of the medical art and science; and he is, at the same time, certain to allow his position in practice to degenerate into the cultivation of what, at best, is only an outpost of applied surgery." It is very desirable, he says, "to be able to predict what are the special additional risks, if any, to which the pregnant, parturient, or lying-in stages, expose a patient who is the victim of a special cardiac lesion." Though this, he admits, is not yet quite possible, "we are a considerable way on the road to it."

In the first chapter, he considers the question of the enlargement of the left ventricle in pregnancy, first propounded by M. Larder, in 1825-6, and supported by the observations of M. Ducrest, in 1843. Other observations corroborate the views of these two Frenchmen. Blot did not go in for measurement of the thickness of the heart walls, but for weighing the heart, and found that the heart of the pregnant female gains quite one-fifth in weight during pregnancy; agreeing with other observers that the hypertrophy is almost exclusively confined to the left ventricle. "The sphygmographic curve of the pregnant female is one of high tension."

As to the effects of pregnancy upon a diseased heart, Hecker and Buhl point out that the diaphragm is pushed up, and the thoracic space diminished, which embarrasses the already crippled heart; while in parturition, "the heart is so used up by the exertions of the labour, that its already disturbed mechanism is brought completely to a standstill, and thereby an end is made of life." As to the diminution of the thoracic space in pregnancy, other observers hold that while the depth of the thorax is diminished, this is compensated by an increase in the transverse diameter. The author agrees with Lebert, that in chronic heart mischief, "if the compensation begins to be imperfect in young girls—if the subjective disturbances have gradually increased—then I *dissuade* from marriage, if I am consulted in the matter, because it is precisely those cases upon which pregnancy and parturition may operate very unfavourably." Fritsch thinks that a diseased heart does not so readily take on the changes usual in pregnancy, or bear the tax of parturition so well as a healthy heart. Recent cardiac disease is especially dangerous, as the compensation by muscular growth is not fully developed; and the puerperal state is very liable to set up ulcerative endocarditis. Spiegelberg thinks the diminished aortic pressure at the moment of delivery a source of danger, while Fritsch holds that the danger arises from the abdominal veins filling, the pressure to which they have been subject being taken off them.

Then a series of cases of mitral stenosis is given—thirteen from the writer's experience, and the rest from other sources, at home and from Germany. Mitral stenosis is the first form of valvular disease encountered and described by the different observers. Three primiparæ all died. The other six fatal cases died, two at the second confinement, and the rest singly at different parturitions. "The deaths occurred usually either suddenly, or within a few days or weeks afterwards." There is no proved death from embolism. A very special tendency to abortion or premature labour is clearly demonstrated with all these patients. Very few are found to carry their children the full time; they do not rally well after parturition; they are liable to congestive bronchitis, pulmonary œdema, apoplexy of the lungs, and dyspnœa.

Eight cases of mitral insufficiency are then given in detail. This is a less dangerous complication of pregnancy than mitral stenosis. Six cases of aortic incompetency follow. Three died. Once delivery is effected, then remissions of the threatening symptoms may be expected with considerable likelihood. In three cases there was also mitral stenosis. Then follow three cases, one of a weak dilated heart, where death followed twelve days after premature delivery at the seventh month. There was old standing kidney disease. Then two cases of acute endocarditis are given from German authorities, both ending fatally. "The most distressing subjective symptoms are found to be dyspnœa, a sense of suffocation, and precordial anxiety, and in aortic cases more especially, a very marked feeling of syncope during delivery. In all the cases of heart disease which has been recorded in this work, it will be observed that if the lesion was at all severe, the labour was found to be invariably accompanied by extreme cardiac irregularity, with also a feeble, irregular, and intermittent pulse, much dyspnœa, and cyanosis."

As to the effects of pregnancy upon the heart, he says, "the evil effects seem to be due mainly to the fact that in the latter part of the period of gestation, more work falls to be done than previously." As to the act of parturition, he recommends the use of chloroform; in almost all his cases he has given it with benefit. He advocates the use of the forceps, or the adoption of version early on, in order to save all bearing-down effort that can be avoided, so as to lessen the tax upon the heart. He concludes by expressing the opinion that the mortality following pregnancy complicated with heart disease, may be greatly lessened by due precautions during pregnancy and delivery, especially during the latter. Premature labour does more harm than natural labour.

The book is a useful addition to the practitioner's library, and will be read with pleasure as well as with instruction by all.

(a) "The Bearings of Chronic Disease of the Heart upon Pregnancy, Parturition, and Childbed; with papers on Puerperal Pleuro-Pneumonia and Eclampsia. By Augus Macdonald, M.A., M.D., Physician and Clinical Lecturer on Disases of Women in the Royal Infirmary, Edinburgh. (J. and A. Churchill, 1878, pp. 281).

# Literary Notes and Gossip.

A FEW days since the Earl of Carnarvon presided at the first annual meeting of the Index Society, held in the rooms of the Royal Asiatic Society, and, in moving the adoption of the report, he observed that the Society proposed to do for the whole student world what each student had now to do for himself—namely, to index the standard works on science, literature and art. They had the further view of making a general reference index, and with such a vast undertaking before them he hoped ensuing generations would thank them for the work they had inaugurated that night. The Society has our thanks in advance, such a work will be simply invaluable.

* * *

OTOLOGICAL literature is likely to be enriched during the present year by a translation of Politzer's celebrated work, "Lehrbuch der Ohrenheilkunde." The first volume has already made its appearance in Germany, and we hear that the second is nearly ready for the press. Dr. Patterson Cassells, of Glasgow, a former pupil of Politzer, is engaged upon the translation in accordance with an expressed wish on the part of the distinguished professor.

* * *

WE had recently occasion to speak very favourably of the eloquent Hunterian Oration which was, this year, delivered by Prof. Humphry, of Cambridge. We are, therefore, glad to see that it has been published by Macmillan and Co. in the form of a neatly bound pamphlet, and in a type which will add to the pleasure both laymen and medical men must

feel in reading it. The oration is by no means a repetition of those that have been delivered before; and the remarks which Prof. Humphry makes on medical education are particularly interesting and suggestive at the present time.

* * *

So little is known about the diagnosis and surgical treatment of dropsy of the gall-bladder, that Mr. George Brown has done well in publishing the paper (Baillière, Tindall, and Cox) which he read at the last Annual Meeting of the British Medical Association. The pamphlet contains some valuable information respecting the pathology and diagnosis of this form of disease, with notes of its successful treatment by operation (cholecystotomy).

* * *

PART. II. of Klein's "Atlas of Histology," has succeeded quickly upon the first issue, and is, in point of artistic excellence, perhaps superior to its predecessor. The work will be a valuable one when completed, and is in every way worthy of success.

* * *

NO. II. of the *Index Medicus* is to hand, and is fully up to its early promise. The editors confess to the many difficulties in compilation which they meet with, especially in the reception of foreign journals, albeit they seem to plod on with that indomitable pluck characteristic of Americans, and the *Index Medicus*, now fairly under weigh, keeps us *au courant* with everything that has been written on any given subject in medicine and the collateral sciences, either in journals, or books, in every civilized country.

* * *

THE death last week of Sir Anthony Panizzi, whose name must be familiar to every lover of literature, has met with very widespread expressions of regret. Long will his name be identified with the British Museum, the Library of which owes so much to his energy and vigilance, while students in that magnificent collection have cause to remember with gratitude the comforts and conveniences he was the means of providing for them. Sir Anthony retired some little time ago, on a full pension, which was granted in consideration of his valuable literary labours, and was at the time of his death in his 82nd year.

* * *

*Cassell's Natural History*, under the editorship of Dr. Duncan, F.R.S., is one of the most complete works of the kind before the public. Natural history is always attractive, and especially in this case, where the text is written in a chatty style, and the illustrations are good. The April number is particularly good, it deals with porcupines, chinchillas, agoutis, hares, rabbits, and the Order Edentata or Bruta (animals without front teeth.) A very instructive chapter is also given on "Fossil rodents."

* * *

NEW editions of the following works have appeared during the past month:—"The Mystery of Pain," by Mr. James Hinton, F.R.C.S. "The Chemistry of Common Life," by Mr. J. W. W. Johnston. "Diphtheria: its Nature, Causes and Treatment," by Dr. R. Hunter Semple. "Diphtheria: its History," &c., by Dr. W. Morgan. "Text-book of Practical Medicine," by Dr. Von Niemeyer (Translation). "The Common Sense Management of the Stomach," by Dr. G. O. Drewry. "Notes on Rheumatism, by Dr. Julius Pollock. "The Diseases of Tropical Climates," by Dr. J. A. B. Horton. "The Pathology of Mind," by Dr. Maudsley. "The Dispensatory of the United States," by Drs. Wood and Bache. "The National Dispensatory," by Drs. Stillé and Maisch. "Fistula, Hæmorrhoids," &c., by Mr. William Allingham, F.R.C.S. "The Elements of the Anatomy and Physiology of Man," by Mr. Bale, M.A.

* * *

THE following new works were published during last month. Dr. Billroth, on "General Surgical Pathology and Therapeutics." 51 lectures. Translated by C. E. Hackley. Dr. Blake, on "Sewage Poisoning." Mr. De Lacy Evans: "Can we Prolong Life?" Surgeon Major A. Gore: "The Story of Our Services under the Crown: an Historical Sketch of the Army Medical Staff." "Health Primers:" No. 5.—Baths and Bathing. No. 6.—Personal Appearances in Health and Disease. Dr. Humphry: "The Hunterian Oration for 1879." Dr. Khory Rustornjee: "Digest of the Principles and Practice of Medicine." Dr. Klein: "Atlas of Histology." Parts I. II. Dr. D. Hayes Agnew: "The Principles and Practice of Surgery," Vol. I. "Plague (The) as it Concerns England. Compiled from Official and other Sources." Dr. Roth: "On the Neglect of Physical Education and Hygiene." "Transactions of the Obstetrical Society," Vol. 20. "Mr. Walter Tyrrell: "On the Use of Strychnine in Epilepsy and Kindred Nervous Affections." Dr. Wood: "On Insanity and Lunacy Law."

* * *

IN order to stem the tide of pernicious literature, which for some years has been steadily increasing, with the inevitable result of debasing the minds of the young in our great cities, the editor of that extremely useful serial the *Leisure Hour*, has started a new magazine for boys called the *Boys' Own Paper*, for which he craves the assistance of the press, and of those who have the welfare of the rising generation at heart. So far as our columns may be of service, he has our heartiest support. The magazine is of high moral tone and healthful reading, and as its "get up" is beyond the chance of profit, the attempt deserves the sympathy of all right-minded people. Our readers can also do their part, when they notice those debasing publications which are legion, in the homes of the poor. Here is a magazine for one penny which they can honestly commend to their poorer patients as a substitute for the wretched trash represented by such publications as the *Boys of England*, *Young Britain*, the *Illustrated Police News*, &c. One of the great religious societies is, we believe, responsible for the venture, and we congratulate that body upon spending a portion of their funds in so useful a way.

# Transactions of Societies.

## MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

DR. C. J. NIXON exhibited

THE THORACIC VISCERA OF A BOY, ÆT. ELEVEN, WHO SUFFERED FROM CYANOSIS DEPENDING UPON A CONGENITAL MALFORMATION OF THE HEART.

Whilst under observation in hospital a pyrexial condition developed itself, the lung became congested posteriorly, the boy had repeated attacks of general convulsions, with loss of consciousness, during one of which he died. The sounds of the heart were free from murmur, but very markedly accentuated.

The post-mortem examination of the thoracic viscera revealed the following results:—The heart is considerably enlarged; it weighs 8¾ oz. and is somewhat square in shape, there being no distinct apex. The conus arteriosus forms a remarkable prominence which is abruptly constricted by the root of the pulmonary artery. This prominence gives the appearance of great enlargement of the right ventricle. Examining the different cavities in order it is found that the right auricle is very much dilated and that its walls are hypertrophied; the auricular appendix is stunted in appearance, but it shares in the thickening of the walls of the auricle. The fossa ovalis is of an unusually large size; it is minutely cribriform at its upper part, whilst at its anterior margin a longitudinal, oval slit, with finely bevelled margins, exists. The slit can only be observed by traction of the septum in a transverse direction, otherwise it is so completely closed that it would seem not to have been traversed by a current of blood. The opening of the superior cava is of normal size, whilst that of the inferior cava is greatly enlarged and deficient in any trace of a Eustachian valve. The opening of the coronary vein is of normal size, and it is guarded by a fairly-developed valve of Thebesius. The cavity of the right ventricle is greatly enlarged. It presents a very singular appearance from the number of openings in connection with it, and from the hypertrophied condition of the carneæ columnæ and musculi papillares. The auriculo-ventricular opening is of normal size. The column of King and the moderator band are remarkably hypertrophied. The direct continuation upwards of the ventricle ends in the aorta, which, owing to a deficiency in the upper part of the septum ventriculorum may be seen to spring also from the left ventricle. The septum is very much thickened below, gradually becoming thinner towards its upper part, where its margin is smooth and wedge-shaped. A circular aperture, with a smooth, thin margin, admitting of a second communication between the two ventricles, exists at the upper and back part of the septum; it admits with ease the tip of the little finger. What may be

described as a supernumerary ventricle is found springing from the upper part of the great cavity. A smooth, circular aperture, admitting with ease the extremity of the thumb, leads into a cavity about the size of a walnut. This cavity is constricted somewhat at its middle, and posteriorly, by a transverse ridge, partly muscular and partly membranous; the upper portion is rough from the presence in it of corneæ columnæ, the endocardium presenting in parts a white, rugose appearance, from fibroid degenerative change. Above, the cavity ends in front in a muscular cul-de-sac—the conus arteriosus—whilst posteriorly it leads to the root of the pulmonary artery. The orifice of the artery is found to be completely closed by the intimate union of the margins of the semi-lunar valves. There are only two pulmonic valves, one being situated to the right and the other to the left side. The segments are perfectly smooth and form a dome, the convex portion of which projects into the artery. In the centre of the dome there is a deposition of rough lymph which in parts has undergone calcareous degeneration. No communication existed between the artery and the ventricle until a small probe was passed with some force through the fibrinous plug occupying the centre of the diaphragmatic valve. If there have not been complete atresia of the pulmonary artery during life, the opening certainly could not have admitted more than an ordinary-sized pin through it. Beyond the ostium the pulmonary artery is reduced in size, but its divisions are apparently of nearly their normal calibre, but the coats of the vessel are greatly thinned. The ductus arteriosus is a fibrous cord; it is perfectly closed.

The left side of the heart forms apparently about a fourth of the entire organ. The cavity of the left auricle is small, that of the auricular appendix especially so, and the four pulmonary veins are about one-half their usual size. The left ventricle is greatly diminished in size, and its walls are much thinner than those of the right ventricle, in the proportion of about 2 to 3. The aorta is displaced to the right, or rather the left ventricle is pushed to the left by the hypertrophied and dilated right ventricle, so that the aorta seems to spring directly from the latter. The aortic semi-lunar valves are normal in appearance and number. Two of the segments, when turned upwards, cover the mouths of the coronary arteries. The aorta diminishes unusually rapidly in size, the middle portion of the thoracic aorta admitting barely the tip of the little finger. The origins of the great vessels from the arch are peculiar in being quite close to each other. The lungs are small; they weigh 17¾ oz. Both were consolidated at their posterior portions. The right lung has only two lobes. At the roots of the lungs the pulmonary veins are found to be small in size, the pulmonary and bronchial arteries are comparatively large. Looking at the specimens it would seem that the afferent pulmonary circulation was carried altogether by the bronchial arteries. I am unable to say whether there existed any collateral circulation through branches of the subclavian arteries, or through the œsophageal arteries, as has been observed in cases of cardiac malformation similar to this one brought by me before the Society.

Dr. Nixon made some comments upon the etiology of the condition of the heart exhibited, and upon the views entertained as to the cause of cyanosis. He accepted the view of Louis that the latter was due to a blood stasis in the capillary circulation. Attention was also drawn to the absence of tuberculosis in the lungs, although Lebert points out its special dependence upon atresia of the pulmonary artery.

**Stewart Institution for Imbecile Children, Palmerstown, Co. Dublin.**—During the past year the donations and subscriptions contrast favourably with those of the preceding year; while in addition a sum of £440 was obtained from a bazaar held in May, 1878. The new buildings having been finished, the inmates of the institution at Lucan were removed last January to their present locality at Palmerstown. One portion of the building is utilised for the accommodation of imbecile and idiotic children, and the remainder for the reception of lunatics from among the middle classes. This latter has produced a clear profit during the past twelve months of close on £1,000. The institution is a most deserving one, its avowed object being to educate as far as possible a most pitiable class of the community, some of whom must otherwise remain wholly dependent on the assistance of others.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 16, 1879.

## DIPHTHERIA AND CROUP.—I.

THE elaborate Report of the Committee of the Royal Medical and Chirurgical Society, the late and prospective debates of the Fellows of this Society, and the sad bereavements which have been experienced by the Royal family in Germany, will probably induce the profession to give more than usual attention to the nature and treatment of croup and diphtheria, and especially to the question of their mutual relationship.

The Report embraces the consideration of the cansation of these diseases, the conditions of their occurrence, the course and symptoms of individual cases, and a summary of conclusions arrived at by the Committee. But not the least valuable part of the Report is the Appendix, wherein the reader will find a digest of replies to queries that were largely circulated by the Committee, the history and early literature of the subject, an historical sketch of anatomical distinctions which have been drawn between croup and diphtheria, a history of the anatomy of diphtheria in England and in Germany, and the tables of cases, with remarks, collected respectively by Drs. Dickinson, Hilton Fagge, and Gee.

We may remark, *in limine*, that it is now long since the doctrine of the identity of the two diseases was first advanced. Bretonneau contended for the diphtheritic nature of croup, and his opinion was afterwards adopted by Trousseau, Guersant, Barthez, and other French physicians. Until recently this doctrine was repudiated by almost every English medical writer. The late Dr. Hillier, however, advocated it in 1862, and since then Dr. Johnson, Dr. Semple, and Sir J. A. Cormack have main-

tained it; while Sir W. Jenner has withdrawn his previously expressed opinion that the two complaints are distinct. But whatever may be the result of the prolonged discussion that is likely to take place at the Royal Medical and Chirurgical Society, a careful perusal of this Report makes it evident to us that the opinion of its Committee, and the balance of opinion among the many practitioners to whom they addressed their queries, are more or less in favour of a distinction between these two diseases. The Committee appear to have shirked the responsibility of giving a very definite opinion on the subject. Their decision is somewhat evasive. Nevertheless, there is, to our mind, only one way of interpreting the following statement. "The most marked division indicated by the facts before the Committee is, that between membranous and non-membranous laryngitis. The Committee suggest that the term *croup* be henceforth used wholly as a clinical definition implying laryngeal obstruction occurring with febrile symptoms in children. Thus croup may be membranous or not membranous, due to diphtheria or not so. The term *diphtheria* is the anatomical definition of a zymotic disease which may or may not be attended with croup." (The italics are the Committee's.)

If this be not virtually admitting that there are two distinct diseases, one of which should be called croup and the other diphtheria, we are, indeed, dull at comprehending language which appears to us sufficiently intelligible. It is true that the Committee in the next sentence proposes that, to avoid confusion, the term membranous laryngitis should be employed where the case allows of its application, but this does not alter the opinion we have just quoted. It is, moreover, to be observed that, in drawing their conclusions on the subject the Committee do not appear to have taken into account those large numbers of cases in which croup is not attended by any membranous exudation, but in which there is undoubtedly an inflammatory condition of the larynx and trachea, accompanied by the well known symptoms of that disease. Had the Committee taken this fact into consideration the decision they arrived at might have been more definite than it is. Whatever may be said to the contrary, we are convinced that the mass of facts and opinions on which the Committee had to base their decision was not such as would warrant them in declaring that so-called croup and diphtheria are one and the same disease.

They have not obtained any evidence that will show that the causes and conditions of the two diseases are the same. With regard to the respective conditions giving rise to croup and diphtheria, the Committee obtained "but little exact information."

Assuming that the two diseases are distinct, hygienic conditions may be presumed to play a very important part in the production of diphtheria compared with their operation in the case of croup. Yet on this question, especially as regards croup, the only information we have is given in the analysis of replies to queries, and this is so meagre as to prove very little either one way or the other. On turning, however, to the analysis we find that while a great many practitioners testify to the promotion of diphtheria by insanitary conditions, there is no evidence adduced to show that these same conditions favour the occurrence of croup. With regard to the influence of exposure to cold and wet, which on *à priori* grounds may be assumed to be an important factor in the production of croup, but not of diphtheria, the Committee state that "notwithstanding urgent and repeated appeals no single case of membranous exudation in the larynx resulting from exposure to cold has been furnished to them." But on turning to the Appendix and Digest of Replies, we find Sir George Burrows stating that he has frequently seen croup arising from a definite exposure to cold. Dr. Long Fox says: "Very many times in my practice has croup been referred to damp and cold." Dr. Grigg expresses a belief that croup always arises from wet and cold. Dr. O'Neil, of Lincoln, states, "that he has generally made out, satisfactorily to himself, that the occurrence of false membrane limited to the trachea was due to exposure to cold or other causes of ordinary inflammation." Dr. Ranke, of Munich, says "that he has seen, in addition to the cases of diphtheritic croup also cases occurring spontaneously and sporadically, where no other cause for the disease could be assigned than exposure to cold." Dr. Trend, of Southampton, says: "To my knowledge I have never seen croup arise from the specific poison of diphtheria, but I have frequently traced it to exposure to cold." Mr. Stretton says: "I never attended a case of croup without clear evidence as to cause in careless exposure or vile dietary errors;" and lastly, Mr. Sansom says that he has never seen evidence which is contrary to the conclusion that false membrane limited to the trachea takes its origin from exposure to cold or causes of ordinary inflammation. With these replies before them, we think the Committee were scarcely warranted in saying "that mere exposure to cold and wet appears to be a remarkably infrequent cause of membranous laryngitis." No doubt it will be said that many of the answers to their queries had reference to cases which were not obviously attended with membranous exudation; but, we would ask who would contend that typical cases of so-called croup should be limited to those cases in which there was ocular proof of this exudation? The exclusion of non-membranous cases of croup, appears to us a serious defect in an otherwise elaborate and able Report, and is, moreover, hardly fair to those who support the dual theory of these diseases.

With regard to the "course and symptoms in individual cases," there was little evidence before the Committee. "Very great difficulty," they say, "has been felt in dealing with the subject on account of the want of any marked symptom or criterion by which provisionally to separate the cases for inquiry." But this statement is rather inconsistent with the fact that in their first circular of inquiries, they had for the guidance of the referees, presented clinical definitions of the two diseases respectively. There was, however, evidence to show that *suddenness* of onset is apparently a characteristic rather of the non-membranous form of laryngitis than of any special class of membranous laryngitis—that although *albuminuria* occurs in both classes of cases, it is relatively much more frequently absent in those of laryngeal exudation only—and that, with respect to paralysis (of the soft palate, &c.), although this symptom is not such a frequent complication of diphtheria as is generally supposed, yet

"no case of paralysis following membranous laryngitis has been reported to the Committee, or come under their notice."

If, however, the facts before the Committee were not so decisive of the question at issue, nor so numerous, as we had reason to expect, we cannot say the same of the majority of opinions expressed by the several medical practitioners to whom the Committee has addressed its queries. To the question, "If you believe the two diseases to be identical in nature, on what reasons do you chiefly rely in forming your opinion?" "only a few state their belief that the two diseases are identical;" while "there is," says the Committee, "a large numerical majority of those who express a belief that membranous croup is not in all cases to be ascribed to diphtheria." With regard to the individual answers, we can now select only one or two from respondents, whose replies are, from their position or their large experience, specially worthy of attention. Dr. A. E. Sansom, who has had large experience at the North-Eastern Hospital for Children, as well as in private practice, with much reason and justice protests against the definition which renders the demonstration of false membrane during life, or after death, a *sine qua non* for the diagnosis of true croup. He regards the two diseases as distinct, and says that the diagnosis of diphtheria from croup is "afforded by—(*a*) the profound adynamia; (*b*) the secondary inflammation and enlargement of the neighbouring lymphatic glands; (*c*) the appearance of diphtheritic false membrane upon any wounded surfaces; (*d*) the infiltration of tissues contiguous to this membrane, with sloughing of the soft parts; (*e*) the occurrence of various nerve paralyses at a later period of the disease—paralyses which I have never seen in the cases which have recovered from imminent death from croup, attended with abundant tracheal false membrane; (*f*) the proved contagiousness of diphtheria; not a single case of contagion has been observed by me in true croup."

It is also held by those who make a distinction between the diseases, that the treatment which is successful in the one class is not so in the other; that the one requires an antiphlogistic, the other a stimulant, treatment. Several practitioners testify to the infectious character of "croup" when of diphtheritic origin, and the comparative absence of infection in other cases. Dr. Wells says that his experience does not lead him to conclude that these diseases are identical in nature, and among other grounds of distinction, states that diphtheria, in contra-distinction to croup, affects subjects of *all* ages, and is exceedingly contagious. The late Dr. Laycock sums up his experience by saying, "I have been Clinical Professor for twenty-one years in the University of Edinburgh, and I have had to weigh the evidence given on both sides of the question. I have come to the conclusion that the two diseases are wholly different . . . . Diphtheria is a highly proteiform disease, and is manifested in every degree of severity according to the state of the individual and his surroundings. On the other hand, croup is not proteiform, but is—croup." The reply of Dr. Wilks to the queries of the Committee are of a very reserved and cautious nature, but he is not prepared to deny the difference between the two diseases. He denies that the proof can lie in the consideration of symptoms or anatomical changes it must be founded on clinical observation over a long series of years. "If it be found that a large number of cases of membranous croup occur in isolated spots without the presence of marked diphtheria in the neighbourhood, and in these cases there be no albuminuria or other marked constitutional disturbance, I see no reason why they should not be regarded as of idiopathic origin."

Such are the main facts and opinions elicited by the Committee of the Royal Medical and Chirurgical Society. That they show, as far as they go, a large balance of evidence in favour of croup and diphtheria being two distinct diseases, no impartial reader would, in our opinion, venture to deny. We have, however, already exceeded our usual limits, and therefore must postpone to another occasion any further remarks we may have to make, either on the Report itself, or on the discussion to which it has given rise.

# Notes on Current Topics.

## The Serious Charge against a Medical Man.

THE profession will, one and all, deeply regret that Mr. Adam Addison has been found by the coroner's jury guilty of wilful murder, and that there are no "extenuating circumstances" which can enlist the sympathy of his professional brethren. Of course, the case is not finally settled, but there is too much reason for believing that abortion was criminally produced, and that the woman Robinson died in consequence thereof. There was not, however, very strong proof that death was caused by the induction of abortion, and therefore, it is to be hoped that a more searching inquiry will throw further doubt upon the supposition that death was directly and solely caused by the performance of that operation. One thing is quite clear, namely, that a post-mortem examination discovered no marks of violence, and that the operation was as skilfully performed as if it had been done by any other practitioner in the conscientious discharge of his duties. To the profession generally the case is interesting as showing that the the mere induction of abortion is in itself by no means free from danger, that it should be practised only under the most pressing circumstances, and when the sole alternative is between that, and a far more dangerous, operation.

## The London Temperance Hospital.

SIR WILFRID LAWSON, M.P., has accepted the invitation of the Board of Directors of the London Temperance Hospital to lay the memorial stone of the new buildings in Hampstead Road, on Thursday, May 8th, and the Directors have received intimation that Sir Wilfrid will be supported on the occasion by Sir T. Chambers, Sir T. Bazley, Sir A. Lusk, Colonel Beresford, Dr. Cameron, Messrs. Barran, Jacob Bright, T. Burt, W. Ewart, J. D. Hutchinson, W. H. James, A. M'Arthur, E. Noel, G. Palmer, W. Rathbone, H. Richard, W. Shaw, A. M. Sullivan, B. Whitworth, and other members of Parliament, Canons Ellison and Fleming, Vice-Admiral Sir W. King Hall, and many other promoters of the temperance cause.

The contract price of the new buildings is £11,835, towards which the Governors have received £9,500, and they have issued an appeal asking the supporters of the movement to enable them to open the building in the next autumn free of debt.

It is evident from the above that the system of treating all diseases on "total abstinence" principles is receiving a good deal of support. No doubt the movement is a great experiment, the very novelty of which is calculated to attract the attention and sympathy of the public. We would also wish it every success, were it not that the prospective results of the experiment must necessarily be of an *ex parte* character. The total abstinence treatment may show what can be done without the use of alcoholic stimulants, but it cannot show what good might result from the temperate employment of such stimulants, simply because the plan pursued at this hospital precludes any comparisons being made between the alcoholic and non-alcoholic treatment of disease. The practice, however, at this institution presents a wide and new field of observation, and we hope that the authorities will profit by the opportunities presented to them.

## Treatment of Asthma by Iodide of Potassium Spray.

Dr. Evrard, of Orsennes, has obtained very satisfactory results, in a severe case of asthma, from the use of a spray of iodide of potassium. The patient, a man thirty years of age, had suffered for eight months from daily attacks of asthma, and had also been subject to chronic bronchitis for five years. At the time the treatment was begun he had three or four attacks a day, and was reduced to a pitiable condition. After assiduous use of the spray for eight days, the asthmatic attacks had almost entirely ceased. Eighteen months have elapsed since then, but the patient has continued to use the spray and the attacks have not recurred. The strength of the solution used was 1 to 20. The periods of inhalation were short, but frequently repeated; the quantity of the drug thus administered by the bronchi being about the same as that given internally by Professor Sée, namely, 1·5 to 3 grams. (23—46 grains) per day.

## The Royal Hospital for Incurables, Putney Heath.

We hope that the charge which has been brought against this institution will not be substantiated by further investigations. The amount paid into the hospital for his maintenance, Mr. Stringer states, was £80 a year, derived out of the interest of a sum of £16,000 invested in the East India Four per Cent. Stock, one-fourth of which he was entitled to. Mr. Stringer positively states he was only informed a few days ago that there was any hitch in regard to the payment for his maintenance, and that he would therefore be required to leave the hospital. He pointed out that he had no funds in his own possession, and asked for a fortnight or even a week's delay in order that he might communicate with his trustees, bnt this was not granted to him. To be turned out of the hosp al under these circumstances and after being an inmate for three or four years is, if true, an act of great inhumanity as well as a great blunder. A long letter has been written to the papers by the secretary of the hospital, but it does not expressly deny the main charges that have been made against the authorities of this charity, and is far from disproving the injustice of the public censure that has been passed upon the board of management.

## False Calabar Beans.

The *Pharm. Zeit.* says that during October last two different kinds of beans were offered in the London market as Calabar beans; one of them was the seed of *Entada scandens*, which are circular, one to two inches in diameter, about one-third of an inch thick, and have a very small hilum; the other was the seed of a species of *Mucuna*, about three-quarters of an inch broad, a quarter of an inch thick, and provided with an extremely large hilum, passing nearly all around the bean. Genuine Calabar beans were scarce.

## Assimilation of Cod-Liver Oil.

Physicians attached to the staff of the Episcopal Hospital in Philadelphia have recently been conducting a series of observations on the assimilation of cod-liver oil, and in cases where no marked effect has followed its use the oil has been found in the fæces; on the other hand, cases in which the oil did not appear in the stools were such as gained flesh under its use.

## A Doubtful Gynæcological Fact.

The Reedville, N. C., *Times* has the following:—Aunt Phillis, an old negro woman, living at Biggus Powell's, six miles below Yanceyville, has just given birth to twins. Phillis is sixty years of age. This remarkable old woman stoutly persists that they had no father. There is an excellent mineral spring on Mr. Powell's land, and the old woman insists that it all came from drinking Mr. Powell's mineral water.—*Medical and Surgical Reporter*, March 8, 1879.

## Homœopathists and the Plague.

At the last meeting of the British Homœopathic Society, Dr. J. C. Burnett, after reading a paper on the plague, moved, "That a committee of this Society be formed to diagnose the medicines most homœopathically indicated for this disease, in order that the profession may be ready for its possible approach." A committee was appointed for the purpose, and it is said that a similar step is being taken by the Homœopathic Society of Paris.

We all hope that the plague will be kept from our shores, but perhaps the homœopathists would regard its presence as a fine opportunity of showing their strength in combatting a disease in the cure of which the regular faculty has confessed its impotence. What, in fact, could be a more crucial test of the superiority of their system than to see the plague-stricken patient, who has only a few hours to live, gradually rally under the magic influence of those little globules—wake up, indeed, like Lazarus from his grave, and confound all the unbelieving allopathists

around him? What a wholesale conversion of the people to the tenets of homœopathy would then take place! Chemists would have to shut up their shops. Conversion to the new faith, or absolute ruin, the only alternative for the allopathist. Anatomy, Physiology, and Pathology, would be at once divorced from practical medicine; and symptomatology alone reign supreme. Verily, we are surprised that some enterprising homœopathists did not long ago pack up their traps and visit those plague-stricken districts where people have perished by thousands, and whole villages have been depopulated by a disease which *we* cannot cure. We are, moreover, astonished that the above philanthropic announcement was not made before. Perhaps the little risk there is now of the plague reaching us has made the homœopathists unusually bold in their pretensions. Perhaps if we had the misfortune of witnessing an epidemic of this formidable malady, a judicious silence would mark the behaviour of these practitioners under circumstances so trying.

## Employment of Crude Petroleum in Affections of the Respiratory Passages.

In the *Journal de Médécine et de Chirurgie*, mention is made of a communication sent to the Société de Thérapeutique by M. Blache, in which he gives the results of certain diseases of the lungs treated with crude petroleum. This remedy is commonly known under the name of *huile de gabian*. The therapeutic properties of petroleum are known in the refineries, and a refiner who used to distribute a medicinal dose of this substance to his workmen, remarked that they rarely complained of thoracic affections, and that the emanations of petroleum affected an amelioration of the symptoms in those who were suffering from lung mischief. In the first place M. Blache remarked upon the innocuity of crude petroleum, and cites as an instance a workman who accidentally swallowed 200 grammes, and who suffered only from nausea and diarrhœa. The workmen who use petroleum regularly take a teaspoonful of it before each meal; a little nausea is experienced on the first day of administration, but toleration of the pseudo-drug is established on the second. Those who take it morning and evening in tablespoonful doses often suffer from diarrhœa, but it has never gone so far as to oblige cessation of the medicine. Refined petroleum, which has been treated with sulphuric acid, and of which it always contains a trace, acts quite differently, having been completely modified in its constitution. M. Blache has administered capsules containing 35 centigrammes of the crude petroleum, with the following results:—In chronic bronchitis, where expectoration is abundant, it rapidly produces an important manifestation; there is diminution in the secretion, and less frequency of the fits of coughing, which result from the disease. In asthma like results are obtained from the disappearance of the dyspnœa. In simple bronchitis *huile de gabian* has produced rapid amelioration of symptoms, and the disease has often been checked before entering into the second stage. In phthisis, there is a diminution and modification of the expectoration, but experiments in these cases have not been made long enough for one to pronounce positively on this head.

## Another Anti-Vaccination Journal.

We have received the first number of another organ of medical dissent, entitled *The Vaccination Inquirer*, to be issued monthly, price 2d., and having for its object the instruction of the public in the iniquities of the Vaccination Laws, and the evils and uselessness of vaccination in general.

There is now-a-days such an abundant supply of cheap literature of all kinds, and so few there are who cannot read and write, that taking human nature as it is, it is not a difficult matter to prejudice the minds of the public against any existing practice, however well-founded and proper that practice may be. Such is the natural credulity of mankind, that it has always been, and always will be, possible to induce a certain portion of a community, whether educated or not, to adopt peculiar views on any subject on which they are not well-informed. It is only necessary that the new movement, dogma, or whatever it may be, should be announced with all the effrontery and confidence of which the enterprising agitator is capable. All the resources of the proselytising enthusiast must be brought to bear upon the ignorant or weak-minded. No exaggeration can be too great, no fact can be too grossly misrepresented, no statement can be too scandalous and unwarrantable, no invective too furious, for those who wish to arouse the indignation, or to work upon the credulity of the public.

Hence, while publications like *The Vaccination Inquirer* can do very little good, they may, we fear, do much harm. Were this journal to confine itself to the question of making some alteration in the penal clauses of the Vaccination Acts, we should have little fault to find with it; but as its object is to get up a public opinion in favour of abolishing the practice of vaccination altogether, we hope that it will be repudiated by all sensible and honest men.

## The Length of the Fœtus.

Dr. Delabout, of Rouen, has found out a rule for conveniently remembering the length of the fœtus according to its age, which, although only indicating the means, is applicable to the great bulk of cases. For the first six months of intra-uterine life the length at different ages is indicated in centimetres, by the square of the numerical figure of the corresponding month. At the end of the first month the fœtus measures one centimetre; the second month, four; the third month, nine; the fourth month, sixteen; the fifth month, twenty-five; and the sixth month, thirty-six centimetres. For the three last months the increase is from four to five centimetres per month. So that at the seventh month it is forty centimetres; at the eighth month, forty-five; and at the ninth month, fifty centimetres.

## An Improved Blister.

The custom of camphorating blisters, with a view of preventing evil consequences from absorption of cantharidin, giving rise to many disappointments, it is pretty certain, by this time, that camphor is useless for such a purpose. Mr. Guyot Dannecy, who has had a large expe-

rience as chief pharmacist of the Bordeaux hospitals, has for several years employed sodium carbonate or bicarbonate in place of camphor, and finds it to be much more effective. He prepares blisters as follows :—

After the blister has been spread in the usual manner, it is sprinkled over with a mixture of equal parts of sodium carbonate and cantharides, in powder, and the mixture caused to adhere by pressure with the palm of the hand (a sheet of oiled paper being interposed) ; the whole blister is then covered with oiled silk.

## Monobromated Camphor as a Hypnotic.

FRANKHAUSER, in the *Deutsche Medicin. Woch.*, recommends monobromated camphor as a hypnotic in cases in which the narcotics proper are not borne, or in which they have lost their efficacy from long use. The doses required to produce sleep (he gives generally 2 to 2½ grains in powder) are entirely harmless ; unpleasant effects—such as a feeling of fulness in the head, nausea, excitement—occur but rarely, and even then are only transitory. In most cases the drug is well borne, even though gastric catarrh, cardialgia, &c., exist. The hypnotic effect follows rapidly, as a rule ; and in many cases, even when the drug has been used repeatedly, lasts for a considerable time. In other cases it passes off in a relatively short period. In some cases these small doses refused to produce sleep, but it is probable that larger doses would have been more successful. Three and three-quarter grains, and even more, have been given without injury.

## A New Remedy for Dysentery.

ACCORDING to the *Indian Medical Gazette* a new and very efficacious remedy for dysentery has been found, which, if somewhat inferior to ipecacuanha, possesses the advantage over it of being free from nauseating effect. It is the root of a plant called Rungun in Bengalee, and found to belong to the genus *Ixora* of the natural order Cinchonaceæ. The species that have been tried are the *I. Bandhuca* and *I. Coccinea* (Rhoxb.). The plant is a very common one, and is most efficacious when employed in its fresh state. An extended trial of its efficacy has been directed by the surgeon-general.

## Iodoform as a Local Application in Syphilitic Ulcers.

DR. MRACEK, of the Vienna General Hospital, recommends the following combinations of iodoform for local use in syphilitic ulcers, mucous patches, gumma, ulcerations, buboes, &c.

℞ Iodoform, spirits vini., of each 1 part ;
Glycerine, 5 parts.

℞ Iodoform, 1 part ;
Vaselini ung., 5 parts. Make a salve.

℞ Iodoform, 1 part ;
Ether, 10 or 15 parts (collodion).

℞ Iodoform, 1 part ;
Sacch. alb., 3 to 4 parts. Make powder.

After applying either of these formulæ the surface is covered with a pledget of lint, held in place by an adhesive strip. The dressing remains twelve to twenty-four hours. The smarting ceases in a few minutes ; in three to four days granulations spring up, and in six days cicatrisation is established.

## Hæmorrhage of the Encephalon assigned to Iodide of Potassium.

WE learn from our contemporary, the *Progrès Medical*, that iodide of potassium has been blamed for producing hæmorrhage. M. Hallopeau relates, that a patient, æt. 30, syphilitic, had been taking for some time the iodide. Purpura hæmorrhagica first came on, then hemiplegia, which M. Hallopeau believes he might attribute to the protracted use of the iodide.

THE rates of mortality in the principal foreign cities, according to the most recent weekly returns, were—Calcutta 31, Bombay 40, Madras 35 ; Paris 34 ; Geneva 26; Brussels 31 ; Amsterdam 29 ; Rotterdam 28 ; The Hague 28 ; Copenhagen 29 ; Stockholm 25 ; Christiania 15 ; St. Petersburgh 51 ; Berlin 25, Hamburg 23, Dresden 23, Breslau 28, Munich 40 ; Vienna 36, Buda-Pesth 48 ; Naples 35, Turin 27 ; Venice 31 ; Alexandria 39 ; New York 26, Brooklyn 20, Philadelphia 16, and Baltimore 19. The 1,297 deaths in Paris included 32 from small-pox, 39 from typhoid fever, 29 from measles, and 28 from diphtheria.

THE death-rate in the principal cities and large towns of the United Kingdom continues to be above the average for this period of the year, which is probably accountable from the prevalence of east winds. Norwich heads the list as the most healthy city, Wolverhampton the most unhealthy with a death-rate of 36 per 1,000, Edinburgh gives an average of 21, Liverpool and Glasgow 26, London 28, Manchester and Bristol 30, Birmingham, 31, Dublin 32 per 1,000 of the population.

DISEASES of the zymotic class are perhaps less prevalent than usual at this season, if we except whooping-cough, which showed last week a serious mortality in Manchester and Sheffield. Scarlet fever is slightly in excess in Leeds, Newcastle and Sunderland, whilst the high death-rate in Wolverhampton is attributable to measles, which may be said to be epidemic in that town. Small-pox caused 9 deaths in Dublin last week, and 17 in London.

DR. RISDON BENNETT was last week re-elected President of the Royal College of Physicians of London for another year.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

CHAIR OF BOTANY IN THE GLASGOW UNIVERSITY.—For this Chair, vacant by the removal of Professor Dickson to Edinburgh, there are two candidates at present in the field, viz., Dr. Isaac Balfour, who unsuccessfully contested the

Edinburgh chair, and Dr. James Stirton, of Glasgow. Dr. Stirton is well known as an enthusiastic and accomplished botanist, and his numerous friends must wish him success.

THE CURE OF ANEURISM.—At a meeting of the Glasgow Pathological and Clinical Society, held on the 11th ult., a discussion took place on the "Cure of Aneurism." Several speakers testified to the value of the iodide of potassium treatment, and others asserted that cases of aneurism had actually been cured thereby! If this be really a fact, it is difficult to explain the *modus medendi*, and the century has not been passed in vain so far as the science of therapeutics is concerned.

STIRLING PRISON — APPOINTMENT OF SURGEON. — Dr. James Forrest, Stirling, has been appointed surgeon to the Strirling Prison, in room of his late father, Dr. W. H. Forrest.

UNIVERSITY OF EDINBURGH.—At the last meeting of the Senatus of this University, a Scholarship of the value of at least £20 per annum was accepted in memory of the late John Coldstream, M.D., F.R.C.P. Edin., for a medical student destined for missionary service in the home or foreign field. The scholarship will be open to competition to students properly qualified, the students of the Edinburgh Medical Missionary Society, with which the late Dr. Coldstream's name will ever be associated, having a preference. The first competition will be in October next.

GLASGOW DISPENSARY FOR SKIN DISEASES.—The annual meeting of this Institution was held in the new premises, Elmbank Street, on the 9th inst., Dr. John Pirrie presiding. The income for the year was £421 19s. 4d., to which had to be added £466 of subscriptions to the building fund. The total expenditure was £1,185 15s. 4d., leaving a deficiency of £297 15s. 2d. Deducting the amount of deficiency, the reserve fund amounted to £1,028 9s. 3d. The new institution is very elaborately finished, and with an appanage not very usual at charitable institutions—a page—in complete style, to direct the patients. A dispenser attends from one of the fashionable pharmacies of the city to dispense the medicine, which is supposed to be paid for.

ANDERSON'S COLLEGE DISPENSARY.—The first annual meeting of the subscribers to this Institution was held in the Religious Institution Rooms, on the 8th inst., Lord Provost Collins presiding. His Lordship stated that during the year 24,000 patients had visited the dispensary for treatment. The assistance given by the students of the Andersonian during the year was largely taken advantage of. Dr. A. M. Buchanan stated that 1,546 cases had been treated gratuitously in their homes during the year.

HEALTH OF EDINBURGH.—The health of Edinburgh continues favourable. Eighty deaths were registered last week, ending 5th inst., as against 75 of the previous week. No fewer than 13 country cases in the infirmary had to be deducted. No fatal case of infectious disease occurred in the old town, a most unusual occurrence. Of the 141 births 12 were illegitimate.

ABERDEEN UNIVERSITY COUNCIL.—The half-yearly meeting of this body was held in Marischal College Hall on the 9th inst., Principal Pirrie presiding. It was agreed to allow the report of the committee, anent the recent report of the University Commissioners, to lie on the table till next meeting. In referring to the appointment of a business committee, the Principal remarked on the loss the Council had sustained in the death of Professor Nicol, who had long been convener of that committee, and who had proved himself an excellent teacher and a valuable friend. Principal Brown spoke in a similar strain.

# Correspondence.

## ON THE UNITY OF POISON IN SCARLATINA, PUERPERAL FEVER, TYPHOID, DIPHTHERIA, ERYSIPELAS, &c.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to publish this link in the chain of this great truth. It is contained in a letter to me from a leading physician, who does not wish his name attached to what at present may seem to be heresy:—"In the cases you mention, of which I spoke to you, in which both fevers (scarlatina and typhoid) occurred in the one establishment, perhaps, speaking scientifically, we ought hardly say 'evidently traceable' to the sewage pollution; this might imply that they were actually and definitely traceable. My evidence is not quite complete, and I should not like to be more emphatic than, 'were apparently traceable.' It is, you know, highly important to distinguish between comparatively certain probabilities and actual facts. Although I believe that a close connection is to be traced between scarlatina and enteric, still I do not yet possess sufficient evidence to warrant me forming any very definite belief in a matter of such importance. While I hesitate to commit myself to any definite opinion, I am much inclined to believe that enteric and scarlatina may both arise from defective drainage, or a common source of sewage contamination. My reason for thinking so is, that I have frequently seen enteric appear in households in which scarlatina previously existed, and I have also known the two diseases, on more than one occasion, to exist coincidently in the same house. In some of these houses, moreover, there have been sanitary defects. Again, I have been struck with the great clinical resemblance between the two fevers—for instance, enteric patients frequently present a rash, which is scarcely to be distinguished from scarlatina, and not unfrequently suffer also from sore throat, accompanied by redness and swelling about the soft palate and tonsils; while scarlatina cases often exhibit an affection of the intestines, strikingly similar to that of enteric. I mention these cases as illustrating the difficulty which may exist in the diagnosis of these diseases from the post-mortem appearances."

The experience of many medical men will be corroborative of the above facts, with which are in accord both Dr. John Harley's and my own investigations and observations, carried out clinically and pathologically, and which seem to me day by day, as new facts are accumulated, to evolve the great truth of the unity of poison, differentiation of resultant phenomena or symptoms.

I am, Sir,
Your obedient servant,

G. DE GORREQUER GRIFFITH,
Senior Physician, Hospital for Women, and
Consulting Physician Accoucheur to
St. Saviour's Maternity.

9 Lupus Street, Belgravia.

## THE PROLONGED AND CONTINUOUS USE OF CHLORAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Committee appointed by the Clinical Society "to investigate what deleterious effects follow the prolonged and continuous use of chloral in ordinary doses," before concluding their report, think it well, in view of the practical importance of the subject, to appeal to those members of the profession who have not as yet assisted in the inquiry to contribute their experience. They would venture to suggest to those who enjoy the special facilities for observation afforded by family practice, that facts bearing upon the question will be particularly acceptable from them.

Provided that the subject of the communication is the result of accurate observation, the mere circumstance that it is isolated, apparently inconclusive, and not of obvious importance, should not stand in the way of its being reported to the Committee. It must be remembered that it is only by the collection and comparison of a large number of such facts

that any useful conclusion can be arrived at, and the Report of the Committee will thus be valuable in proportion to the amount of aid which is rendered by the profession at large.

Printed schedules will be forwarded on application, and information in any form received by the undersigned.

I am, Sir,

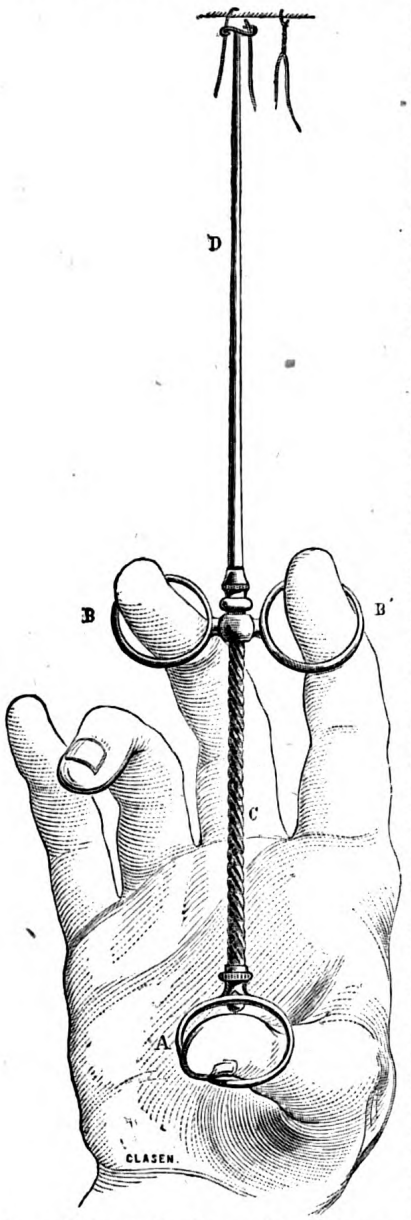
Your obedient servant,

R. FARQUHARSON, M.D., Hon. Sec.

# Novelties.

## FASTENING THE WIRES IN METALLIC SUTURES.

M. G. CLASEN, manufacturer of surgical instruments, Brussels, has laid before the Academy for approval, an instrument invented by him, to facilitate the fastening of the wires in metallic sutures, which may be seen at the establishment of Messrs. Mathieu & Sons, Paris.



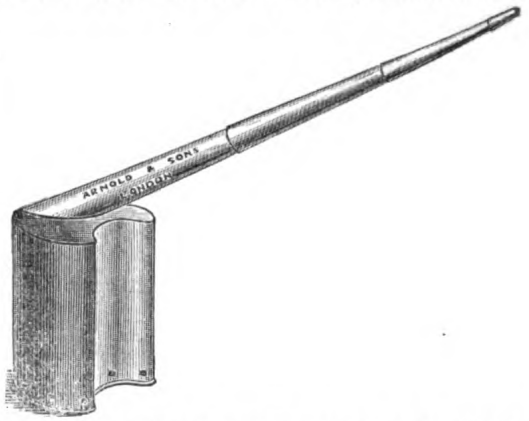

This instrument is composed of a stem, D, the upper portion of which is surmounted transversely either by the S of M. Marion Sims, or by a disc pierced with two holes; the lower part consists of a spiral stem, C, terminating in a movable ring, A. On this spiral stem a hollow screw is fitted, which is furnished laterally with two rings, B and B.

This instrument enables the operator to fasten the wires, both with rapidity and regularity. After having passed the ends of the wires either through the loops of the S, or, if the disc be employed, through the holes, he, while holding them in position with the left hand, draws down with the fingers of the right, the rings already mentioned, this imparts to the stem surmounted by the S, or the disc, a rotatory movement by which the ends of the wire are both drawn out and twisted.

## A NEW VAPORISER.

By W. L. SHEPARD, M.R.C.S., &c.

AN apparatus which can be used, either as a bronchitis kettle, an inhaler, or a portable vapour bath, that cannot get out of order, that can be refilled without moving from the fire, or stopping the generation of steam is, I think, likely to be useful to the profession, especially at this season. The woodcut sufficiently explains its very simple construction—it has no bottom, and when in use,




stands in any ordinary saucepan, so that, should it boil dry, the worst that can happen will be the spoiling of that receptacle. The top of the apparatus is closed, and on its inner surface enclosing the orifice of the steam-pipe, is a movable circular chamber having a perforated bottom, on which any drugs can be placed when it is wished to medicate the vapour. The crescent-shaped front permits of the saucepan being refilled without moving from the fire, and if boiling water be used, the steam is generated continuously. By removing part of the steam-pipe and affixing the mouth-piece, a very handy and efficient inhaler is formed. Placed over a gas stove or spirit lamp it can be used as a portable vapour bath. A not unimportant advantage is its trifling cost. The manufacturers and patentees are Messrs. Arnold & Sons, surgical instrument makers, London.

## WARNER'S SUGAR-COATED PILLS.

IT is of some importance that medicines should be administered in as small a compass, and in as palatable a form as possible. We therefore hail with pleasure any improvement that is made in this department of pharmacy. To some of these pills we have given a fair trial. They are elegantly prepared, the sugar coating being an especially grateful vehicle to fastidious patients, and we have found them to answer every purpose for which they are intended. We can, moreover, recommend the phosphorus pills, provided they are taken only under medical supervision, but venture to remark that some objection may be made to the manner in which Messrs. Warner & Co. have labelled them. To say that they are "a valuable remedy for lapse of memory, *impotency*, loss of nerve power, paralysis, &c.," may induce the public to resort to these pills without medical advice, and to take more than is good for them.

This firm has also prepared from the gizzard of the domestic fowl a new and excellent kind of pepsin, called *Ingluoin*. It is suitable for all those cases of gastric disorder for which pepsine is usually given, and owing to the well-known idiosyncrasy of the stomach, will be found to succeed when other similar preparations have failed.

THE Harveian Lectures will be given this year by Mr. Edmund Owen, "On Certain Practical Points in connection with the Surgery of Childhood."

## GUESS VERDICTS AT INQUESTS.

We referred a few weeks since to a verdict of suicide delivered by a Limerick coroner's jury upon the body of a medical man, there being not a shadow of reliable evidence as to the cause of death, inasmuch as no post-mortem examination was made, and the function of the medical witness was principally the searching for a poison bottle under the bed. We note a somewhat similar case this week at Omagh, where a man was pronounced to have poisoned himself with opium, there being not the least medical proof that he had ever taken an atom of opium. The medical witness swore that, "there was nothing noticeable about the appearance of the body," nor "about the pupils," yet he felt himself justified in giving his opinion, based upon a look at the dead man's body, that he had died of narcotic poisoning. Inquests of this sort are a farce, and their verdicts worse than useless; and we quite believe that it would tend more to the futherance of justice to bury the dead and ask no questions, than to hold a sham inquiry, and pronounce a decision which may serve only as a shield for crime.

## BIRTHS AND DEATHS IN IRELAND FOR 1878.

According to the returns of the Registrar-General just issued, during the year 134,370 births and 99,839 deaths were registered; in the same period 41,124 persons emigrated. A decrease of 6,593 would thus appear to have taken place in the population. The estimated population in the middle of the year was 5,351,060.

The births registered in Ireland during the year number only 134,370, affording a ratio of 25·1 per 1,000 of the population, against an average rate of 26·9 per 1,000 for the previous ten years.

The number of deaths registered amounted to 99,839, equal to a ratio of 18·7 per 1,000 of the population, being 1·5 per 1,000 persons over the average rate for the ten years 1868-77.

During the year 11,059 deaths were returned by the Registrars as having occurred from the eight principal zymotic diseases, being 11·1 per cent. of the total deaths, and equal to 2·07 in every 1,000 persons living. The average annual number of deaths from these diseases during the previous ten years was 11,371, or 2·12 in every 1,000 of the estimated average population, the lowest number during that period being 9,162 in the year 1877.

Of the 11,050 deaths from these diseases last year, 856 were caused by small-pox, 2,017 (or double the average for the ten years, 1868-77) by measles; 1,030 by scarlet fever, being little more than one-third of the average number; 281 by diphtheria; 2,014 by whooping-cough; 2,748 by fever; 2,058 by diarrhœa, and 46 by simple cholera.

There were 2,704 inquests reported to the Registrars, being 1 inquest to every 37 deaths registered.

## THE SANITARY SUPERVISION OF DUBLIN.

It will be recollected that the job which the Public Health Committee of the Dublin Corporation strove to perpetrate, anent the office of medical officer of health, was referred back to them to see what could be done to provide one good, active officer for the duty. Last week the report was again brought up, and Mr. Gray explained that it was the opinion of the committee that they should have a medical superintendent of health who would devote all his time to the business of his office, and give up his private practice, as it would be objectionable for a gentleman who acted as superintendent over fifteen other medical men in the city to be obliged to report unfavourably perhaps on his *confréres*. Dr. Mapother was not prepared to make any proposition as to the resignation of his private practice, but Dr. Cameron was, provided he was allowed to continue his connection with the College of Surgeons, where he had a laboratory at his disposal, which would save the citizens providing him with one, at a salary of £1,500 a year. The Public Health Committee were not prepared to agree to this proposal, as they thought the salary asked too high, and he, as chairman of that committee, therefore was not in a position to move the adoption of the report, but would instead ask the Council to refer the report back to them again for further consideration.

## PRISON APOTHECARIES IN IRELAND.

At the last meeting of the Council of the Pharmaceutical Society of Ireland, two letters were read from Dr. A. H. Jacob, on behalf of the Irish Medical Association, relative to the recent action of the Prisons Board, Ireland, in dismissing the apothecaries or other compounders of the Irish prisons.

Proposed by Mr. Brunker, seconded by Dr. Whitaker, and resolved:—

> "That a Committee be appointed to draw up a memorial to the Irish Prisons Board, protesting against the abolition of apothecary, or pharmaceutical chemist, to the county prisons, and requesting them to reconsider their decision in the matter."

The Rev. Professor Haughton, F.T.C.D., D.C.L., will preside on this (Wednesday) evening in Dublin at a public meeting called to consider what steps should be taken to prevent the further spread of contagious diseases (small-pox, scarlet fever, &c.), through the pernicious system known in the tailoring trade as "sweating."

# Obituary.

## DR. ROBERT PERSSE WHITE, OF DUBLIN.

We have to record with regret the unexpected death of Dr. Robert Persse White, surgeon to the Meath Hospital, which took place at his residence in Harcourt Street, on Sunday morning last. Dr. White had been for many years medical officer to the Terenuse Dispensary, was subsequently appointed to the surgeoncy of Jervis Street Hospital, and afterwards was elected one of the medical staff of the Meath Hospital. About a year since he suffered from a prolonged illness, which necessitated his relinquishing his profession for a time, but had recovered sufficiently to enable him to resume his professional duties. Dr. White was a Fellow o' the Royal College of Surgeons in Ireland since the year 1857.

## NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions—£1 2s 6d.—for last year, are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt.

DR. DE G. G.—Shall be glad to receive the article.

ANTI-HUMBUG asks, is it right or just that a surgeon-apothecary should "dub" himself "doctor?" It is not right or just, but we have always regarded the title of "doctor" as more or less one of courtesy and equivalent to "medical practitioner," and, therefore, we don't pass unqualified censure upon the use of the word.—ED. M. P. & C.

### PHOSPHITE OF ZINC IN DIPSOMANIA.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—In your paper some weeks ago I saw *phosphite of zinc* recommended as a most efficient remedy for the removal of the craving for drink which harasses inebriates. Would you kindly inform me, or obtain for me, the information as to dose and form of administration.

Believe me, yours faithfully,
J. M. LYNN, M.D., Surg.-Major.

Armagh, March 1, 1879.

[Our correspondent's previous communication was not received. Valerianate of zinc has been long used for the purpose mentioned. There is a pill in the List of Ferris & Co, Bristol, of the phosphide of zinc; they would be able at once to refer to all known about it.

128. Pil. Zinci Phosphidi—
℞ Zinci Phosphid., ½ gr.;
Ext. Glyc., q. s.
Ferris & Co.]

CLINICAL SOCIETY OF LONDON.—On Friday, April 18, at 8½ p.m., Dr. Allen Sturge, "A Case of Partial Epilepsy, apparently due to Lesion of one of the Vaso-motor Centres of the Brain" (patient to be exhibited); "A Case of rare Vaso-motor Disturbance in the Brain."—Mr. A. P. Gould, "A Case of Amputation at the Hip-joint in which the Iliac Arteries were Compressed per Rectum."—Dr. Crocker, "A Case of Ichthyosis of unusual character."—Mr. Hulke, "A Case of Retention of Urine caused by Impermeable Urethral Stricture, treated by Tapping the Bladder above the Pubes, and later by External Section of the Stricture, a catheter passed through the Bladder and a Staff per penem as far as the obstruction being used as guides."

HARVEIAN SOCIETY.—On Thursday, April 17, at 8½ p.m., Dr. J. W. Langmore, "On Contracted Kidney in Young Subjects" (discussion).—Dr. Buzzard, "Cases of Nerve Disease."—Dr. Cleveland, "Case of Recovery from an excessive dose of Chloral Hydrate."—Dr. Morton, "The Diphtheria Outbreak of last Spring in N.W. London."

A TOOTH-PICK IN THE LIVER.—Dr. Kraus states, in a recent number of the *Allgemeine Wiener Medizin. Zeitung*, that he saw, in the post-mortem theatre at Prague, the necropsy of a man who had died of phthisis under Professor Jaksch's care, and in whose liver a tooth-pick, nearly four inches long, pointed at both ends, was found. The man had been addicted to drink. At the anterior surface of the left lobe of the liver, an abscess of the size of a walnut was found. The posterior surface of the colon was adherent to the liver at this part; and on careful examination, a fistulous opening communicating with the abscess, was found in it. On laying open the abscess, the tooth-pick was disclosed.

EMPROSTHOTONOS would be glad to learn if any provision will be made in the lately introduced Medical Acts Amendment Bill or Bills for students who have commenced attending their studies, or, as in the case of the present writer, are what is familiarly known as "Chronic," having begun qualifying classes years ago? Will they be granted a year or two of grace to conclude at some university or college?

[Section 15, sub-clause 3 of the Bill provides that "the examination rules shall provide for the admission to examination of medical students who have begun their professional studies before the passing of the Act." Therefore, the arrangement will be in the hands of the General Medical Council; but as our correspondent will have at least a year after the passing of the Bill before the Conjoint Examination comes into work he will—let us hope—have deserted by that time from the army of "Chronics," and thus put himself outside the restrictions of the Act.—ED.

INCREASE OF DRUNKENNESS, IRELAND.—The Vice-Chairman of the General Prisons Board, Dublin, in his Report on the state of the County and Borough Gaols in Ireland for 1877, just printed, again calls attention to the alarming increase of drunkenness since 1867, when the commitments for that offence to the county and borough gaols numbered 6,645, but which in 1877 amounted to 18,837, showing, in comparison with 1876, an increase of 1,191. The commitments to bridewells are not included in this number.

### SQUILLS.

*Dedicated to Unhappy Rhymsters in humble token of fellow-feeling the Author.*

THE urginea scilla is a Liliacean plant,
The bulb of which, when sliced and dried, they bring from the Levant;
As stimulant-expectorant, in grains from one to three,
It is, with ammoniacum, the best in the B. P.;
And mixed with ipecac, it will with speed relieve the chest,
While as a diuretic digitalis suits it best.
In grains from six unto fifteen, so Scoresby-Jackson saith,
It may be an emetic, and two dozen caused a death;
For its an acrid-soporofic poison much to fear,
It purges, brings on strangury, and griping most severe.
There's soap and ammoniacum and ginger in the pill,
And treacle, and there's one in five of finely powdered squill.
Acetum Scillæ as to strength is one in eight, or so,
With fifteen minim drops begin and up to forty go;
With it are made the oxymel, so often bad in shops,
And syrup—both from half a drachm as high as sixty drops.
Fifteen drops to half a drachm of tincture is the dose,
And having said it's one in eight, my rhyme is at a close.

A. L.—*Students' Journal*

### BOOKS AND PAMPHLETS RECEIVED.

The Principles and Practice of Surgery. By D. Hayes Agnew, M.D Vol. I. Philadelphia: Lippincotte & Co.
The Diseases of Tropical Climates, and their Treatment. By J. A. B. Horton, M.D. Second Edition. London: J. & A. Churchill
The Pathology of Mind. By Hy. Maudsley, M.D. London: Macmillan & Co.
Klein's Atlas of Histology. Part II.
Fourteenth Annual Report of the Sanitary Commissioner for Madras.
Twenty-seventh Annual Report of the Colney Hatch Lunatic Asylum.
Transactions of the American Dermatological Association.
The Condition of Malta. By S. Plimsoll, M.P.
The Half-Yearly Volume of the Psychological Journal.
Quarterly Journal of Inebriety. Vol. III.
The Quarterly Medical Temperance Journal.
The Hunterian Oration. By G. M. Humphry, M.D., F.R.S. London Macmillan & Co.
Physiological Therapeutics. By T. W. Poole, M.D. Toronto: The News Company.
Elements of the Anatomy and Physiology of Man. By G. G. P. Ball M.A. London: Remington & Co.

### VACANCIES.

Ashton-under-Lyne.—House Surgeon for the District Infirmary. Salary, £80, with board. Applications to the President by May 1.
Castlebar Union, No. 1 Dispensary District.—Medical Officer. Salary, £110, with fees, and £15 as Sanitary Officer, Election, April 19.
Castlebar Union, No. 2 Dispensary District.—Medical Officer. Salary, £110, with fees, and a salary as Sanitary Officer. Election, Apr. 19.
Charing Cross Hospital.—Surgical Registrar. Particulars of the Secretary.
Granard Union, Granard Dispensary.—Medical Officer. Salary, £100, with fees, and £16 as Sanitary Officer. Election, April 26.
Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board, &c. Applications to the Chairman by April 19.
Nottingham Dispensary.—Assistant Resident Surgeon. Salary, £160 per annum. Applications to the Committee by May 1.
Royal Free Hospital, London.—Physician for Diseases of Women, and an Ophthalmic Surgeon. Both Honorary. Testimonials, &c., to the Secretary before April 30. (See Advt.)
St. Peter's Hospital for Stone, London.—House Surgeon. Board and residence, and an Honorarium at the rate of £50 per annum. Applications to the Secretary.

### APPOINTMENTS.

BURNS, N. W., M.R.C.S.E., Resident House Surgeon and Registrar to the Cancer Hospital, Brompton.
BATES, F. W., a Physician to the Salisbury Infirmary.
BRETON, E., L.F.P.S G., Medical Officer to the Shrewsbury Dispensary.
DAVISON, J. T. R., M.B., House Surgeon to the Wrexham Infirmary.
DUNLOP, A., L.R.C.P.Edin., L.R.C.S.Edin., Junior Resident Surgeon to the Royal Hospital, Belfast.
GILBERT, H., M.R.C.S.E., Medical Officer for the newly-formed Bardney District of the Lincoln Union.
JOLLIFFE, W. J., M.R.C.S.E., Ophthalmic House Surgeon to St. Bartholomew's Hospital.
JONES, R. H., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the Royal Infirmary, Liverpool.
KELLY, D. J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the Workhouse and Fever Infirmary of the Mullingar Union.
MARTIN, Mr. F. W., House Surgeon to the Royal Westminster Ophthalmic Hospital.
MOOREWOOD, Dr. S. R., Medical Officer, Medical Officer of Health, &c., for the Draperstown Dispensary District of the Magherafelt Union, co. Londonderry.
O'CARROLL, M., L.Med. & L.Surg. Univ. Dub., Police Magistrate and Colonial Surgeon in the Grenadines, West Indies.
ROSS, W., L.R.C.P.Ed., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Riverstown Dispensary District of the Sligo Union.
WHARRY, A. J., M.R.C.S., Resident Clinical Assistant to the City of London Hospital for Diseases of the Chest, Victoria Park.
WHITE, E. A., L.R.C.S.I., Medical Officer to the Independent Order of Oddfellows Society, Dublin.
WHITTY, P. J., L.R.C.S.I., L. & Lb. K.Q.C.P.I., Medical Officer to the South Dispensary, Waterford Union.
WOOLLETT, S. W, M.R.C.S., Assistant Resident Medical Officer to the Sussex and Brandenburgh House Asylums, Hammersmith.

## Marriage.

ALLEN—LEEPER.—April 9, at Richhill, co. Armagh, John Gower Allen, L.R.C.S.I., to Eleanor, daughter of John Leeper, M.R.C.S.Eng., Keady, co. Armagh.

## Deaths.

BURKE.—On April 7th, at North Great George Street, Dublin, Joseph Burke, Deputy Inspector General of Hospitals, late of the 3rd Buffs.
CASE.—On March 29th, at Fareham, William Case, L.R.C.P.Ed., aged 67.
HARRISON.—On March 25th, at Lancaster, James Stockdale Harrison, F.R.C.S.E., aged 82.
PRESTWICH.—On April 4th, at Sandbach, Joseph Prestwich, L.R.C.P., of Oldham, aged 46.
ROBERTSON.—On March 28th, at Belmont, Bridge of Allen, William Robertson, M.D., Staff Surgeon R.N. (retired).
STEUART.—On April 6th, at Belmont House, Wadhurst, Sussex, Roger St. Clair Steuart, M.D., aged 28.
WESLEY.—On April 5th, at Chichester, William Kerr Wesley, M.R.C.S., the youngest son of the late Samuel Sebastian Wesley.

## FEES AT INQUESTS FOR MEDICAL OFFICERS OF PRISONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to the questions asked in your issue of last week, I enclose a correct copy of a decision bearing on the subject, given by an eminent judge, and from his words it was evident that he felt the law compelled him to decide in our favour.

I should add that, at the Spring Assizes in Derry, before Mr. Justice Keogh, in the year 1876, I obtained from him a similar decision in my favour.

During the previous half-year I had given evidence at *two* inquests in the Derry Jail on prisoners. The grand jury were in doubt on the question, and brought it before the above-mentioned eminent judge, who followed the decision of Judge Ball, and ruled that I was entitled to be paid, as it was no part of my duty to give evidence at inquests. I think these decisions should help to settle the question.

Yours truly,

WM. MILLER, Knt., M.B. T.C.D.,
Surgeon Derry County Infirmary and Jail.

18 Pump Street, Londonderry,
March 31, 1879.

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(From *The Londonderry Guardian*).

[Before the Rt. Honourable Mr. JUSTICE BALL at Liffard, co. Donegal, Summer Assizes, July, 1861.]

"Mr. Curran, Q.C., asked the court to instruct the grand jury to find a presentment for the sum of £1 1s., being the amount of fee due to Dr. Little, Surgeon of the County Jail. He had given evidence before Dr. Lacy, Coroner, as to the cause of death of an inmate of the prison.

"The grand jury intimated that they merely raised the question in order to get the decision of the court as to whether they were justified in allowing fees to the medical officer in such cases.

"His Lordship said, that on looking at the section of the Act handed to him, he did not find that it was among the duties prescribed for the medical officer that he was to give evidence when called on without the usual fee paid to other medical men. He thought he must decide that *the fee be paid*, though he would rather rule it otherwise. Perhaps the grand jury would fee counsel and have the question argued.

"The grand jury expressed themselves satisfied with the decision given by the court."

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## CARRICK-ON-SUIR UNION.

NEGLECT OF VACCINATION BY A MEDICAL MAN.

The Clerk read the following letter :—

"Local Government Board,
"Dublin, 26th March, 1879.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings of the Board of Guardians of Carrick-on-Suir Union on the 15th inst., containing an entry of the letter of the previous day's date, relative to the case of a child named Brion, aged 2½ years, stated by the medical officer of the workhouse to be affected with small-pox, and who, it appears, had not been vaccinated ; and with reference to the explanation received from medical officer on the subject, the Local Government Board desire to state that the statement of the medical officer cannot be regarded as affording a satisfactory explanation of omission to vaccinate the child in question, and they request that the medical officer may be cautioned to be more attentive in future to the due discharge of his duty under the Workhouse Regulations, Article 68, No. 6.—By order. "B. BANKS."

## LIMERICK UNION.

SALARIES OF SANITARY OFFICERS.

Mr. Corbett read the following letter :—

"Local Government Board,
"Dublin, 21st March, 1879.

"SIR,—The Local Government Board for Ireland have had before them the resolution of the Public Health Committee, Limerick, of the 11th instant, proposing to increase the salaries of the sanitary officers from £15 to £25 a year each, and I am directed to state that the Board have reported the proposed increase to the Lords of her Majesty's Treasury for approval. I am at the same time to point out that the expense of the attendance of the medical officers at prosecutions instituted by the sanitary authority will have to be provided for when necessary in the manner indicated by the Local Government Board's circular letter of the 11th November, 1878.—By order, "B. BANKS, Sec."

The Chairman said the information contained in the letter from the Local Government Board was such as entitled them to thanks.

Mr. Horsford—Has the letter reference to the question as out of what fund the doctors shall be paid a guinea each for their attendance at court?

Mr. Corbett—It has. They must be paid out of the borough fund.

The communication was marked "read."

THE SANITARY STATE OF THE CITY.

Mr. Corbett next read the following letter :—

"Local Government Board,
"Dublin, 20th March, 1879.

"SIR,—The Local Government Board for Ireland have had before them the minutes of the proceedings of the Public Health Committee, Limerick, on the 4th instant, containing an entry of a report from Dr. Barry, medical superintendent of health, relative to the sanitary condition of the city, and in reference thereto the Board desire to point out that the state of things disclosed appears to call for more active measures than the sanitary authority are taking. The erection of a disinfecting chamber, and the arrangements for purifying premises where disease has appeared, as recommended by the superintendent medical officer of health in a former report, are both of much importance, and call for practical measures. The provisions for filth removal so often urged upon the sanitary authority is also important, and it would be satisfactory to see some progress made in both these directions. The matters in question appear to have been referred to Committees, and the Local Government Board trust that some results will speedily follow their investigations.

"By order of the Board,
"B. BANKS, Secretary.

"Wm. Corbett, Esq., Executive."

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## MULLINGAR UNION.

SUPERANNUATION.

MR. FARRELL, in moving—"That Dr. Dillon Kelly, late medical officer of the workhouse, be allowed the two-thirds of his salary as superannuation allowance," said that Dr. Kelly had been a faithful officer of the union, both as a dispensary doctor and medical officer of the workhouse, for upwards of twenty-three years, and owing to ill health was obliged to resign his situation in order to proceed to France in hope of recovering his health.

In reply to the Chairman, the Clerk said that Dr. Kelly had been twenty-three years in the service of the union, both as medical officer of the Milltown dispensary and medical officer of the workhouse.

Colonel Cooper inquired what would be the two-thirds of the medinal officer's salary?

Mr. Harton said it would amount to £83 6s. 8d.

There being no opposition the motion was unanimously carried.

## WATERFORD DISPENSARY COMMITTEE.

THE Chairman stated that the meeting was called for the purpose of electing a medical officer for the south district, for which position there were two candidates.

Dr. Whitty and Dr. Hartland were then proposed, and a poll was taken between the two, when Dr. Whitty was almost unanimously elected, the voting being—for Dr. Whitty, 28 ; for Dr. Hatland, 3.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

(*Continued.*)

133. (*Verb.*) *Power of Justice to order Destruction of Unsound Meat*, &c.—If it appears to the justice that any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, flour, milk, or butter so seized is diseased, or unsound, or unwholesome, or unfit for the food of man, he shall condemn the same, and order it to be destroyed or so disposed of as to prevent it from being exposed for sale or used for the food of man ; and the person to whom the same belongs or did belong at the time of exposure or conveyance for sale, or in whose possession or on whose premises the same was found, shall be liable to a penalty not exceeding twenty pounds for every animal, carcase, or fish, or piece of meat, flesh, or fish, or any poultry or game, or for the parcel of fruit, vegetables, corn, bread, or flour, or for the milk or butter so condemned, or at the discretion of the justice, without the infliction of a fine, to imprisonment for a term of not more than three months.

134. (*Verb.*) *Penalty for hindering Officer from Inspecting Meat*, &c.—Any person who in any manner prevents any sanitary officer or other person duly authorised by the sanitary authority of the sanitary district from entering any premises in such district and inspecting any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, flour, milk, or butter, exposed or deposited for the purpose of sale, or of preparation for sale, and intended for the food of man, or who obstructs or impedes any such officer or person, when carrying into execution the provisions of this Act, shall be liable to a penalty not exceeding five pounds.

135. (*Verb.*) *Search Warrant may be Granted by a Justice.*—On complaint made on oath by a sanitary officer, or other person duly authorised by a sanitary authority, any justice may grant a warrant to any such officer or person to enter any building or part of a building in which such officer or person has reason for believing that there is kept or concealed any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, flour, milk, or butter which is intended for sale for the food of man, and is diseased, unsound, or unwholesome, or unfit for the food of man ; and to search for, seize, and carry away any such animal or other article in order to have the same dealt with by a justice under the provisions of this Act.

Any person who obstructs any such officer or person in the performance of his duty under such warrant shall, in addition to any other punishment to which he may be subject, be liable to a penalty not exceeding twenty pounds.

136. (*Verb.*) *Grand Juries may present in Advance for the purpose of Providing for the execution of* 38 & 39 *Vict., c.* 63.—The grand jury of any county may, for the purpose of providing for the due execution of the Sale of Food and Drugs Act, 1875, from time to time, without previous application to presentment sessions, present in advance such moneys as may in their opinion be necessary, and the treasurer, or any person discharging the duties of treasurer, or finance committee of such county may, out of any money in his or their hands raised in pursuance of any such presentment, from time to time advance to any inspector of weights and measures or police constable such sums as he or they may think necessary for the purpose aforesaid.

### INFECTIOUS DISEASES.

*Provisions against Infection.*

137. (*Verb.*) *Duty of Sanitary Authority to Cause Premises to be Cleansed and Disinfected.*—Where any sanitary authority are of opinion, on the certificate of their sanitary officer, or of any legally qualified medical practitioner, that the cleansing and disinfecting of any house or part thereof, and of any articles therein likely to retain infection, would tend to prevent or check infectious disease, it shall be the duty of such authority to give notice in writing to the owner or occupier of such house or part thereof, requiring him to cleanse and disinfect such house or part thereof and articles within a time specified in such notice.

If the person to whom notice is so given fails to comply therewith, he shall be liable to a penalty of not less than one shilling and not exceeding forty shillings for every day during which he continues to make default ; and the sanitary authority shall cause such house or part thereof and articles to be cleansed and disinfected, and may recover the expenses incurred from the owner or occupier in default in a summary manner.

Where the owner or occupier of any such house or part thereof is from poverty or otherwise unable, in the opinion of the sanitary authority, effectually to carry out the requirements of this section, such authority may, without enforcing such requirements on such owner or occupier, with his consent cleanse and disinfect such house or part thereof and articles, and defray the expenses thereof.

138. (*Verb.*) *Destruction of Infected Bedding*, &c.—Any sanitary authority may direct the destruction of any bedding, clothing, or other articles which have been exposed to infection from any dangerous infectious disorder, and may give compensation for the same.

139. (*Verb.*) *Provision of Means of Disinfection.*—Every sanitary authority may provide a proper place, with all necessary apparatus and attendance, for the disinfection of bedding, clothing, or other articles which have become infected, and shall cause any articles brought for disinfection to be disinfected free of charge, and may provide for the conveyance of such articles to such place.

140. (*Verb.*) *Provision of Conveyance for Infected Persons.*—Every sanitary authority shall provide and maintain a carriage or carriages suitable for the conveyance of persons suffering under any infectious disorder, and shall pay the expense of conveying therein any person so suffering to a hospital or other place of destination, and shall keep such carriage or carriages properly disinfected.

141. (*Verb.*) *Removal of Infected Persons without Proper Lodging to Hospital by order of Justice.*—Where any suitable hospital or place for the reception of the sick is provided within the district of a sanitary authority, or within a convenient distance of such district, any person who is suffering from any dangerous infectious disorder, and is without proper lodging or accommodation, or lodged in a room occupied by other persons not so suffering, or is on board any ship or vessel, may, on a certificate signed by a legally qualified medical practitioner, and with the consent of the superintending body of such hospital or place, be removed, by order of any justice, to such hospital or place at the cost of the sanitary authority ; and any person so suffering, who is lodged in any common lodging-house, may, with the like consent and on a like certificate, be so removed by order of the sanitary authority.

An order under this section may be addressed to such constable or officer of the sanitary authority as the justice or sanitary authority making the same may think expedient ; and any person who wilfully disobeys or obstructs the execution of such order shall be liable to a penalty not exceeding ten pounds.

(*To be continued.*)

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 23, 1879.

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## Original Communications.

### ON SOME HEART DISEASES IN CHILDREN.

By W. H. DAY, M.D., M.R.C.P. Lond.,

Physician to the Samaritan Hospital for Women and Children.

(*Continued from page* 302.)

The following is another case of mitral disease of the heart, of great interest, occurring in connection with rickets and rheumatism.

Case II.—J. P., æt. 10, was admitted into the Samaritan Hospital in December, 1877, with mitral regurgitation and hypertrophy of the heart. The mother stated that two years previously he had rheumatic fever, and that a year after, he had a second attack, and was treated for it in one of the London hospitals. The father and mother were healthy, and the rest of the family, consisting of four children, were all well. The chief symptoms for which the patient sought admission were breathlessness and pain in the cardiac region. The chest was much distorted through rickets; the lower part of the sternum corresponding to the right side of the heart was much elevated, and the heart was seen and felt pulsating in the epigastrium distinctly. From the appended sketch it is evident that the diaphragm was much depressed.

Along the edge of the left receding ribs, 7th and 8th, the right border of the heart was felt very plainly. These lower ribs were expanded outwards, whilst immediately above, and nearly as high as the nipples there was a distinct depression or flatness, which probably arose from pulmonary collapse, as in the former case.

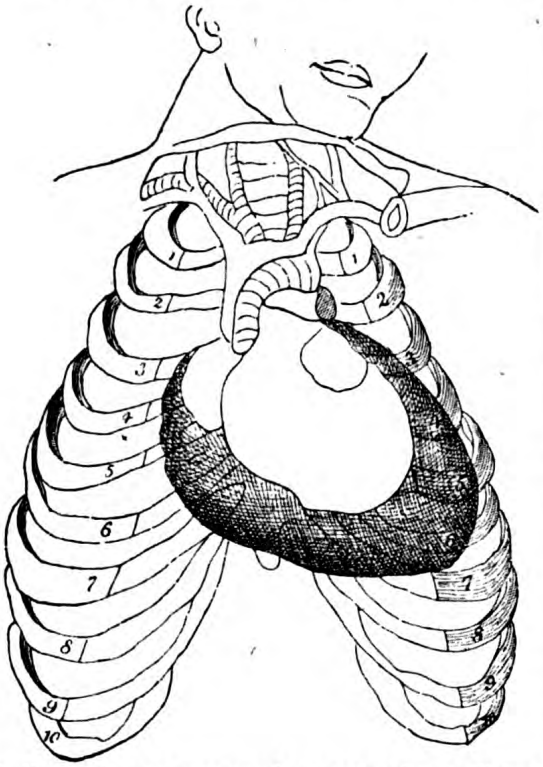
The thorax was peculiar in shape, inasmuch as the left cardiac region was prominent and convex over the left nipple, and for two inches below it. The right side was flattened below the nipple. Posteriorly the right thorax below the scapula was prominent and arched, the left below the angle of the scapula was flattened. Left shoulder much rounded. Owing to this alteration from rickets, the left side of the thorax, although so convex over the cardiac region, measured 12½ inches, whilst on the right side it was 13 inches, so that the convex or heart side was a trifle less in circumference. The heart's apex, much rounded, beat in the seventh interspace, three inches below the nipple, and immediately above the free border of the left costal cartilage.

The heart's movements were seen occupying a large space beneath the integument from the right side of the sternum on one side, to the axillary border on the other, to the third rib above, and the eighth below. Throughout the thorax could be heard a loud systolic bellows murmur, even posteriorly on both sides.

The hand placed over the epigastrium and left receding ribs was forcibly elevated by the laboured action of the heart. There was no distortion of the spine. The chest was resonant in front; posteriorly in the lower lobes of the lungs there was some slight crepitation. Temp. normal; pulse 96; resp. 36; urine turbid, acid, non-albuminous. The apex beat was below, but not much external to the nipple line, which did not indicate much hypertrophy or dilatation of the left ventricle. It reached low down, but was more diffused in the right lateral direction. The visible pulsation was chiefly to the right, but could be seen over a space corresponding to the whole cardiac enlargement below the nipple line, and in a slanting direction from a line drawn below the left axilla to the edge of the receding cartilage over the ninth rib. There was a loud systolic murmur in this situation, of rough bellows-like character; it did not obliterate the second sound.

In the epigastrium, as well as immediately below the left nipple and over the conus, this murmur had the same characteristics. The sounds were quite distinguishable at the base of the heart; the second pulmonary sound being rather prolonged and sonorous. The second aortic sound was long and sharp in this situation. The dulness began at the third left rib, and extended down-

wards to the free border of the left costal cartilages in the left hypochondrium. Laterally, the dulness did not exceed the vertical line of the left nipple. Internally the dulness extended across the mid-sternum and to the epigastrium. The liver was pushed slightly downwards. There was no orthopnœa. The pulse was 100, weak, small, and regular, though the impulse of the heart below the nipple was fairly strong and heaving, as is common in hypertrophy; every contraction raised the hand when placed over the heart, but was not strong enough to move the head when the stethoscope was applied over the cardiac region. There was, probably, more dilatation than hypertrophy. When the patient's hand was raised vertically above the head, the pulse could scarcely be felt, and it was irregular; some of the beats not being detected.

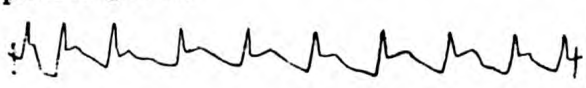



This diagram does not represent the apex of the heart sufficiently low.

The dilatation in this case was accompanied with a fair amount of hypertrophy, as evidenced by the freedom of the lungs, and the systemic circulation from congestion. In this way the dilated heart was capable of contracting sufficiently on its contents, so as not to become over-distended and paralysed. If the disease goes on long enough, the right side of the heart will further fail, and there will be hæmoptysis, or pulmonary congestion and œdema of the lower limbs.

*Treatment.*—As to the treatment in this case, it may be considered fairly successful whilst the patient was watched. Absolute rest in bed, and a diet of milk, eggs, white fish and fresh meat. In the shape of medicine a mixture containing strychnia, iron and digitalis, was given three times a day. At the end of six weeks the pulse became regular, steady, equable, and of good volume; it averaged 72 per minute, and the respirations 24; the improvement became very manifest after the digitalis had been increased to ℥x. three times a day, and it was maintained during his stay in hospital.

Dr. Mahomed was kind enough to take a sphygmographic tracing for me.



The tracing has no very striking characteristics, but it is of interest, as in some measure, elucidating the actual condition of the circulation, and its amount of efficiency. It is a form of tracing often seen in mitral disease, where there is a good deal of hypertrophy and dilatation. The blood stream is as full as normal, notwithstanding the regurgitation which is owing to the hypertrophy and dilatation, while the pulse does not present the usual signs of hypertrophy, owing to the regurgitation. The two conditions fairly balance each other at present, and an efficient circulation is maintained, though the heart is doubtless hard taxed to effect it. The arterial tension or fulness varies very greatly with the movements of respiration, if these are the least increased, though it is only slightly, still perceptibly, affected by them when the patient is at rest. This accounts for the slight difference in form in the waves of one of the tracings taken. This "respiratory undulation" indicates a dilated and overtaxed right heart. The primary uprise is not so high as in the former case, but the tidal wave is much smaller, and the main blood stream is distinctly less. It is probable that the mitral regurgitation is less pronounced than the tricuspid, and occurs occasionally only under excitement or exertion.

I saw this patient in July, 1878, when he was extremely pallid and thin; the heart's action was tumultuous, and the murmurs less pronounced, but his chief trouble now was inability to lie down at night, and with great anasarca of the feet and legs extending to the knees. Soon after this he expired suddenly at his own home.

As regards this question of tracing, Dr. Handfield Jones has recently published some interesting remarks, and given some tracings before and after exercise. The behaviour of the heart under these different conditions, presents a striking contrast. He says "it seems hardly to admit of question that the real efficiency of the heart is to be judged much more by its capacity of endurance under fatigue, than by the force of its contractions when at rest. A heart during repose may be acting languidly, but immediately after, during exertion, may put forth very much force, and continue to do so for a considerable time. On the other hand, a heart during repose may be acting quite normally, but under bodily exertion may soon falter and act defectively."—"The Dynamic Test in Examinations of the Heart," *Lancet*, p. 761. Nov. 30, 1878.

*Remarks.*—So much then for these terrible cases of heart disease, with which we are all too well acquainted. Attended, as they are, with a burden of misery appalling to witness, and hopelessly impotent as we are effectually to deal with the disease, we may draw from it this important lesson, and impress it on the minds of parents, that every case of heart disease in a young child, whether following rheumatic fever, or associated with a rickety constitution, in which the evidences of organic change have once been established, demands long and careful treatment in its early stages.

When it has once reached a certain point we can do little more than look on, and that with a degree of sadness, because in many cases, particularly in the rickety, the patient after a time loses flesh, although he expresses himself better, and is able to enjoy food, and to be up and about; his temples gradually shrink, his malar bones become prominent, and his face sharp and anxious, whilst the pulse and respiration are habitually accelerated, and he grows pallid, stoops in his gait, and becomes round shouldered. Then there is cough accompanied by signs of pulmonary congestion, and later on the systemic circulation is oppressed, and œdema of the ankles and other grave indications of the disease are permanent and irremediable.

Resistance, so far as is possible, should be offered to the entreaties of parents to remove their children from the wards of a hospital, whilst there is any chance of the disease being relighted up under the exhausting influences of their home life, and thus entailing misery on themselves, and adding to the list of pauperism and dependence on the state.

Heart disease in children, whilst it is one of the most frequent of their disorders, is, at the same time, one of the most grave. When congenital, it limits their development and cripples their power, and when, moreover, it is the result of acute rheumatism, it often interferes with their growth, and still more with their capacity to learn. A child with mitral disease requires frequently to remain in bed, or to take great rest for some weeks together, especially during periods of growth. This interferes with his attendance at school. By care, including appropriate treatment, he may be enabled to get over the period of growth, and even puberty, and maintain himself in some occupation which does not too greatly tax his power.

Remarkable instances of quiescence of all the cardiac symptoms are now and then presented, as in the case of a lad who came under my notice when sixteen years of age. He had been the subject of rheumatism and mitral disease of the heart four years before, I saw him, and the degree of breathlessness on exertion and liability to attacks of faintness and prostration had impressed his parents with the conviction that he had only a short time to live. Under almost absolute rest, and a tonic course of treatment, this lad was filling a sedentary occupation four years later, and earning a moderate competence. We should not, therefore, allow a mitral murmur when organic to affect our prognosis when debility is the leading feature ef the illness, and the heart's valves are not permanently crippled in their work.

Notwithstanding the presence of a mitral murmur, we cannot be too cautious in the significance we attach to it in young and weakly subjects, in the absence of a rheumatic history and endocarditis. A murmur hearn at the apex of the heart and occupying the first sound, an immediately following it, has been almost invariably accepted as of organic origin, and ascribed to regurgitation through the mitral orifice. When in young subjects, as I have sometimes heard it, this murmur is audible at the angle of the left scapula, or at the back on both sides, and the heart is large, then, whether there is a history of rheumatism or not, we may be pardoned, at least in the first instance, for ascribing the physical signs to organic change. The accentuation of the pulmonary sound, so common in these cases, is not to be absolutely relied upon for diagnosis, because any degree of pulmonary congestion may increase the fulness of the artery, and if the aortic sound is weak, the pulmonary may appear all the louder. In mitral regurgitation, the left auricle of the heart and the lungs generally contain a larger quantity of blood than they do when the valve is healthy, and in consequence of this, there is an increase of tension in the pulmonary artery, and its valves are forcibly closed. The second sound becomes loud and intensified. Some change in the aorta may therefore be expected, and what happens is a diminution of tension in the vessel, and the feeble closure of its valve. As the mitral valve becomes more and more crippled in its work, the right side of the heart dilates from the additional labour imposed on it through the increasing capillary congestion of the lungs.

Now a word or two about cardiac murmurs generally. It does not seem difficult to account for non-regurgitant murmurs at the cardiac apex, when we remember how the blood undergoes change in its composition, how slight may be the modification necessary to alter the ventricular lining how a point of roughness may spring up, a vegetation grow on the curtain of a valve, and relaxation or alteration in the muscular structure of the heart may arise, so as to alter or modify the normal sounds. Local pressure we know will do this. It is evident that we may have an endocardial murmur, resembling in all respects one due to valvular disease, which is simply owing to some impediment offered to the blood as it circulates through the various cavities of the heart; and this circumstance should, I think, induce us to consider very carefully in cases of rickets, whether the deformed chest may not have altered the position of the heart, and the great vessels have sustained pressure. "Can the heart," says Dr. Latham, "by the force of its contraction produce a murmur exactly resembling that which proceeds from valvular impediment? Perhaps it can. A young woman, herself in perfect health, nursed an infant, to whom she was greatly attached, in an attack of hydrocephalus. The infant died, and she was seized with violent hysterical emotion. I did not see her till the nervous struggle had come to an end, and she was lying in bed apparently free from present excitement. But the heart was still contracting with excessive force, and with the loudest possible bellows murmur. The next day the heart was beating quietly, and the murmur was gone." (*a*) A little girl, lately under my care with chorea, had an excited action of the heart, and a soft apex murmur when she first came under treatment, which I was inclined to attribute to organic origin. Under rest in bed, the muscular movements subsided, the heart became steady, and the murmur disappeared entirely.

I may also mention how the heart's sounds are modified in some cases of *ovarian tumour* when the abdominal distension is considerable, and the heart is pushed upwards or otherwise displaced.

Pulmonary murmurs are not unfrequently met with in this condition. I have met with several. My colleague, Dr. Percy Boulton, showed me a patient in the Samaritan Hospital in October last who had a very loud murmur over the pulmonary artery, with a soft short murmur at the apex, accompanying the systole, and also occasional irregularity of the pulse. As the patient was suffering from an abdominal tumour, and her nervous system was a good deal upset, I think we were most probably correct in assigning the physical change to pressure. If ovariotomy should ever be performed, and the patient recover, the pulse will become regular and the murmur cease.

A case presenting some difficulties for diagnosis came under my notice at the Samaritan Hospital in April, 1876. The patient, æt. 32, was suffering from an ovarian tumour, Before the operation of ovariotomy, which was performed by Mr. Spencer Wells, I was requested to examine her thorax. to ascertain the state of her heart and lungs. Over the pulmonary area was heard a loud and rough murmur, and the heart's action could be seen tremulously beating from the lower border of the second rib to the upper border of the fourth rib. When the patient took a full inspiration, or held her breath, the murmur disappeared, and it was therefore attributed to retraction of the lung, so that it did not cover the pulmonary artery and adjacent portion of the heart.

The patient died, and at the post-mortem examination the left lung at the upper part did not approach the median line, but it slanted off at the second rib to the outer border of the third. The heart did not extend below the fourth rib at its lowest border. The organ laid somewhat transversely across the thorax between the second and fourth rib, the apex was pushed up, and so tilting the base of the organ a little further to the median line under the emphysematous border of the right lung, hence there was no increased area of præcordial dulness during life.

Just as the muscles which supply the limbs are sometimes weak and flabby from disease or disuse, so the heart in states of profound anæmia, or from loss of blood, as in purpura, becomes dilated and relaxed, the two conditions are sufficient to generate a murmur at any of the heart's orifices.

The openings in such instances may become too large for the valves to close effectually upon them, and thus at each contraction of the ventricle a certain quantity of blood oozes back through them and generates a bruit—a bruit which is not organic. "At the same time, however, it must be borne in mind that the presence of a bruit with the heart's sounds in the child depends more invariably on organic disease than in the adult, inasmuch as those endocardial, arterial, or venous murmurs which are produced by an impoverished state of the blood are very rarely indeed heard in children under seven years of age, and are by no means common until that age is attained

(*a*) "Diseases of the Heart." New Syd. Soc., vol. i., p. 37, 1869.

at which the changes that take place as puberty approaches have begun, or are on the eve of beginning."

"I think that I can speak with confidence as to the rarity of such murmurs in childhood, though I cannot venture to assign a reason for it, since the very slight difference between the composition of the blood in early life and in after years can scarcely be alleged as affording an adequate explanation of the fact" (West, "Diseases of Infancy and Childhood," 1859, p. 494). From my own experience I should say that altered or modified sounds of the heart in young children can often be detected if carefully sought for. They frequently amount to a bruit, which is expressive of a state of spanæmia and constitutional debility, sooner or later terminating in a very distinct bruit as growth proceeds, and the health remains delicate. These exaggerated and altered sounds are significant. I had an opportunity of watching a boy, æt. 7, whose case has in some degree furnished these remarks. He came under my care in 1876, suffering from general debility, lassitude, inability to attend school, headache, palpitation, and with that condition of the heart we may describe as neurosal. There was exaggerated impulse of the heart when he ran across the room, or was excited, or woke up suddenly, or after food, but no bruit. Two years later the anæmia increased, and then a loud endocardial bruit was heard throughout the præcordial region, and a venous murmur in the neck, both of which still remain.

On the prognosis of these cases of heart disease, our literature is so defective that it has failed to establish any principles to guide us. Cases, either organic or functional, are brought before us from time to time, and after being submitted to treatment, they are discharged from the institution into which they are admitted, and if we hear of them again it is only by chance or accident. On several occasions I have made a diligent search after patients, in whom I have felt interested, one or two years after leaving my charge, and in some cases the surprise has been great that the disease which has assailed a weak constitution, and struck at the vital energies of the sufferer, should ever have been rallied from. No facts, as they appear to me, and no records of clinical experience, can explain this mysterious tendency to recover from some of these functional disorders, and we are driven in the present state of our knowledge, to draw our inferences from statistics and the collected observations of various authorities.

Two cases apparently identical, running a similar course, and attacking persons of the same age and strength, ending in recovery in one case and death in the other, represent a mystery so inscrutable that in our inability to discover a more satisfactory cause we fall back on the qualities of resistance and vitality.

"Many people (it is well known) have an habitually feeble circulation and an occasionally irregular or intermitting pulse all their lives. Yet they pass for well, and really are well in their own consciousness, and live as long as other people. In several such I have convinced myself (in as far as it is possible to be convinced about such a matter) that their heart has been weak of structure, and of small size in proportion to their stature; and it is a curious fact that most of those in whom I have found this condition of heart have told me that they were always short-winded, and that at school they could not exert themselves like other boys; they were accounted bad runners." (*a*)

How long will this disease last? How will it end its course? What symptoms are likely to arise, and what precautions shall we take in order to ward them off? Will the disease terminate in temporary recovery or in death? These are some of the questions which the friends of the patient will often ask when we have to contend with a chronic malady lasting over months and years.

(*a*) Latham, "Diseases of the Heart," vol. i., p. 481, 1876.

## INTRINSIC ENLARGEMENT OF THE CONDYLES OF THE FEMUR IN CERTAIN DISEASES OF THE KNEE-JOINT. (*a*)

By B. WILLS RICHARDSON, F.R.C.S.I.

MR. VICE-PRESIDENT,—I have two specimens to exhibit this evening, but as they both bear upon an interesting point (leaving the chronic rheumatic affection out of consideration) in connection with joint disease, the only point to which I intend to refer, I must ask you to consider them a single exhibition.

The members present are aware that there is a difference of opinion regarding the capability of the articular ends of the bones to enlarge, some writers holding what seems to be an enlargement is apparent and not real, caused by thickening of soft structures forming part of, and investing, the joint, and by wasting of the adjoining soft tissues. Others, on the contrary, believe there is a real enlargement, two views being held on its pathology, one that there is an intrinsic enlargement, as I shall call it; the other, that the enlargement is not intrinsic, but is caused by the deposition of osteophytes or layers of new bone on the walls of the articular extremities.

The condyles of the femur being probably the source whence this controversy has arisen, and as my specimens have been taken from the knee, I shall limit myself to this joint.

Billroth thinks, or rather is positive, that the intrinsic enlargement does not occur. "You will now and then," he observes, "hear and read of enlargements of the articular extremities of the bones in tumor albus," the name he gives to white swelling, "but the expression is an incorrect one; the bones never swell up in caries of the joints. If they appear to be thickened this depends upon thickening of the soft parts or upon the deposition of layers of osteophytes."

Whether he attributes the following development to osteophytes he does not say, but it looks like an admission on his part of a swelling in a downward direction. Indeed, it is difficult to believe that osteophytes are deposited on the articular surfaces as long as the cartilage is intact, in which case the downward enlargement would be intrinsic.

"In like manner," he states, "the tibia in caries of the knee may be displaced outwards and backwards, the condyles of the femur remaining free, appear to develope, so that the surfaces of the joint are no longer capable of interlocking."

The specimens that I now exhibit throw a little light on this disputed question, and have tempted me to venture upon occupying your time for a few minutes.

The first specimen, the condyles of a left femur from a suppurating knee-joint, having a synovial membrane much pulpified and thickened, the cartilages in some parts also pulpy, and in others altogether removed, the bones being carious, conditions necessitating amputation of the thigh of Samuel Bradley, æt. 15, which I performed by Teale's method in the Adelaide Hospital on the 15th March.

Now, the longest transvere diameter from the most prominent point of one condyle to the most prominent point of the other, is 3 inches 5-16ths, whereas the corresponding diameter of the boy's opposite knee, with its investments, is 3 inches 7-16ths, being a difference of 1-8th of an inch in favour of the sound knee. But as the investments of a healthy knee average at the outer side 3-10ths of an inch in thickness, and at the inner exceed this by about 1-15th of an inch, making altogether more than half an inch, I think it is evident that the condyles have enlarged, and as their walls are exceedingly thin it may fairly be called intrinsic. I must not omit to mention that I am indebted to Professor MacAlister for notes on the average measurements of the soft parts investing healthy knees which

(*a*) Read before the Surgical Society of Ireland.

were of much use to me in putting together this short communication.

A horizontal section of the condyles having been made at their widest part, I took the following measurements of the outer wall of the external condyle and the inner of the internal condyle, both these walls being still cartilaginous, when I found the thickest part of outer wall a little anterior to centre, to be 1-12th of an inch, while the thinnest portion of this wall is so thin it can scarcely be measured with accuracy, but it may be taken as about 1-48th of an inch in thickness or width. The other portions of this wall are 1-20th of an inch in width.

The inner wall of the internal condyle was destroyed by disease in one or two spots, which of course left us without measurements corresponding thereto; but at the most prominent point of this wall, where the transverse diameter was taken, there is scarcely a trace of the wall. A little behind this point the width of the wall is 1-12th of an inch, its thickest part. It can scarcely then be said that these walls are abnormally thickened, so that the slight increase in diameter of the articular end of this femur ought fairly to be attributed to intrinsic enlargement rather than to the thickening of the cartilaginous walls.

The next specimen is a portion of the lower end of the left femur I removed by excision of the knee of Patrick Harding, a boy, æt. 8, in the Adelaide Hospital on Tuesday, the 18th March. In this case, one of some standing and apparently much neglected, the tibia was dislocated backward and a little outward, drawing the outer facet of the patella forcibly against the anterior and inner surface of the outer condyle, leading to absorption of the cartilage corresponding to it. The greatest transverse diameter of these condyles, carefully stripped of all soft parts, is 2 inches 6-8ths, whereas the same diameter of the opposite knee, covered with its soft parts is also 2 inches 6-8ths, showing that in this specimen, likewise, enlargement of the diseased articular end of the femur had taken place. Now, on examining the section, and carefully measuring the thickness of the free lateral walls of the condyles, cartilaginous also, I found that the thickest portion of the outer wall, where the transverse diameter was taken, is 3-16ths of an inch, its thinnest portion being 1-8th of an inch, and that the thickest portion of the inner condyle, where the transverse diameter was taken, is 1-8th of an inch, its thinnest portion being 1-16th of an inch. It will be observed that these walls are a little thicker than those of the elder boy's condyles, so that possibly it may be thought that the enlargement in this case should be attributed to thickening of the walls rather than to an intrinsic enlargement of the condyles. Be this as it may, the condyles have enlarged, and clearly show that those who hold there is no real enlargement of the condyles in either the strumous or allied diseases, are completely mistaken.

Although the specimens throw only a gleam of light on this question, I was induced to bring them before the Society in the hope that those who have opportunities for doing so may elucidate it at some of our future meetings.

## ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON HEARING, RESPIRATION, AND PHONATION; AND THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris,

Translated by H. Macnaughton Jones, M.D., &c., Professor, Queen's University, Ireland.

(*Continued from page* 304.)

### Influence on the Nasal Fossa.

No organ is subjected with impunity to a permanent interference with the discharge of its function; this principle, which regulates the entire organism, applies equally to the nasal fossa, in cases where an impediment, of whatever kind, has deprived them for some time of the passage of atmospheric air. Under these circumstances we observe considerable degeneration of the pituitary membrane. In reference to this, our friend Professor Stœrk, of Vienna, says, "When the nose has ceased for some time to take its part in the respiration, the Schneiderian membrane becomes dropsical, and loses its normal structure, its mucous follicles, as well as their contents, undergo colloid metamorphosis. The covering of the turbinated crests finally appears like yellowish colloid sacs which never regain their normal structure, even with the most active treatment. From our point of view we cannot but think that some authors appear to carry these attempts at explanation too far; we consider that, in this instance also, they have confounded cause and effect in regarding the impediment to respiration as primary, and the hypertrophy or degeneration of the pituitary membrane as secondary in cases in which, on the contrary, this latter has caused the nasal occlusion, instead of being the result of it. Others have previously noticed that, in the case of adenoid tumours, the nose appears as if it were diminished in size, pinched, with a narrow bridge, and the alæ contracted (Robert "On the results of Buccal Respiration in Hypertrophy of the Tonsils").

We may remark that we have not observed this as an invariable symptom.

In a large number of cases of adenoid vegetations there is chronic rhinitis, with increase of the secretion. The mucous membrane is found swollen; that which covers the inferior turbinated crests is sometimes so much enlarged that the posterior extremities of these organs form actual tumours projecting into the naso-pharynx, and requiring special operations. The swelling of the mucous membrane further impedes the expulsion of the masses so abundantly secreted in these cases.

### The Sense of Smell.

The sense of smell is generally diminished, and often even destroyed in very advanced cases. We consider that two causes here act conjointly: the degeneration of the mucous membrane and the naso-pharyngeal occlusion. There is no necessity to point out the hindrance which the thickening of the Schneiderian membrane and its epithelium offers to the action of odorous substances on the terminal filaments of the olfactory nerve. It is likewise with a too abundant secretion, or the opposite state, a well-marked dryness of the pituitary membrane in the olfactory region.

With reference to the occlusion posteriorly of the nasal fossa, physiology shows us that there must be a certain impulse, a current of air, to bear the volatile substance to the region where the terminal ramifications of the special nerve are distributed. This current of air is furnished by nasal inspiration, and cannot, therefore, exist when this has become impossible. Every one knows, without any special acquaintance with the subject, that, to arrest the sensation of any odour, it is sufficient to hold the breath or to breathe exclusively by the mouth.

It is thus evident that the two causes which we have enumerated, the abnormal state of the mucous membrane and the naso-pharyngeal obstruction, combine, in the adenoid affection, to arrest the sense of smell. There is no necessity to point out the dangers to which the privation of this sense exposes us.

We must here refer to the direct, though obscure, relationship of the senses of taste and smell, all diminution in the sense of smell affecting also that of taste.

We have attempted to study more closely these relationships of the physiological conditions by experiment on ourselves. Let me briefly give the result of our researches. The sense of smell assists that of taste in the following manner: We gently lower the soft palate, and in this way establish a communication between the buccal pharynx and naso-pharynx. We then expire a current of air, which, in passing behind the isthmus of the throat, attracts and draws to the nasal fossa the air

of the buccal cavity impregnated with the effluvia of the substances. We can verify this statement in different ways. By closing the nose, for example, or by making inspiratory, instead of expiratory, movements, the sense of taste becomes immediately blunted, and there remains only the perception of such simple flavours as sugar, salt, &c.

It would be desirable that other observers should experimentally prove on themselves the value of our hypothesis.

### Influence on the Purity of the Air Inspired.

Besides their other important functions, the nasal fossa insure the purification of the inspired air; during its passage in the numerous windings of these cavities, the atmosphere is filtered, and deprived of the impurities which it so often contains, such as dust, smoke, &c., a portion of which is retained in the mucus which lines the interior of the nose.

We have only to recall the researches of Tyndall, and those of Pasteur, who have shown the quantity of dust, whether organic or inorganic, which is contained in the air we breathe. Of the latter, the greater proportion is composed of mineral detritus; the organic particles consist chiefly of spores. MM. Smith and Davis calculate at 37½ millions the number of spores contained in the volume of air inspired during ten hours. A very approximate estimate, we need not say.

When we wish to ascertain the degree of pollution of the air which we breathe in certain conditions, and the quantity of substances injurious to the organs of respiration with which it is charged, we have but to examine the nasal mucus after an evening spent at a ball, a theatre, or in a crowded café. We can also appreciate the advantages of respiration by the nose in a different manner, that is, by examining the respiration of those who dwell in an atmosphere polluted by smoke or other injurious substances—for instance, in workshops full of the fumes of chromic acid, or its salts, of flower, or nap, &c. This contaminated air has little or no effect on those who breathe by the nose, while, when it enters by the mouth, it produces painful and disordered respiration. Dr. Cassels strongly emphasises the importance of the nasal passage to purify the inspiratory air, in a memoir to which he has given as title an ingenious application of the English proverb, "Shut your mouth, and save your life."

We must here remark that the physical conditions of the air which reaches the lungs should not be lightly regarded. As we have stated previously, nasal respiration renders the inspired air not alone purer, but also moister and warmer, than buccal respiration. This latter theory has been verified by M. Grébant, who, at a surrounding temperature of 22° (Cent.), has found 33·9 for the air expired, after having been inspired by the mouth, and 35·3 for that expired after having been inspired by the nose. (The expiration in both cases was made by the mouth.)

### Influence on the Development of Young Children.

If nasal respiration is of importance to the health at every age, it is especially so in infancy—particularly in the first years of life, as the important researches of our distinguished teacher, M. Rayer, and of Billard, have shown us. At the commencement of life, the child absolutely does not know how to breathe by the mouth, even when the nose is obstructed. M. Kussmaul has pointed out that infants at the breast, even when they sleep with the mouth open, do not the less breathe entirely by the nose. These details, apparently insignificant in a healthy child, acquire a vital importance when the nose is obstructed by any cause. There is nothing so painful to witness as an infant sucking, who cannot breathe by the nose. It is obliged constantly to loosen its hold on the breast, to attempt to breathe by an unusual channel. There is an unpleasant disturbance, sometimes interrupted by actual attacks of asthma. M. Kussmaul even admits that the movements of inspiration, the nose being impermeable and the mouth closed, may cause acute congestion of the lungs.

According to M. Bouchut, buccal respiration may incite still more serious accidents. "In these cases," he says, "respiration can only be effected by the mouth, which remains constantly open for this purpose. The current of air draws the inferior lip backwards like a valve, and also the tongue, which is drawn up and bent, with its inferior surface applied against the soft palate, so as to obstruct the buccal cavity.

When the infant has finally learned to breathe by the mouth, it is a victim to all those injurious consequences of this habit which we have already referred to, and also to others peculiar to infancy. Thus Dr. Paul Niemeyer attributes to buccal respiration certain attacks of false croup, which have been noticed in the early hours of the night. They proceed from the constant drying of the glottis in respiration by the mouth.

### Snoring.

Amongst the persons we have met with, affected with adenoid tumours, all those in whom the affection was far advanced were subject to this disagreeable habit,

*Snoring at Night.*—In examining those who snore, while they emit their peculiar sound—so much dreaded by persons who sleep lightly—we can prove that they always breathe with the mouth open. Similarly, in attempting to imitate snoring, it will be seen immediately that it is impossible to produce this sound with the mouth closed. Since we thus see that buccal respiration is the condition, *sine qua non*, of snoring, we are not in the least surprised to meet with this bad habit in persons breathing by the mouth on account of adenoid tumours. We should be the less so, as the thickening of the entire of the pharyngeal mucous membrane, and the abundant secretion so frequent in this affection, combine to still more contract the channel for respiration, and by increasing the rapidity of the current of air, making it more liable to throw into sonorous vibrations the uvula and soft palate of the patient, particularly in the dorsal decubitus, if the tongue falls backwards and encroaches still more on the passage already so narrowed.

### Arrest of Development and Deformity of the Thorax.

We have found in many young people affected with very large adenoid vegetations, not alone an extremely imperfect development of the thorax, but also a marked deformity of its walls, a peculiarity little known, and which it appears to us very important to point out. In all these patients the chest had a marked flatness quite at variance with the general development of the individual. In some there was also a striking deformity. As a rule, it consisted of a great depression of the central portion. In one case, a young man, æt. 18, very healthy otherwise, we found, on the contrary, the *pectus carinatum* the characteristic, pigeon-chested deformity of rickets, recognised by the two vertical channels, as also by the prominence of the *chondro-sternal cartilage*. However, neither the antecedents of the patient, nor the most minute inspection of his body, could discover anything indicating a formerly rickety condition.

In considering the origin of this condition we do not think it will be found in habitual buccal respiration, since this offers to the air inspired and expired a sufficient channel not to interfere in any way with the normal development of the thorax. It seems to us rather to point back in the history of each patient to a period when he had not yet exclusively breathed by the mouth, to a period which may be called one of transition and struggle. This is the probable manner in which these occurrences take place. The tumours only slowly reach their full development. A time must of necessity arise when the obstruction of the posterior nares, which is habitually incomplete, becomes still more impeded during certain

attacks of greater swelling, or of more copious secretion, which are peculiar to the affection. At these times nasal respiration is insufficient, but as the patient has not yet exclusively breathed by the mouth, from time to time he involuntarily closes it, and attempts to breathe by the nose. This latter being closed, the thoracic cavity cannot be enlarged. In consequence of this there is lowering of the diaphragm and contraction of the intercostal muscles—particularly the external—which tend to enlarge the thorax during the passage of air through the glottis ; for the same reason there is also flattening of it. This flattening proceeds from the predominance of the atmospheric pressure on the one hand, and on the other the elasticity of the pulmonary tissue, which tends to diminish the volume of the lung in proportion as the intra-pulmonary pressure diminishes. At length, in these cases, under the influence of atmospheric pressure, the intercostal spaces are deepened, and even the costal cartilages are deformed. There would be a similar result if the mouth was closed during sleep, or that the soft palate of the sleeper, yielding through fatigue of the muscles which elevate it, were to fall down, thus leaving but an inefficient approach into the obliterated nasal fossa, while it closes the entrance into the cavity of the mouth.

# Clinical Records.

## LONG ISLAND COLLEGE HOSPITAL.

*A Unique Case of Complete Outward Dislocation of the Forearm.*

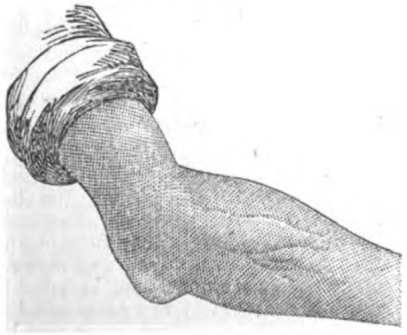
Under the care of Dr. FRANK H. HAMILTON.

Reported by Dr. WINFRED WYLIE, House Surgeon.

"The large majority of outward dislocations of the forearm are incomplete ; indeed, only nine examples of a complete dislocation have been collected by Denner, including two seen by himself. Malgaigne has since added two more, making in all eleven cases. All these examples have occurred in the practice of French surgeons. So far as I am able to discover, no American or English surgeon has ever reported a single example."—*Prof. Frank H. Hamilton.*

*History.*—Edward Baker, æt. 38, native of St. John's, Newfoundland ; occupation, sailor. *Service of Dr. S. D. Mason.* Patient was engaged in a fishing enterprise in 1862. While fishing, standing on a staging formed of three-inch sticks, laid crosswise, three inches apart, he

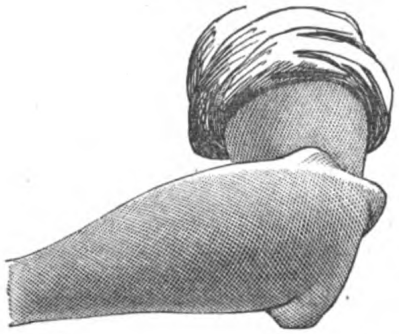
FIG 1.



fell, with one arm raised, striking on the inner side of the elbow. At the same moment a barrel of fish weighing two hundred and fifty pounds, fell over, striking the arm about three inches above the external condyle. Upon rising he found the arm flexed at a right angle and pronated, and that he could not move it. No attempt at reduction was ever made, nor was there any retentive apparatus applied. He put the arm in a sling, and after a couple of months he commenced using it a little. At the end of two years his arm was sufficiently recovered to permit him to return to his sailor life, which he followed up to six months ago, when he was admitted to the Long Island College Hospital for other injuries.

Condition of the arm now, seventeen years after the accident. The inner border of the olecranon process rests upon the external border of the humerus, two inches above the external condyle (Fig. 2), where probably an articular faucet has been developed ; external to this is the head of the radius, which can be recognised by sight, but more surely identified by touch. The internal condyle of the humerus projects nearly two inches from the inner surface of the forearm (Fig. 1). When extended,

FIG. 2.



the radial border presented a gentle outward inclination from the elbow down (Fig. 1). This may be greatly increased or decreased by manipulation.

This extremity is about three inches shorter than its fellow, measuring from the tip of the acromion to the styloid process of the radius, and the forearm is nearly three inches shorter than the opposite one, measuring from the internal condyle to the pisiform bone. The patient has full control of this limb, can reflex or extend, pronate or supinate it, as easily as the other arm, and he thinks it is in every particular as serviceable as the other. The accompanying cuts illustrate the deformity at the elbow, but as he is a very muscular man the malposition is not so patent to the eye as to the touch. The subject of this sketch has been repeatedly examined by the members of the hospital surgical staff, and their examinations confirm the above statements.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 18TH.

Dr. GREENHOW, President, in the Chair.

Dr. STURGE

ON A CASE OF RARE VASO-MOTOR DISTURBANCE IN THE LEG.

The patient, a man æt. 29, began to have attacks of redness and swelling, with a feeling of heat, in the right great toe about four years ago. They came on after he had been standing some time, lasted for two or three hours, but went off more quickly if the foot were kept elevated ; they increased in severity, and eventually reached thigh and buttock. Eighteen months after the first onset the burning pain felt when the foot was put to the ground obliged the patient to give up work. The left foot and leg have begun to feel hot during the last six months. The attacks are brought on by hanging the leg down, sitting near the fire, wrapping it up warmly, or by much excitement. When first admitted to the Royal Free Hospital he rarely passed twenty-four hours without one. For more than two years the right leg has been wasted. The circumference of the right thigh was 1¾ in. less than that of

the left; that of the right calf 1½ in. less. There was marked increase in the reflex irritability of the muscles. Their electrical reaction was altered; there was great diminution of reaction to both constant and induced currents, when the rheophores were applied to the muscles, but when to the nerves both currents produced good reaction. Now in atrophy from disease of the spinal cord there would be loss of reaction to the induced current in both positions, and to the constant and induced current in both positions, and to the constant current when the rheophores were applied to the nerves; good, or even increased reaction when they were applied to the muscles. The surface temperature, taken by Stewart's surface thermometer, was below 75° (the lowest point on the scale); in the attacks it was about 93°; always lower on the dorsum than on the sole. Dr. Sturge remarked that this belonged to a class of cases of which a description was published by D. Weir Mitchell in the *American Journal of the Medical Sciences* for July, 1878. Dr. Mitchell had seen five cases, and quoted six from other sources. He states that the disease nearly always occurs in men, following some constitutional disease, or after much walking. It begins usually in the ball of the foot, and gradually extends to the rest of the limb. The course of the disease described by Dr. Mitchell much resembles that above given. Two of his cases were associated with spinal symptoms, such as weakness of the legs, atrophy of muscles, &c. But Dr. Sturge pointed out that in this case the atrophy was shown by the electrical reaction to depend on a local rather than a spinal cause. He suggested that the disease had been brought on by the prolonged over-excitation of the vaso-motor centre, resulting from long exposure of the feet and legs to wet and cold, and that the condition was thus allied to the irregular action excited in other centres from over work, as in the case of writers' cramp.

Dr. Stephen Mackenzie said that he had observed a similar case. The patient, an engine-driver, was exposed to great variations of temperature, in consequence of his occupation; his feet were chilled, and his lower limbs and abdomen heated. Two years and a-half ago he began to complain of pains in the feet on walking, and this increased to such a degree as to prevent his walking for more than half-an-hour; he was then compelled to rest with his feet raised. The muscles were wasted, but there was good tendon reflex. A difference between his patient and that of Dr. Sturge was that the lower extremities did not redden much after he had been standing, though the veins were much filled; otherwise there was a strong resemblance between his condition and that of the patients described by Dr. Weir Mitchell.

Dr. Poore thought Dr. Sturge's theory of the production of such a condition by repeated stimulation of the vaso-motor system both interesting and probable. In writers' cramp, a disease to which he had paid some attention, it was common to meet with vaso-motor disturbances. The arms were alternately hot and cold; and another point of resemblance was that the electrical reaction of the muscles in such a case was the same as that described by Dr. Sturge; when the electrodes were placed on the muscles, neither Galvanic nor Faradaic currents would produce contraction, though they would do so when applied over the nerves. He asked whether there were any hyperæsthesia in this case, or any sign of neuritis.

Dr. Sturge, in replying, stated that there was no hyperæsthesia, nor was there any tenderness of nerves present. Dr. Mackenzie's case appeared to him to be one of those which Dr. Mitchell distinguished, without separating them, from the severer cases.

Dr. Sturge

ON A CASE OF PARTIAL EPILEPSY APPARENTLY DUE TO LESION OF ONE OF THE VASO-MOTOR CENTRES OF THE BRAIN.

The child was now seven years old; the family history was good, no history of hereditary nervous diseases. There was an extensive mother's mark on the right side of the head and neck, and one patch over the left frontal and temporal region. All the parts affected on the right side were larger than on the opposite; the right eye was affected; and he read notes taken by Mr. Nettleship on the condition of this eye, from which it appeared that the palpebral fissure and the pupil on this side were larger than on the other, the sclerotic more vascular, a state of sclero-nævus. This eye was myopic, probably because of its increased size, the lens presumably being adapted for a smaller eye; the choroid and optic nerve were redder than on the other side. The epilepsy began by twitching, lasting for ten or twelve minutes, at first confined to the left side. Several such fits occurred every day, but there was at this time no loss of consciousness. Gradually the fits spread to the other side, and in eighteen months or two years the child began to lose consciousness after the attacks. The fit began with a peculiar sensation in the left palm, followed by convulsions which soon became general. The left side remained weaker than the other. This state of things was considerably improved by bromide of potassium. In order to explain his theory about this case, Dr. Sturge gave a summary of his views as to the mechanism of an epileptic convulsion, and concluded that in this case the epilepsy proceeded from and depended upon a condition of the left hemisphere, comparable to that observed in the right eye, and the skin and mucous membranes of the right side of the head.

Dr. Glover objected that the existence of a port wine mark on the cerebral hemisphere was theoretical, and hardly worthy of discussion. Besides, there was a mark on the left side of the head, and the unilateral commencement of epilepsy was common. In reply to Mr. Heath he said he had questioned the mother on her idea of the origin of the mark, which she attributed to a fright she had experienced in her last month of pregnancy.

Mr. Gould mentioned a case of extensive port wine mark which he had formerly observed, where there was considerable increase in bulk on the affected side. Fits were also common in this patient, but he could not describe their nature, the nævus having chiefly occupied his attention.

Mr. Furneaux Jordan thought that in these conditions a member or viscus might sometimes become enlarged, with being itself nervous, as a result of the more vigorous circulation present; and described a case where the radius, thumb, and index were much hypertrophied, as he believed, from this cause. It was fair to add that from some communications he had received from Mr. Hutchinson, who had also observed a similar condition, he found that Mr. Hutchinson did not agree with him as to the means in which this hypertrophy was produced.

Dr. Poore, while thanking Dr. Sturge for bringing forward this case, felt that fits were so common in children, with or without port wine marks, that he should be unwilling to agree to Dr. Sturge's theory on the strength of this case alone. Was any such port wine mark of the brain known to exist? He would further ask whether in the present case there was any change in the vessels of the nævus during the convulsion? and lastly, whether the supposed affection of the brain had to any extent interfered with the growth of the opposite side of the body?

Dr. Sturge, in replying, said that he should not have ventured to suggest this explanation of his case if it had not been for the unusual extent of the nævus. It should be remembered that all the accessible parts on the right side of the head were involved, including the deeper parts of the eye. The mark did just extend over the median line, as was so common in anæsthesia of one side. Otherwise the mark on the left side of the head was unimportant. He had never observed a fit in this patient, but just after one, the mark was rather darker than usual.

Mr. A. Pearce Gould

ON A CASE OF AMPUTATION AT THE HIP-JOINT, IN WHICH THE ILIAC ARTERIES WERE COMPRESSED BY DAVY'S LEVER.

The patient, a man æt. 28, was admitted into Westminster Hospital with advanced disease of the hip. Excision of the head of the femur, which was separated from the neck, was performed, but it afterwards became necessary to remove the limb. Mr. Gould did this by prolonging his excision wound downwards a short distance and then severing the thigh circularly—an oval amputation, in fact. He claimed for this method that it considerably lessened the extent of the cut surface, and the uninjured inner part of the thigh was very useful in supporting the posterior flap, and in aiding the nutrition of the flaps. He recommended it especially in cases of amputation following excision. The iliac vessels were controlled by Davy's lever passed into the rectum. There was no flow of blood during the amputation, only that lying in the severed vessels escaping; at the end of the operation the blood in the tray, mixed with serum and sawdust, measured less than 3 oz. In comparing Davy's lever with Pancoast's tourniquet, which is usually employed, Mr. Gould held that it had the following advan-

tages :—1. It disturbed the circulation less ; 2. It did not interfere with the respiratory movements, nor was it interfered with by them ; 3. Its use was not prevented by obesity, rigidity of abdominal walls, or the existence of abdominal tumours ; 4. The pressure required was less ; 5. Less liability to injury of viscera and peritoneum ; 6. greater ease and security in application ; 7. Greater cheapness and durability ; 8. If the lever were not at hand its place could be more easily supplied. The lever was first suggested and used by Mr. R. Davy in a young child in January, 1877, then by Mr. Gould in Dec., 1878, and since then by Mr. H. Marsh, Mr. Johnson Smith, Mr. Davy, and Mr. Cadge, and in every case successfully. Mr. Gould showed some deep sutures which he had employed to maintain the flaps in exact apposition ; they were steel pins rivetted at one end to a flat oval disc of vulcanite ; this pin is passed through the flaps up to this disc, and then a similar disc of pure black rubber is slipped down over the pin on to the other flap ; by its elasticity it grips the pin. Three of these were used, and held the flaps so firmly that the patient was able to turn in bed and move his stump without assistance. The patient progressed very favourably for 40 hours, but died at the end of 68 hours ; and at the autopsy all the veins of the left foot, leg, and thigh were found to be filled with black coagulum which reached just into the common iliac vein. There was no sign of injury of the rectum, peritoneum, or arteries.

Mr. MACNAMARA said it was the second time he had seen the lever used ; the first time was in a child, who was very anæmic ; here he thought not more than 1½ oz. of blood was lost, and the child made a good recovery. The lever, however, had some disadvantages, its length was a source of danger, and it required extreme care on the part of the assistant. The amount of damage that might be done, too, was considerable, when the force of such a lever was recollected. In one case, after death it was found impossible to introduce the lever at all, and this, of course, might sometimes happen during life. He allowed, however, that the successful instances of its use which had been brought forward inclined him to think more favourably of the method.

Mr. MARSH had used the lever in one case ; there had been no difficulty in introducing it nor in controlling the vessel, and the amount of blood lost in the amputation of the limb was under 1 oz. he thought. The means seemed to him very fairly successful and worthy of a trial, for there were undoubted disadvantages in the use of Lister's tourniquet, particularly if the patient happened to faint during the operation. He had had once to amputate the upper part of the thigh for a case of secondary hæmorrhage after ligature of the femoral artery, and the patient died after losing more blood than he could afford in his enfeebled state. Such a case would have been very suitably treated with the lever, which also might be used in the treatment of aneurisms of the common femoral.

Mr. JORDAN thought Davy's lever would prove an effective, simple, and valuable addition to the surgical armamentarium. In the manner of removing the limb at the hip-joint which he had recommended he thought there were several advantages, the muscles quickly contracted and the skin fell together, less surface for absorption was exposed, the vessels were divided transversely, and far from the pelvis. Only last Tuesday he had occasion to do this operation in a case where gangrene had followed a previous operation. He had removed the limb and the lad was now fairly well and expected to recover. With Davy's compressor, Esmarch's bandage, and his operation, he thought amputation of the hip would be far less dangerous than formerly. He would add that this operation had lately been done by Mr. Littlewood and Mr. Beddard at the Nottingham Hospital, in both cases successfully.

Mr. BAKER remarked on the thrombosis, and asked if there were any signs of injury to the veins at the seat of compression. Personally, he had found no special difficulty in amputating in the old way at the hip-joint, with the help of the tourniquet. How long did Mr. Jordan's method take ; and would not the shock following such a prolonged operation be greater ? He could not help feeling that in this case a share in the result must be laid to the carbolic acid.

Mr. HEATH observed that he had helped Mr. Swayne to amputate in the oval method in the autumn of 1866. Mr. Jordan's method appeared to be an elongation of this, and no doubt was suitable for cases of excision, but it was not adapted for those serious cases where amputation at the hip-joint was required for the removal of tumours in the upper part of the thigh. These were the fatal cases. In reply to Mr. Macnamara he said there was often a great difference in the facility of passing an instrument in the dead and the living subjects.

Mr. HOWSE thought the question did not lie so much between Davy's compressor and Lister's tourniquet, as between the compressor and digital compression. In two of the cases Mr. Baker had mentioned, it was this method of compression that was practised, and no doubt it was a great strain on the muscles and fingers of the compressor. An objection to Mr. Jordan's operation was that all the old sinus tissue was left, a great disadvantage in his opinion. He was in the habit of making a skin internal flap, which folded at right angles to the buttock flap, and allowed more easily the use of antiseptics.

Mr. BARWELL had found no difficulty in treating such cases antiseptically. He used a spiral flap, and removed the limb rapidly, trusting to Lister's tourniquet, nor did he quite understand the advantages of Mr. Jordan's operation over this one.

Mr. G. BROWN asked as to the cause of the thrombosis. It appeared reasonable to suppose that carbolic acid might have caused it. Pressure would have produced a one-side thrombus.

Mr. HULKE had listened with pleasure to the discussion. He would wish, however, to say that the oval method was a favourite of Guthrie's in 1849 or 50. He had helped C. Guthrie to do it. An internal and external skin flap were made, and the muscles cut short. In military surgery it was especially advantageous, for heavy baggy flaps rendered transportation difficult. In advocating the use of the lever, it should not be forgotten that bad results had followe only a prolonged use of the tourniquet.

Mr. GOULD replied to Mr. Macnamara that the cause of the difficulty of passing the lever in the case referred to had been a stricture of the rectum. The thrombosis, he felt bound to say, he was inclined to attribute to carbolic acid poisoning. The oval method was as rapid in performance as the other.

## SURGICAL SOCIETY OF IRELAND.

SESSION 1878-79.

FRIDAY, MARCH 28TH, 1879.

THE Last Meeting of the Session was held in the Albert Hall of the Royal College of Surgeons,

Dr. EDWARD D. MAPOTHER, Vice-President of the College, in the Chair.

There was a large attendance of members and visitors.

Mr. B. WILLS RICHARDSON (hon. sec.), read the minutes of the previous meeting, which were signed.

Mr. B. WILLS RICHARDSON submitted specimens of

ENLARGEMENT OF THE CONDYLES OF THE FEMUR FROM DISEASED KNEE-JOINTS,

description of which will be found on page 009.

AMPUTATION OF LEG.

Mr. HENRY GRAY CROLY exhibited a leg amputated on the previous Tuesday by the rectangular flap method for acute suppuration of the joint. He said : The child is æt. 6. About six months ago it got a fall on the knee. When admitted into hospital there were all the symptoms of acute inflammation of the joint, and very soon it became evident that the joint was full of purulent matter. At first, I made an incision into the joint, and let out a large quantity of pus ; and everything was done with a view, if possible, to save the limb. However, symptoms of hectic setting in, the limb was removed. The synovial membrane is greatly thickened, and the joint completely disorganised.

Mr. THORNLEY STOKER submitted a

DERMOID CYST OVARY

removed by his prosector on the previous Saturday, from the body of a female subject in the dissecting-room attached to the College. He said : It affords an example in one sac of all the different contents that may occasionally be found in

cysts of this character. The woman was æt. about 35; and from the condition of the uterus, and the marks on the abdominal wall, I should say she had borne children. The wall contained an intramural myoma. The left ovary was in an atrophic condition, and contained two rudimentary teeth in a very elementary condition indeed; while the right ovary was much larger, nearly as big as an ordinary fist. When opened, the cyst was found to contain a large quantity of well developed hair of a light brown colour, a quantity of fatty matter not yet submitted to microscopic examination, but which was apparently mingled with a quantity of epithelium; and finally, a bit of alveolus containing four teeth of different degrees of perfection undeveloped, one being like a premolar or first molar tooth. I have not caused the soft tissue covering the gum-like structure to be removed yet; because I wish to exhibit the specimen in its integrity.

DISEASE OF BONES OF FOOT.

Mr. WHEELER submitted a foot which he had removed on Tuesday last, from a girl, æt. 14, admitted under his care on the 1st inst. He said: The history of the case is this, about a year ago she suffered from inflammation of the ankle-joint and the smaller joints of the foot consequent on a strain she had received. The acute inflammation was subdued, but it ran into a chronic state, and she never properly recovered; some pain was felt when pressure was made against the tibia, or the astragalus was pressed up. A sinus was situated over the superior surface of the astragalus. I removed the foot by Syme's method, with the exception that, on account of the disease I cut more of the tibia off than is recommended by Syme. The os calcis was considerably diseased, more between the os calcis and astragalus than between the os calcis and the tibia. The three cuneiforms and the scaphoid were also diseased. There is one remarkable point I wish to notice. Supposing we had not got an amount of disease in front, and that it was merely located posteriorly, there was no sinus to indicate disease of the os calcis, no reason to believe what is here present, for by pressure on the malleoli and on the tibia and fibula no pain was evidenced. Externally the appearance was healthy; but the medullary canal of the tibia was slightly diseased. It was exactly analogous to a case I brought forward here of a girl, named Davidson, in whom there was no reason to believe it would not be advisable to resect the knee-joint on account of external appearance. Although to manipulation and pressure the tibia was healthy, yet when I amputated the limb there was disease of the tibia four inches down. That could not possibly be diagnosed before the operation was performed. In this case, if resection of the ankle-joint had been thought of, there was no way of knowing that the tibia was diseased from an examination of it. In that respect alone, the case is interesting. We have also got the disease between the astragalus and os calcis, and yet not between the astragalus and tibia, the astragalus itself being sound.

Mr. HENRY GRAY CROLY exhibited

PORTIONS OF BONE REMOVED BY SECONDARY RESECTION OF THE ELBOW-JOINT.

The boy, he said, from whose elbow the portions of bone were removed on last Tuesday, had disease of the joint. I had resected the joint some months ago. At the time I observed, on laying open the joint, the disease was more in the synovial membrane than in the bones. At the same time I removed the condyles of the humerus, making the usual section of the ulna and radius. The wound healed, everything went on favourably, and the boy is in excellent health, even now; but he came back with sinuses. I determined on performing the operation again by cutting out the diseased bone. I was induced to do that from the fact that last Summer I performed a secondary resection of the elbow of a little boy, where the disease returned; and the limb is now an extremely useful one. The elbow is such a favourable joint for excision it is well, before thinking of removing the arm, to adopt the method which I have done in this case of taking away the diseased bone a second time.

*(To be continued.)*

MR. W. F. TEEVAN, B.A., F.R.C.S., has been appointed to give the Lettsomian Lectures by the Council of the Medical Society of London.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

SCOTCH REGISTRAR'S RETURN FOR MARCH.—During March there were registered in the 8 principal towns in Scotland the births of 3,799 children, of whom 8·3 per cent. were illegitimate. In Greenock 2·8 per cent. of the births were illegitimate; in Perth, 5·5; Dundee, 9·0; and in Aberdeen 11·4 per cent. Five-hundred-and-eighty-four marriages were registered, being 75 under the March average of the last ten years. The deaths of 2,488 persons were registered. This is the lowest number registered during the month for the 5 last ten years. Of the deaths 41 per cent. were of children under five years of age. Whooping-cough continues to be the most fatal of the epidemics, having caused 143 deaths. Sixty-one deaths resulted from violent causes, of which six were suicides. One death was caused by delirium tremens, and six by the direct effects of intemperance. Three males and three females were aged 90 years and upwards, the eldest of whom was the widow of a master baker, and was aged 96 years. The month of March has been cold, wet, and windy. The lowest mean temperature was observed at Greenock, 37·2, and the highest at Glasgow, 39·2. The greatest rainfall was at Greenock, 64·5 inches, and the smallest at Leith, 2·20 inches. Wind equally divided between East and West.

GLASGOW PHILOSOPHICAL SOCIETY.—At the fortnightly meeting of this Society, held on the 16th inst., Dr. Fergus in the chair, Herbert Spencer was elected an honorary member. The Philosophical Society of Glasgow is far from free from the Sabbatical taint of the country, and it is not a little strange that Mr. Spencer was unanimously elected. We presume he was not asked, however, to swallow Jonah nor his whale! The Glasgow Philosophical Society in conferring its honorary membership on one of the clearest thinkers of the day has done itself an honour; it can affect Mr Spencer in no way. It is Haeckel's turn next. We shall be glad indeed to have the genial professor of Jena as a *confrère*.

THE LATE SURGEON-MAJOR DOUGALL.—Intelligence was lately received by his friends of the death, at Port Blair, in the Andaman Islands, of Surgeon-Major Joseph Dougall, M.D., F.R.C.P.Edin., a gentleman, who in the course of twenty years' medical service in the East, had won golden opinions alike by his professional skill and his personal worth. Having graduated in Edinburgh in 1858, Dr. Dougall was appointed to the Madras Medical Service on 10th February, 1859. He saw service in China under Sir Hope Grant in 1860, and received the Chinese medal and clasp for Taku. He subsequently served in various parts of India, and while acting as civil surgeon at Vizagapatam in 1865, operated successfully in several difficult cases of elephantiasis. In 1866, at the request of the Government, he undertook an investigation into the febrifuge properties of the cinchona alkaloids, cinchonia, quinidia, and cinchonidia; and after six months experience in the most malarial districts, gave in a report on 108 cases very carefully tabulated, with the results as to the comparative value of these alkaloids, which report gained the gold medal at Edinburgh University in 1872, on his graduating M.D. He was in medical charge of the Political Agency at the Court of Burmah in 1869, and in 1873 was senior medical officer in Andaman and Nicobar Islands, a post of great importance and heavy work. Here he made his important discovery of the

treatment of leprosy with Gurjunbil, for which he received the special thanks of the Government of India. He presented two skeletons of Andamanese, a diminutive and little known race, to Edinburgh University, and ten skeletons to the Royal College of Surgeons, London. Professor Flower has written a memoir on the osteology of this race, chiefly founded on these specimens, which is said to be nearly ready for presentation to the Anthropological Institution for publication.

Death of Dr. Charles Still, of Smoogrow.—Dr. Charles Still, of Smoogrow, Orkney, died at Ophir, on Friday, 11th inst. In 1852, Dr. Still stood as the conservative candidate for parliamentary honours for Orkney and Shetland, along with Mr. Dundas, and Lord President Inglis; but in 1863 he acted as chairman of Sir Peter Tait's committee in the contest with Mr. S. Laing, the present member. He leaves a widow but no family.

Extraordinary Case of Accidental Poisoning in Aberdeenshire.—An alarming and curious incident occurred the other day at the farm of Cairnbrogie, Tarnes, Aberdeenshire. Mr. George Marr, the tenant, Mrs. Marr, and Miss Eliza Marr, and two domestic servants, were seized with severe sickness and violent vomiting shortly after dinner on Saturday last. Mrs. Marr and one of the servants continued sick until next day, and though not in a dangerous condition, they are still confined to bed. The others soon recovered. Dr. Walker, Tillymann, was called in, and his inquiries led to the idea that her sudden illness was caused by poison. It seems that on Friday night Mrs. Marr had placed a mixture of vermin poison, suet, and oatmeal in the pantry, for the purpose of destroying rats, and that in the pantry there were some potatoes which were used at dinner next day, and amongst which it was supposed the rats had carried some poison.

Edinburgh University Court.—The University Court met on the 14th inst., present Principal Sir Alexander Grant, Bart., in the chair. Lord Curriehill, the Lord Provost, Mr. Clark, the Rev. Dr. Lindsay Alexander, and Professor Campbell Fraser. *Inter alia*, there was laid before the Court the order of Her Majesty in Council approving of the Court's report in favour of Professor Balfour's petition for permission to retire on a retiring allowance; and it was reported that according to the Court's instructions, Her Majesty's decision was published when received; that the usual official intimations had been made. Mr. John Symington, M.B., was recognised as a Teacher of Medicine in Edinburgh, whose course of instruction in Practical Anatomy should qualify for graduation in medicine in the University, in terms of Ordinance, No. 8, sec. 6. The following arrangements with regard to the April examinations were approved of, viz.:—Dr. Blair Cunninghame to act for Mr. J. F. Payne, as Examiner in Pathology, and Dr. Hugh Cleghorn to act as one of the Examiners in Botany, in place of Professor Balfour, whose resignation has been accepted.

Edinburgh College of Surgeons.—At a meeting of the College on Wednesday last Mr. William Bowman Macleod was recognised as "Lecturer in Dental Mechanics," in connection with the Edinburgh Dental School in Chambers Street.

Playing at Hanging.—A little boy named Penman, living at Kirkaldy, while "playing at hanging," on the evening of of the 15th, became entangled in the noose, and was found by his brother a short time afterwards quite dead. No wonder! When *will* newspapers cease, or will they ever, to poison the minds of youths with descriptions of every abomination which disgraces and befouls human nature? Government should really interfere.

A New Chair in Edinburgh University.—Dr. Clouston has been appointed Lecturer on Mental Diseases in the University of Edinburgh by the Senatus Academicus. This is a new lectureship, instituted in accordance with the recommendation of the Universities Commission, the subject having been taught previously by the Professor of the Practice of Physic, in conjunction with Dr. Clouston.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 23, 1879.

## MEDICAL ASPECTS OF THE FAMINE IN INDIA.

When Mr. Bright a few days ago delivered before his well-tutored constituents a philippic in disparagement of our possessions in India, he was no doubt perfectly blind to the many blessings which our dominion in that country has cast upon the subject race. He was blind to the fact that, if India has not added much to our material prosperity it has at least given us the opportunity of increasing the general welfare and happiness of many millions of our species. Among the advantages which the natives of India have experienced from our rule, and which they are likely to feel more and more as time rolls on, is that extensive system of relief in periods of famine which has been recently adopted by the Indian Govern-

ment, as well as the efforts we are continually making to bring our knowledge of Preventive Medicine to bear upon the origin and propagation of the endemic diseases of India. The money, the labour, the literature, the research spent upon this one small department of our public polity in that country would astonish any one not accustomed to peruse the able and elaborate reports that periodically issue from the Government press. In the "Fourteenth Annual Report of the Sanitary Commissioner for Madras" there is an interesting account of the sanitary and medical aspects of famine, to which we propose to draw the attention of the reader.

The report of Surgeon-Major W. R. Cornish is all the more valuable from the fact that the medical and sanitary literature of famine is not so voluminous as might be wished, especially as regards the nature and prevalence of disease in times of great scarcity and want. Even with regard to the ordinary food of the native Indian very wrong notions are, and have long been, entertained. Every reader of Buckle's "History of Civilisation" knows what stress he laid upon the generally supposed fact that the people of India are a grain-eating people, and that rice is the principal staple of their food. In Northern India the *pulses* are somewhat largely eaten to compensate for the deficient nitrogenous matter in cereal grains; but the lower and labouring classes of Southern India prefer animal food when they can get it. Some writers, remarks Mr. Cornish, have said too much about the simplicity of the diet of the native Indian. The Brahmans, who do no work requiring physical exertion, have been usually taken as a type of the labouring classes, but their diet is by no means simple, and, as a matter of fact, there are no classes of the population who are strictly "vegetarians" in their food. "The very best workers we have in Southern India, the 'Wuddahs,' or tank-diggers, an aboriginal tribe, are omnivorous in their diet, and eat meat (chiefly pork) freely, a day seldom passing that they do not use animal food." During the early months of the famine many thousands subsisted on the flesh of bullocks and animals that died. In the famine camps, where the poor came in by thousands to be kept alive, "their great cry and longing was for a meal of animal food." It was further remarked that in the early period of famine the meat-eaters presented a superior physique to those whose diet was chiefly farinaceous. There appears, moreover, some misconception with repect to the quantity of food consumed in ordinary years by the labouring classes. Sir Richard Temple has stated that the labouring man in Southern India could not afford to eat more than a pound of grain a day. But this statement is, observes Mr. Cornish, without any foundation in fact. "The agricultural labourer may be badly off. He is certainly not a free agent, but in matter of material to fill his stomach, he is, in seasons of ordinary prosperity, just as well off as the agricultural labourer in Dorsetshire or Devon." Even the "Padial," or permanent farm labourer of the South is, according to another authority, better off with his comparatively scanty wage than the farm-labourer at home with his 9s. or 10s. a week. It is, however, admitted that low living is the rule among those who have no regular agricultural or other employment, and at the commencement of the famine the pinching in the daily supplies began with this class of people, as well as with the old and young who had no settled occupation.

We need scarcely remark that the late famine in India gave medical officers a good opportunity of studying the physical signs of chronic starvation. The chief symptoms noticed were anæmia, undue waste of tissue, and the consequences resulting from these conditions of the system. These were pallor of the external mucous membranes, feebleness of the circulation, and palpitation; extreme emaciation, with a characteristic flattening of the nates; great lethargy and indifference as to their fate; a scorbutic state of the system, with a deep purplish blue discolouration and thickening of the gums, in some cases, ulceration, bleeding, and loosening of the teeth, followed by dysentery or diarrhœa, or general anasarca. Also a peculiar dirty appearance of the skin; discolouration of the ends of the hair; in the young arrest of growth and development; a torpid condition of the reproductive system of both sexes, with diminished fertility in the female, and loss of sexual appetite in the male. Surgeon-major Cornish draws special attention to the anæmia, the flattening of the nates, the extreme lethargy and mental hebitude, the diseased condition of the gums, the "famine skin," the failure of reproductive power, and a peculiar condition of the tongue. The languor and apathy of the famine-striken people were very remarkable. The desire for life had gone out of them, and they lay perfectly still, apathetic, and indifferent, as if all earthly considerations had ceased to trouble them. Their utter helplessness and disinclination to avail themselves of the means of living, were attributed by some to laziness or obstinate determination to die, but the pathological investigations of Dr. A. Porter, render it probable that these symptoms may be ascribed to a diseased condition of the brain and nervous system, as the brain was found to waste in starvation like other tissues of the body, though in a much less degree.

It will excite no surprise that many marvellous examples of extreme wasting were noted—hundreds of instances in which the skin appeared to be tightly stretched over the bony frame-work of the body, and in which no muscle whatever could be traced. The condition of the skin, known as "famine skin," was well described many years ago in the *Medical Press* by Dr. Donovan in his account of the Irish famine. It is owing to the presence of a scaly and degenerated epithelium, adhering tightly to the living skin beneath. Hence the skin loses all its gloss and smoothness, looks dirty, and feels harsh and dry. Lastly, it may be mentioned that in all bad cases of chronic starvation the tongue was coated with a thick white fur, but in many cases this fur was seen to crack and peel off in strips, leaving a raw red glazed and painful surface underneath.

It was also evident that the ordinary causes of mortality in India, such as cholera, small-pox and fevers, are aggravated in times of great scarcity of food, either by the depraved condition of health, or by the circumstances of the food-dearth bringing the people under peculiar insanitary conditions. With regard to small-pox, it is, says Mr. Cornish, curious to note that in every great famine, small-pox has been a natural concomitant,

During the siege of Paris, small-pox became exceedingly virulent and fatal. The herding of the people in crowds, their bivouacking in infected places, and their enfeebled condition of body, all tended to aggravate the intensity of the disease. During the year 187-78, 321 deaths from small-pox were registered in the Presidency against an average number of 29,301 in the previous eleven years. With regard to fevers, it should be remarked that during the early period of famine, and, indeed, as long as the drought continues, there is an absence of the usual amount of this class of disease. But after the wet weather sets in, malarious fevers become very prevalent and fatal. Again, relapsing fever has been generally considered as specially connected with famine, but according to the experience of the Indian surgeons, this fever must be regarded as an accidental circumstance ; the herding together of the people in towns and food-centres favouring, as in the case of cholera, the epidemic spread of the disease.

There are, moreover, certain diseases directly attributable to want of food, of which, in the case of the Indian famine, an intractable diarrhœa of partially digested food and watery mucus, complicated in some instances with dysentery and symptoms of ulceration of the lower bowel, was the most common. During the worst period of the famine, and before rain fell in quantity sufficient to cause malarious exhalations from the soil, three-fourths of the mortality of the famine-stricken might be ascribed to diarrhœa or dysentery. At a later period febrile diseases and lung complications were among the causes of death. According to the observations of Dr. D. D. Cunningham, whose detailed report on the minute pathology of famine diseases has not yet appeared, the local origin of this fatal bowel affection is a degenerative wasting of the complex structure of the intestinal mucous membrane, due apparently to a process of fatty degeneration of the tissues, and leading to destruction of the apparatus provided for the absorption of nutritive material. Next to diarrhœa and dysentery, the most common condition of the famine-stricken in hospital was that of dropsy. From the infant in arms to the old man tottering to the grave, anasarca was common. Intestinal parasites—especially the round worm—unhealthy ulceration of the legs, and scabies, were also very prevalent during the famine ; but ulceration of the cornea, which is usually regarded as a common result of insufficient nourishment, was not often met with.

We cannot now say much about the good results that are likely to follow the careful study which Surgeon-Major Cornish and others have made of the last great famine in India, but we may conclude this brief and imperfect sketch of the subject by quoting an important statement of this surgeon, the due appreciation of which might be turned to good account should ever our Indian authorities have again to deal with these terrible famines :—"Any scheme of general assistance to the poor, to be of use, must be set afoot before these symptoms of impoverished blood and tissue waste have become general. . . . . In this matter the great error of the past has been in confounding the effects of *acute* with those of *chronic* starvation. In acute starvation there is no time for the fatal degenerative changes of the assimilating structures, and nutriment judiciously given even in the last stages of exhaustion will be absorbed and restore the waning vitality. In chronic starvation the victims die, because the structural changes dependent on long continued wasting of tissues, prevent the conversion of food into force and energy."

## THE WORKING OF THE ADULTERATION ACT.

In the last issue of the *Analyst*, Mr. Wigner, F.C.S., publishes a statistical account of the working of the Sale of Food and Drugs Act, and its effect upon adulteration during the past year. The percentage of adulterated articles detected in the whole number of samples analysed in Great Britain and Ireland was, for successive years, as follows :—

| | |
|---|---|
| 1872 . . . . | 65·0 |
| 1875-6 . . . . | 26·0 |
| 1877 . . . . | 18·1 |
| 1878 . . . . | 16·58 |

It is satisfactory to find that there is a steady and marked decrease in the proportion of falsified articles. As to the relative number of adulterated specimens of various articles examined, it appears that in the returns for 1877 the worst place was occupied by wines and spirits, but this year drugs appear as the worst on the list. It appears too probable that this is not by any means the fault of the chemists and druggists, but it arises from some inspectors having purchased samples of so-called drugs from grocers' shops, or at other places where drugs had no business to be sold.

Next on the list this year comes wines and spirits, but with a very great reduction from the figures of last year. Milk also shows a reduction of more than 7 per cent., and for the first time since returns of this kind have been collected it falls below 20 per cent., or one-fifth of the samples purchased. Butter appears to be fractionally worse, but it seems not at all improbable that this slight increase may be due to the more universal adoption of efficient methods of carrying out the analysis. Bread and flour and groceries show a decrease, but it is even now a very serious thing that on a standard article of food like bread 3 per cent. of the samples examined should be found adulterated.

We will next look at the percentage of adulterated samples in different districts. Southampton heads the list with 53·4 per cent. of the samples purchased. Yorkshire (East Riding) and Hull and Liverpool follow closely after, each of them having more than 40 per cent. Preston and North Derbyshire are between 40 and 30. Lancashire, Warwickshire, Londonderry and Yorkshire (West Riding) have more than 25 per cent. Antrim, Belfast, Donegal, and Tyrone more than 20 per cent. Cork and Sheffield more than 16 per cent.; Dublin, on ly 2·6 per cent.

The good which has resulted fro m the operation of the law, however feebly it may be carried out—is sufficient to make us regret that there are so many localities in which it is wholly ignored, and adulteration is permitted to proceed unchecked. In no less than 10 counties and 27 towns, containing 2,000,000 inhabitants, the law against adulteration is systematically neglected But one of these counties (Cavan) is Irish.

In 23 more towns, with a population of about 850,000, only 271 samples, or an average of less than 13 per town, have been examined, although these include such populous places as Edinburgh and one of the London districts.

There are also 13 counties, with a united population of about one and three-quarter millions, in which only 205 samples have been analysed, or an average of about 16 per county.

In Scotland hardly anything has been done, owing to the decision given there on the "prejudice" question. Only 96 samples were examined as against 350 in 1877.

The magistrates at Cardiff have given the unique decision that the exact price of the article purchased must be tendered by the inspector, and no change be required, and as another amusing illustration of magistrates' wisdom, we may mention that in Cornwall, a case was dismissed because the certificate stated that the "sample of milk" was marked, and the Bench decided that it was impossible to mark a sample of milk, but only the bottle containing it!

In the discussion upon Mr. Wigner's paper, which ensued, Dr. Bartlett said they might consider that for some time past the Act had been a dead letter where it had previously been an advantage, and adulteration was now more or less in the ascendant in consequence. He thought the returns showed the advantage that a better constituted Act would create, and also the necessity for making the Act compulsory.

On the whole, the statistics given by Mr. Wigner are satisfactory and encouraging, but they go to show that the Adulteration Act is, after all, only an emasculate measure and that its efficiency has been sacrificed to fear of the shopkeeping interest on the part of the Government of the day.

# Notes on Current Topics.

## The Carmichael Prize Essays.

THE adjudication upon the essays sent in for the Carmichael Prize is proceeding, and the award will probably be made on the 5th of May.

It will be recollected that prizes of £200 and £100 (or larger sums if there are funds in hand), were established by the bequest of Dr. Richard Carmichael, who died in 1847, the subject being the Reform of Medical Education. These prizes were to be awarded by the Council of the Royal College of Surgeons in Ireland each third year. Already awards have been made to Dr. Mapother, now Vice-President of the College, and twice to Dr. Isaac Ashe, now Resident Medical Superintendent of the Dundrum Central Criminal Asylum. Hitherto, the competition has been small, not more than four essays having been ever submitted for any one competition, but the adjudicators have now before them no less than thirteen essays, some of them, we understand, of great merit. The Council of the College had been placed in a serious difficulty as to the appointment of judges, for it has been decided by the Master of the Rolls that those gentlemen could not be remunerated from the Carmichael Fund, and the Council did not consider themselves authorised to vote the College money for such purpose. The Council was relieved of this difficulty by the commendable *esprit de corps* of three of its own members, viz., Dr. Mapother, the vice-president, Dr. McClintock, and Mr. Stokes, than whom three more competent critics or more reliable judges could not have been selected. These gentlemen have undertaken, without any payment whatever, the most arduous and responsible task of reading the thirteen essays, and deciding upon their respective merits, and there can be no doubt that their verdict will be accepted with complete confidence by the essayists and by the profession.

## The Visit of the British Medical Association to Ireland.

ONCE again this year the British Medical Association visits Ireland. We have every reason to believe that the Southern Metropolis will maintain its character for hospitality in the cordial reception there being prepared for our English and Scotch colleagues. It is the first assemblage on so large a scale of any scientific body which has occurred south of Dublin for more than a quarter of a century, and, with the exception of the Belfast meeting of the British Association, in the provinces of Ireland.

Of the social success of this coming meeting, from our knowledge of Cork and Cork people, we have little fear. We would, however, make a few suggestions on the details of the work to be done in the sections. First, we may observe that a better and more careful codification of the papers sent in should be aimed at; a more systematic grouping of allied topics for discussion and original contributions; a more judicious sifting of the chaff from the wheat, so as that some really valuable seed may be sown, and that some permanent fruit be reaped from these, our great national professional congresses. Above all we would press for the formation of a sub-section in the special branches of ophthalmology, otology, and laryngoscopy. The crowding of miscellaneous groups of papers together, dispirits men who in these special branches take pains to send in an original communication. It is often listened to in a sectional meeting of those who take little or no interest in ophthalmic and otological work. Often the communication is heard without a practical comment or suggestion, it is passed aside, or taken as read. Therefore, we trust that the plan adopted in America and on the Continent, of having special discussions on subjects previously notified for debate, will be as far as possible followed out at the Cork meeting. Distinguished men in the legitimate specialties, both at home and abroad, would then be more likely to be induced to take part in such discussions. This plan would add a special feature of attraction to the meeting. It would also tend to leave a permanent record, to be afterwards referred to, on some disputed points of theory or practice. The annual meeting would then be characterised by the addition of new material, and have a scientific historical value, not to be acquired by routine addresses and threadbare disputations about subjects on which little that is new can be advanced. We are pleased to learn that it is the intention of the Local Committee to work actively

the Public Health Section. The example set by Manchester in having a Sanitary Museum as a distinct feature of the meeting, and to which the public were admitted, will be followed.

## The Plague.

According to the *Echo*, news is daily reaching St. Petersburg of outbreaks of the disease in remote parts of the Empire, and it is suspected that it exists in others, though the authorities do not care to communicate the unwelcome tidings, or, with characteristic apathy, have lost any interest in what, a few months ago, they were in fever-heat excitement over. Indeed, in many districts, the only representative of medical science is an old soldier, who had been attached to the Red Cross Society, or who had served as a hospital steward. The winter has not yet broken up, and under the snow lie heaps of filth which, it is feared, aided by the extreme dirt of the peasants' dwellings, and the entire disregard of sanitary application in the town, will cause a fresh outbreak as soon as the hot weather comes. Even in the capital the death-rate is prodigiously high—45 to 50 per 1,000. According to official statistics, the deaths in St. Petersburg exceeded the births up to 1873, so that the population must have increased solely by arrivals from without. So unhealthy are some of the gaols that Count Melikoff threatened the governor of one of them with death should the state of the place not be quickly improved; and in the Kharkoff House of Correction the *Golos* affirms that 200 out of 500 persons died of scurvy during four months of last year.

## Irish Coroners' Grievances.

Last week a deputation, representing the County Coroners' Association of Ireland, waited on the Attorney-General for Ireland for the purpose of laying before him the grievances of which the body have to complain as judges between the Crown and the people, and to impress on him the necessity of having some clauses inserted in the English Coroners Bill before Parliament so as to make it applicable to Ireland. The deputation was received at three o'clock, and was introduced by Mr. Swanzy, the chairman, who is coroner for the co. Monaghan. Mr. Fitzgerald, hon. secretary, read a memorial adopted at a meeting of the coroners of Ireland.

The memorialists set forth that the salary of each coroner should in no case be less than £100 a year, and that, as in many large counties and populous districts the duties of the coroner far exceed those performed in other and smaller districts, the salary should be increased in such proportions as to his Grace the Lord Lieutenant should seem fit. The mileage allowance payable to each coroner attending an inquest should be similar to that allowed to English coroners—that is, ninepence per statute mile going to and returning from inquests. After the age of sixty years the coroner should be entitled to receive a superannuation allowance equal to two-thirds of his salary, provided he shall have served as coroner for a period of twenty years, and to a sum equal to his full salary after he has arrived at the age of seventy years, having served twenty-five years, or at an earlier age if he be incapacitated from accident, disease, or natural infirmity. The memorialists further sought powers to enable them to appoint a deputy, as practised in England, the coroner paying the deputy. As to the matter of taking bail, that the same powers should be exercised by the coroners as allowed to justices of the peace in cases of homicide. Further, that schedule C, 9th and 10th Victoria, chapter 37, be revised, as the sum for incidental expenses is therein too small.

Mr. Swanzy represented that the claims of the coroners had been supported by nearly every member of Parliament in Ireland, their grievances and claims on the Crown being of long standing. There were eighty-six coroners in Ireland, all of whom felt the hardships which had been imposed on them by the law, and while their duties were very extensive, and in every instance critical and onerous, their salaries were not in any way commensurate with these duties. The necessity of giving the coroners powers similar to those performed by magistrates in admitting prisoners arrested on charges of homicide to bail was fully brought before the Attorney-General.

Mr. Gibson is stated to have consented to use his endeavours on behalf of the memorialists.

## A New Trick of the Anti-Vaccinators.

We hear that the local branch of the anti-vaccinators at Banbury have hit upon a novel plan of opposing the Vaccination Acts. They have opened an office a few doors from the vaccination station, where they will supply gratis borax and hot water, for the purpose of washing out the vaccine matter immediately after the operation has been performed. This is certainly a very determined attempt to frustrate the provisions of the Acts, but perhaps the tactics of these zealots will not be so successful as they expect. The absorption of the lymph into the system takes place much quicker than they imagine, and some time must necessarily elapse between the performance of the operation and having recourse to the expurgatory process of the anti-vaccinators. It is, however, evident that the opposition to vaccination is gaining ground among a certain class of people. Perhaps it would be as well if, after all, they were allowed to have their own way, with the proviso that, in the event of their unvaccinated children dying from small-pox they should be considered to be guilty of "manslaughter."

## Death from Glanders.

The death from glanders recently reported in the papers shows the necessity of keeping a close vigilance over the sanitary condition of the London mews and stables. The jury did well in expressing their opinion that the provisions of the Contagious Diseases (Animals) Act of 1878, with respect to the outbreak of glanders, and to the disposal of the carcases of horses suffering from that disease, have not been carried out. The jury also very properly recommend that the facts given on evidence should be brought before the Privy Council, and that steps should be taken to avoid, if possible, the recurrence of such accidents in future. It appears that after the deceased, a servant, aged eighteen, had been living a week over the stables she complained that there were very bad smells; but she contracted the disease from a child which she had been nursing, and upon which the affected horse had blown some of the secretion from his nostrils. It further appeared that

the provisions of the Slaughter House Act of 1874 have been violated by the carrying on of a trade by an unlicensed knacker.

## Transfusion.

Another case, perfectly successful, of transfusion has occurred in Dublin under the care of Dr. Kidd, and with the aid of Dr. Robert MacDonell. The patient was a woman of about thirty-five years of age—the mother of three children—an out-patient of the Coombe Lying-in Hospital. There was hour-glass contraction of the uterus, retained placenta, and excessive hæmorrhage, which had reduced the patient to a condition of complete prostration and unconsciousness, and rendered her almost pulseless.

The transfusion was effected with defibrinated blood, according to Dr. MacDonell's method. the placenta having been previously removed, and the bleeding checked, and the operation was followed by a very satisfactory and permanent reaction, which has ended in the convalescence of the patient.

## A Quack in Trouble.

The notorious quack, "Dr. John Sutton, M.D.," was last week interviewed by the police, and subsequently by a magistrate, and is at present the subject of further enquiries. His considerate attentions to erring youth do not seem to have prospered of late, notwithstanding the unauthorised use of Sir William Gull's name. He has, therefore, started in a line of business of a more lucrative nature, if it could be carried on for a lengthened period. At present, however, the authorities do not seem inclined to grant the necessary time, Dr. (?) Sutton having obtained a bicycle and other articles, for which he forgot to pay, and furthermore raised money on the same, the owners are not unnaturally anxious to obtain a legal definition of their position, and the police are not unwilling to aid them in the matter.

## Evasion of the Adulteration Act.

The ingenuity of publicans has placed another impediment in the way of the proper working of the Adulteration of Food and Drugs Act. At the recent quarter sessions held at Knutsford, the Chief Constable of Cheshire called attention to the difficulty which the police have in carrying out the Act. The publicans of the district have adopted the practice of posting notices, in not always very conspicuous positions, in their establishments, stating that their liquors are all mixed with water. When the police make purchases with a view to analysis, the publicans produce these notices; and although the liquors are found to be largely adulterated, the magistrates have, in many cases, felt powerless to convict.

## Closing of Small-pox Hospitals in London.

At the fortnighly meeting of the Metropolitan Asylums Board on Saturday, under the presidency of Dr. Brewer, a report was presented from the General Hospitals Committee, which stated that they had carefully considered the subject of the propriety of closing some of the small-pox hospitals under the charge of the managers. They had observed that during the last ten weeks there had been a considerable progressive diminution in the number of admissions, more especially at the Hampstead hospital, where 19 patients only had been admitted during the last four weeks, and where there were now but 31 patients remaining under treatment. The committee had therefore concluded to recommend that no more patients be received, and that as soon as the present inmates were convalescent the Hampstead hospital, with the sanction of the Local Government Board, be closed, the subject of the reduction of the hospital staff being left in the hands of the Hampstead Hospital Committee. During the last four weeks the patients received into the Fulham hospital had been 87, and there were now remaining 97. At the Deptford hospital during the same period there had been 80 admissions, and there were 148 under treatment. It was obvious, therefore, that these two establishments could not be closed; but the committee recommended, as an initiatory step towards their closing, that inasmuch as the Homerton and Stockwell hospitals, which had undergone thorough cleansing, repairs, and additions, were now ready again for the reception of patients, no more patients be sent to either Deptford or Fulham hospitals, but that all new cases be at once sent to the Stockwell and Homerton hospitals, and that the Local Government Board be requested to give their sanction to that step being taken. The report was adopted after some discussion.

## Domestic Poisoning.

Under the title of "Our Domestic Poisons; or, the Poisonous Effects of Certain Dyes and Colours Used in Domestic Fabrics," Mr. Henry Carr, M. Inst. C.E., has published a pamphlet, in which he adduces a good deal of evidence to show that chronic poisoning by the presence of arsenic in wall-papers and other domestic fabrics, is more prevalent than is generally supposed. There is a popular impression that green papers are the only papers which contain this metal. But, as Dr. Lauder Brunton and others have pointed out, colour is no guarantee of freedom from arsenic, light and dull greens, and certain blue, drab, and even white colours being in some cases loaded with this poison. Many of the aniline dyes may contain arsenic in quantities that are very injurious to the health, although the symptoms come on so insidiously, and are sometimes so anomalous, that their real cause may escape detection. Inflammation or irritation, and smarting of the eyes and nostrils, a feeling of debility and general *malaise*, headache, catarrh, dry cough, griping in the bowels and tendency to diarrhœa, are among the chief symptoms that have been observed in those who have suffered from this form of arsenical poisoning. It may be that the evil complained of is not so great as it has been represented. Nevertheless, after making due allowance for a little exaggeration, the propriety of putting a stop to this wholesale impregnation of wall-papers and other materials with arsenic, cannot be questioned. We are, therefore, glad to hear that the Medical Society of London has appointed a committee to consider the evidence that has been brought forward on the subject, and to report as to what measures should be taken to secure the interference of the Legislature.

## Royal Society Elections.

Among the fifteen candidates whose names have been submitted to the Royal Society by the committee of selection, are Professor Francois de Chaumont, of the Army Medical School, Netley, well known as a zealous promoter of hygienic reform, and Mr. G. J. Romanes, who has devoted himself largely to the study of the comparative physiology of the nervous functions. The veteran biologist Theodor Schwann, whose name is intimately familiar to the histologist, has obtained the distinction of the Foreign Membership of the Society—a similar honour being likewise conferred on M. J. L. A. de Quatrefages, of Paris, the biologist and naturalist.

## Recent Researches on Digestion.

Herr Heidenham's researches on the digestive functions are familar to every physiologist; particularly well known are his observations on the active changes of the pancreatic cells, and the suggestions which they afford in explanation of the functional changes of the cells contained in the gastric follicles. Further experiments of Heidenham's have been recently described in Pfluger's *Archiv*. In these, portions of the stomach were isolated in living dogs, and then stimulated. It was found that the secretion of gastric juice immediately following on the application of the stimulus was purely local; but that subject to absorption taking place at any point of the surface beyond, the secretion of the digestive fluid also takes place there under influence of a stimulus spreading from the original limit of irritation, and inducing a secondary secretion. The primary secretion following on the primary stimulation is small in amount; the secondary secretion is copious, and is directly dependent on absorption consequent on digestion taking place *in* the stomach.

## New British Hospital in Paris.

Through the generosity of Sir Richard Wallace, a great boon has been conferred upon the British sick poor of Paris. The Hertford British Hospital has been built entirely at the expense of its liberal founder, who, during the siege of that city, found the want of such an institution so urgent that he at once opened temporary wards for the reception of poor British subjects. The hospital is a fine building, and the patients will be under the care of experienced physicians, a lady superintendent, and nurses of their own country. There is also a department for out-patients, besides a very complete hydropathic establishment.

## Great Changes of Temperature.

Last Thursday morning the register at the Royal Humane Society's Receiving House, London, was 38 deg. At noon it was 41 deg., but the sun broke out at 12.30, and the thermometer suddenly rose to 60 deg., the highest point it has reached this year. Within twenty minutes a storm of sleet and hail fell, and the thermometer fell to 40 deg.; but within half an hour the sun again shone out, and the thermometer rose rapidly to close upon 60 deg. Such rapid changes as these are very trying to the constitution, even of those who are in a fair state of health. It is at this time of the year, and in seasons like the present, that the female portion of the community is particularly apt to suffer the many and often heavy penalties incurred by "catching cold." Owing to their very natural and even laudable love of finery, our fair patients are frequently induced to throw off their winter wraps too soon. This would not so much matter were they always to wear plenty of flannel and other warm underclothing; but the dictates of modern fashion forbid them in too many cases doing even this, and consequently, they run the risk of contracting those diseases which, like rheumatism and consumption, cripple or kill so many of our countrymen and women.

## Alleged Neglect.

With regard to a charge of neglect which was recently brought against Dr. Raitt, of Woolwich, we abstained from making any comments, well knowing that very one-sided reports are apt to creep into the columns of the daily press. It is, therefore, with great pleasure we hear that both the local authorities and the local press have entirely exonerated him from all blame in the matter. Dr. Raitt was for a few days placed in a false position, and through no fault of his own, incurred that unenviable publicity which a charge of this kind, even if unjust, must necessarily bring upon a medical practitioner. It appears that Dr. Raitt was not only very kind to his patient, but supplied him with medical comforts from his own house; and it is evident that he deserves all the sympathy which has been shown him by those who are best able to judge of his conduct.

## Health and Climate of Sidmouth.

Dr. Thos. H. S. Pullin, Member of the Société Française d'Hygiéne, has just issued a very favourable report of the sanitary condition of the Sidmouth district. The mortality for the year 1878 was at the rate of 18 per 1,000, which compares well with the death-rate (21·7) for all England. He also draws attention to the equable character of the Sidmouth climate. The mean daily range was only 10·7, the mean of eight years being 11°. This fact, which is partly owing to the extensive seaboard of this district, cannot be too well known to invalids and others seeking a cool summer health resort.

## The Assistant Mastership of the Coombe Lying-In Hospital, Dublin.

This office has become vacant by the resignation of Dr. Hearn, the period of that gentleman's term of office having expired. The Master, Dr. Kidd, will give all particulars as to the appointment.

The death-rate from the seven principal zymotic diseases averaged 2·7 per 1,000 in the large towns last week. Measles showed fatal prevalence in Norwich, Wolverhampton, and Newcastle-upon-Tyne; and whooping-cough in Manchester and Leeds. Scarlet fever was proportionally most fatal in Nottingham, Oldham, and Newcastle-upon-Tyne; and enteric fever in Portsmouth and Bradford. Small-pox caused 12 more deaths in London, 4 in Dublin, but not one in any of the other large towns.

The Committee of the Royal Medical Benevolent Fund Society of Ireland are anxious, if possible, to complete some additional sets of this Society's Annual Reports for preservation; for this purpose the following early numbers are wanted, and the Committee solicit the co-operation of the profession to obtain any of these Reports. The Reports wanted are those for 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1853, 1858, 1860, 1861, 1873, and we shall be glad, if any of our readers can send us any of these reports, to see them safely transmitted to the Secretary of the Society. They thankfully acknowledge kind and valuable help in this matter from J. F. Duncan, M.B., Dublin; W. Arnold, M.D., Belfast; H. H. Boxwell, M.D., Wexford; M. C. Bernard, M.D., Dundrum, Dublin; W. Carroll, M.D., and J. Cavit, M.D., Waterford; W. H. Lawlor, M.D., Tralee; J. Grey, Esq., Roscrea. Address in reply to A. H. Marks, M.D., Acting Secretary, 26 Hatch Street, Dublin.

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In the principal foreign cities the rates of mortality according to the most recent weekly returns, were—Calcutta 30, Bombay 35; Paris 31; Geneva 28; Brussels 39; Amsterdam 27; Rotterdam 27; The Hague 28; Copenhagen 28; Stockholm 20; St. Petersburgh 53; Berlin 27, Hamburg 26, Dresden 28, Breslau 32, Munich 34; Vienna 32, Buda-Pesth 45; Rome 27, Naples 33, Turin 25; Venice 27; Alexandria 34; and New York 26. Small-pox caused 27 deaths in Paris and 32 in St. Petersburgh. In Paris 29 deaths from typhoid fever were also recorded.

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The body which was found on Hampstead Heath on Good Friday morning, with a pistol-shot wound through the right temple, and a six-chambered revolver close at hand, has been identified as that of Dr. Frederick Lyndon Attwood, aged about 35. The deceased left Cambridge for London a day or two before the boat-race, and was last seen alive on Thursday. Deceased had for some time past suffered extreme nervous depression. There was a considerable sum of money found on his person.

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Last week the mortality was lower throughout the United Kingdom than it has been during the last six months. The rates of mortality per 1,000 in the principal towns were—Portsmouth 15, Edinburgh 20, Leicester 21, Brighton 21, Newcastle-upon-Tyne 21, Salford 21, Sheffield 22, Sunderland 22, Glasgow 23, Hull 23, Bristol 23, Leeds 23, Liverpool 24, Birmingham 24, Nottingham 24, London 26, Bradford 27, Oldham 27, Manchester 27, Dublin 28, Wolverhampton 29, and the highest rate during the week, 32 both in Norwich and Plymouth.

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Rumour has it, that it is the intention of Her Majesty to mark the anniversary of her birthday this year by the bestowal of a large number of ribbons of the order of knighthood; the names of one or two members of the medical profession are currently mentioned in connection with the announcement.

# Medico-Parliamentary.

## HOUSE OF COMMONS—Friday, April 18th.

### THE PUBLIC HEALTH ACTS.

Mr. A. Brown called attention to the incidence of rating, for certain sanitary purposes, under the Public Health Acts of 1875 and 1878; and moved that a Select Committee be appointed to inquire into the incidence of rating for water supply and sewerage, and report what amendments, if any, it is advisable to make. He pointed out that under the existing unsatisfactory law, sanitary improvements were retarded on account of the arbitrary restrictions of areas. Two years ago he had addressed inquiries to the various medical officers in the rural districts, and those who answered his inquiries had jurisdiction over two millions of the population and an area of more than six millions of acres. From their answers it appeared that special drainage districts had not been extensively created over the country. If a special drainage district was wanted it could not be got for one purpose, unless it was taken for all other purposes. There was, therefore, no wonder that these special drainage districts, hedged round with many difficulties as they were, had not, after they were formed, become popular in the rural parts of the country. It was said that a parish must be treated as a whole, but he wished to point out that many villages did not depend on the labour of the agricultural population round them, but they had, in many cases, industries of their own. But opposition to sanitary improvements would be disarmed if some scheme could be devised by which those who benefited by the improvements were to pay them.

Sir B. Leighton seconded the motion.

Mr. Sclater-Booth (Local Government Board) thought that the House would do well to pause before embarking on so extensive a subject as this, especially considering the scanty attendance of hon. members. The Public Health Act of 1875 was by no means a final measure, and was not brought in as such. He admitted that it was capable of amendment as time went on, and that the question of incidence of charge for sewerage and other sanitary matters might be now, or at some future time, inquired into. The Sanitary Acts had not long been in operation, large and increasing sums were spent in carrying them into effect, and there was, in his opinion, no sufficient reason for calling upon Parliament to stimulate a further enormous expenditure, especially if it were incurred for improvements in certain localities at the expense of other districts.

The motion was negatived.

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## PARLIAMENTARY BUSINESS ON THE NOTICE PAPER.

### Wednesday, April 23rd.

Dr. Lush's Medical Bill.—Adjourned Debate on Second reading. Mr. Mills's Medical Bill.—Second reading. Mr. Errington's Medical Bill.—Second reading. On these Bills.—Mr. Surgeon Simon—to move their rejection. Mr. Errington and Dr. O'Leary to move their reference to a Select Committee.

### Tuesday, April 29th.

Dispensaries (Ireland) Bill.—Second reading. Mr. Bruen.

### Friday, May 9th.

*On going into Committee of Supply.*

Dr. Cameron,—To call attention to animal vaccination; and to move, That, as cowpock lymph direct from the calf, commonly known as animal vaccine, is of at least equal value as a prophylactic against small-pox with the ordinary humanised lymph, and as the use of animal vaccine affords an absolute guarantee against the propa-

gation of those human diseases occasionally invaccinated with humanised lymph, this House is of opinion that, to meet objections to vaccination founded on the possible communication of other diseases through that operation, a supply of animal vaccine should be provided by the National Vaccination Establishment for the use of those who prefer it to the ordinary lymph.

Mr. P. A. Taylor,—As an amendment to Dr. Cameron's motion on Animal Vaccination, to move, that in the present unsettled condition of medical opinion in regard to the safety of using ordinary humanised lymph, as also of the safety, effectiveness, and practicability of the use of animal vaccine, it is, in the opinion of this house, inexpedient and unjust to enforce vaccination, under penalties, upon those who regard it as undesirable or dangerous.

TUESDAY, MAY 13TH.

Mr. Meldon,—To call attention to the administration of the Army (Medical Department), especially to the supersession of Surgeon-Major Clarke; and to move a resolution.

WEDNESDAY, MAY 14TH.

County Infirmaries (Ireland) Bill.—2nd reading.

## THE MEDICAL BILLS.

THE Bill of the Duke of Richmond has come down from the Lords and stood for its second reading in the Commons last night. Its amendment in the upper House has made it a very acceptable measure—not so comprehensive as it might be, but nevertheless an excellent proposal for the reform of medical education and qualification. It is admittedly defective in that it does not contain any provisions for the reconstruction of the Medical Council, without which no Bill can be even moderately satisfactory; but we have the promise of Government to deal with that question by Select Committee, and—if the Committee so advises—to insert clauses with that object in the Bill before it becomes law. With this pledge as our guarantee that this most vital point will receive due attention, we urge upon the profession at large to redouble their efforts in support of the Bill, and not only to aid the Government in passing it, but to agitate with persistence and energy lest its progress may be delayed, and its final accomplishment endangered.

We are entering into a legislative contest between the Government, supported by the profession at large, and striving to reform medico-educational abuses on the one side, and a vigorous coalition of teachers and diploma giving bodies on the other side, desiring to perpetuate the abuses which have proved so lucrative to them. It is the professional organisations—the British and the Irish Medical Associations—who must turn the scale in favour of the Bill, and we urge these bodies to put forth their whole strength to beat down the opposition of the Scotch bodies, whose desire is to prevent all reform.

The attitude of the Medical Reform Committee of the British Medical Association is, we apprehend, one of practical inactivity. The Committee sticks to Mr. Mills's Bill, and in order to concentrate their influence in favour of that measure, gives no active support to the Government Bill. Now, if we assume that reconstruction of the Medical Council will be eventually included in the Government Bill, there is really no material difference between the two measures, save that the Duke of Richmond's Bill has an immeasurably greater chance of success.

It seems to us a doubtful policy to refrain from supporting the more promising measure, because it is not the law projected by the Association; and we greatly fear that between the rival stools Medical Reform may come to the ground. The Government is fighting the battle of the profession, and it will have good cause to complain if the profession does not give a hearty support.

We learn with satisfaction that the Royal College of Surgeons in Ireland has pronounced an official and unqualified approval of the Government Bill.

We congratulate this College on having been the first of the Licensing Corporations to separate itself distinctly from the party of obstruction, and to express definitely its readiness to meet the public feeling, and co-operate in schemes for improvement. The adoption of such an attitude entitles the College to every consideration in the ultimate settlement of these matters, and it raises it, at once, out of the ranks of those bodies which hanker after a little longer enjoyment of the old qualifying system which has met with such universal condemnation.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions—£1 2s 6d.—for last year, are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt.

TANDEM.—The appointment lies with the Board of Governors, and the Government have nothing to say to it.

L.R.C.S.I.—The investments are, we believe, so far *bonâ fide*, that large prizes may be won, but the chances are so distant that the capital invested is really almost thrown away.

CLINICAL SOCIETY OF LONDON.—On Friday, April 25, at 8½ p.m., Dr. Sémon, "On the Question of Tracheotomy in Bilateral Paralysis of the Posterior Crico-arytenoid Muscles" Patient to be exhibited).—Dr. Tilbury Fox, "On a Case of Lichen Scrophulosorum."—Mr. Morrant Baker: "Removal by Operation of a large Rodent Ulcer of the Scalp." Mr. Bryant: "A Case in which a Biliary Calculus was removed by operation from the Gall-bladder, and a Cure resulted."

MR. BERRIDGE.—Wilson's "Naval Hygiene" in English, and Fonssagrive's "Hygiene Navale," are the two best, in fact, almost the only works on the subject.

DR. GORDON.—1. With pleasure. 2. Would like further information before giving an opinion.

DR. HAMILTON.—Probably in our next.

DR. G. DE G. GRIFFITH.—Your letter will appear in our next.

### SUGAR-COATED PILLS.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to your very impartial "critique" on the Sugar-Coated Pills of Messrs. W. R. Warner & Co. in your last issue, will you allow us to explain that the inconvenience which, as you justly point out, would arise from the indiscriminate use of phosphorus as a restorative, *without medical advice*, has been foreseen by Messrs. Warner & Co. In proof of this we hand you a bottle of their Phosphorus Pills, which is thus labelled:—

"Phosphorus should be administered with care, *and only by direction of a physician*," &c.

It may remove misconception if we further state that in one case a sufferer asked us to supply him with Warner's Phosphorus Pills (explaining his symptoms), and we declined to do so, referring him at the same time to his medical attendant—"the remedies being only for the use of physicians."

We are, Sir, yours faithfully,
F. NEWBERY & SONS,
Wholesale Agents for Messrs. Warner & Co. for the United Kingdom.

37 Newgate Street, London, E.C.

[*** We are pleased to find that the phosphorus preparations are thus labelled; and commend the practice of Messrs. Newbery to other druggists, of refusing to supply medicines to the public upon a statement of their ailments, unless with the advice of a medical man.—ED.]

### SHEPHERD MEMORIAL FUND.

THE numerous friends of the late Surgeon-Major Peter Shepherd, who was killed in the performance of his duty at Isandula, Zululand, on the 22nd January, 1879, consider it desirable by public testimony to record their estimation of his worth, and it has been decided to perpetuate his memory by a suitable monument. Marischal College, Aberdeen, where he studied and received his medical education, is thought the most appropriate place for the erection of a fitting memorial of this kind.

The following have formed themselves into an Executive Committee for the furtherance of this purpose:—

Major F. Duncan, President; Dr. Robert Farquharson (late Coldstream Guards); J. Keith Angus, Esq.; Capt. L. Carmichael, Deputy-A.-Q.-M.-G.; Deputy-Surgeon-General W. Snell; and Wm. Snell, Esq., Hon. Sec. and Treasurer.

The Committee are of opinion that the contributions should not exceed 10s. 6d. for each subscriber. Messrs. Cox & Co., Craig's Court, S.W. (H.P.D.), have kindly consented to receive subscriptions. Subscriptions will also be received by the Hon. Sec. and Treasurer. In-

quiries and communications to be addressed to W. Snell, Esq., Army and Navy Club, S.W.

DR. J. W. H.—We do not quite understand if you wish your letter to appear, and have held it over in consequence.

## VACANCIES.

**Ashton-under-Lyne.**—House Surgeon for the District Infirmary. Salary, £80, with board. Applications to the President by May 1.

**Drogheda** Union, Monasterboice Dispensary.—Medical Officer. Salary, £110, with fees, and £20 as Medical Officer of Health. Election, Apr. 29.

**Dudley** Dispensary.—Resident Medical Officer. Salary, £120. Applications to the Hon. Sec. before Apr. 26.

**Edenderry** Union Workhouse.—Medical Officer. Salary, £90, and £10 Consulting Sanitary Officer. Election, Apr. 26.

**Granard** Union, Granard Dispensary.—Medical Officer. Salary, £100, with fees, and £16 as Sanitary Officer. Election, April 26.

**Nottingham** Dispensary.—Assistant Resident Surgeon. Salary, £160 per annum. Applications to the Committee by May 1.

**Royal Free Hospital, London.**—Physician for Diseases of Women, and an Ophthalmic Surgeon. Both Honorary. Testimonials, &c., to the Secretary before April 30. (See Advt.)

**Royal London Ophthalmic Hospital.**—Clinical Assistants and Dressers. For particulars see Advt.

**St. Bartholomew's Hospital, Chatham.**—Assistant House Surgeon. Salary, £80, with board, &c. Applications to the Clerk of the Trustees before May 12.

**St. Patrick's Hospital for Insane, Dublin.**—Master to the Hospital. Salary, £200, with allowances. Election, May 5.

## APPOINTMENTS.

**CONRY, J.**, L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Kilkelly Dispensary District of the Swinford Union, co. Mayo.

**FOWLER, W. C., M.D., M.R.C.S.E.**, Medical Officer for the Parish of Craymond, Edinburghshire.

**FULLER, J., L.K.Q.C.P.I. & L.M.**, Medical Officer and Public Vaccinator for the No. 3 District of the Bedminster Union.

**HARRISON, A., M.R.C.S.E., L.R.C.P.Ed.**, Medical Officer for the Stockport Infirmary, to visit patients at their homes.

**JALLAND, W. H., F.R.C.S.**, Surgeon to the York County Hospital.

**LEATHAM, H. B., M.R.C.S.E.**, Resident Clinical Assistant to the East London Hospital for Children.

**MAHONY, L. F., M.B.**, House Physician to the London Hospital.

**O'DOWD, J.. L.F.P.S.G.**, Medical Officer for the Dudley South District of the Dudley Union.

**PIERSE, T., L.R.C.S.I., L.A.H.Dub.**, Medical Officer to the Wexford Dispensary, Wexford Union.

**THOMPSON, Dr. A.**, Medical Officer of Health for the Cosford Rural Sanitary District, Suffolk.

**THOMPSON, J., M.B., M.Ch. Univ. Glasg.**, Medical Officer to the Articlave Dispensary, Coleraine Union.

# Births.

**BLAKELY.**—On April 14, at Fivemiletown, co. Tyrone, the wife of S. Blakely, M.D., of a daughter.

**CORE.**—On April 14, the wife of W. Scott Core, M.D., of a daughter.

**KISCH.**—On April 17, at 46 Portsdown Road, London, W., the wife of Albert Kisch, M.R.C.S., of a son.

**MADIGAN.**—On April 9, at Dromcollogher, co. Limerick, the wife of John F. Madigan, L.R.C.P.Edin., of a son.

# Marriages.

**ARMSTRONG—ARMSTRONG.**—On April 9, at Castlederg, co. Tyrone, John Armstrong, L.R.C.S.I., to Adelaide Kate, daughter of the Rev. John Armstrong, Castlederg.

**DABBS—PEET.**—On April 19, at Bonchurch, Isle of Wight, G. H. R. Dabbs, M.D., to Nina, widow of John Peet, M.D., Surgeon-Major Bombay Army.

**PYE—M'CREA.**—On April 15, Prof. Pye, M.D., Queen's College, Galway, to Mary, third daughter of the late James M'Crea, M.D.

# Deaths.

**ANDERSON.**—On April 3, at Askam, William Anderson, M.R.C.S.E., aged 36.

**ATTWOOD.**—Found dead, on April 11, on Hampstead Heath, Frederick Lyndon Attwood, M.R.C.S.E., aged 35.

**BEAVAN.**—On April 5, James Beavan, F.R.C.S.E., of Commercial Street, Hereford, aged 49.

**DE WILTON.**—On March 3, at Madras, Gerald de Wilton, M.R.C.S.E., Surgeon-Major, Madras Service, aged 48.

**HUNTER.**—On April 1, John M. Hunter, M.D., of Clapham Common Gardens, aged 41.

**IRELAND.**—On April 17, at Hume Street, Dublin, Arthur J. Ireland, M.D., late Staff-Surgeon R.N.

**JOHNSON.**—On April 6, at Watlington, Norfolk, Frederick Wm. Johnson, M.R.C.S.E., aged 59.

**LYELL.**—On April 7, at Perth, John Lyell, M.D., late of Newburgh, aged 71.

**O'GRADY.**—On April 5, at Hyde, Thomas Standish O'Grady, L.R.C.P., aged 42.

**PARR.**—On April 18, at Rathgar, John King Parr, Surgeon-Major Army Medical Department.

**SMYTH.**—On April 3, at Dublin, Ralph Smyth, M.R.C.S.E.

**STUART.**—On April 13, at 59 King Street, Woolwich, William Stuart, M.D., aged 67.

**WILLAN.**—On April 13, at Worcester, R. M. Willan, M.R.C.S.

# UNIVERSITY of EDINBURGH.

## SUMMER SESSION, 1879.

The Classes for the different Branches of Study will be opened as follows:—

Botany, Thursday, 1st May, Eight a.m.—Prof. Dickson.

Botanical Demonstration (Friday), Friday, 9th May, Nine a.m.—Prof. Dickson.

Practical Botany and Vegetable Histology (Monday, Tuesday, Wednesday, and Thursday), Monday, 5th May, Nine a.m.—Prof. Dickson.

Field Demonstrations on Saturdays.—Prof. Dickson.

Obstetrical and Gynæcological Operations (Tuesday and Friday), Friday, 2nd May, Ten a.m.—Prof. Simpson.

Practical Materia Medica (including Pharmacy), Thursday, 1st May, Ten a.m.—Prof. Thomas R. Fraser.

Practical Chemistry, Thursday, 1st May, Ten and Eleven a.m.—Prof. Crum Brown.

Practical Morbid Anatomy and Pathology, Thursday, 1st May, Eleven a.m.—Prof. Sanders.

Anatomical Demonstrations, Monday 5th May, Eleven a.m.—Prof. Turner and Demonstrator.

Practical Anatomy, Thursday, 1st May, Prof. Turner and Demonstrator.

Natural Philosophy (short Course for Medical Students), Thursday, 8th May, Eleven a.m.—Prof. Tait.

Medical Jurisprudence (for Law and Medical Students), Thursday, 1st May, Eleven a.m.—Prof. Maclagan.

Clinical Surgery (Monday and Thursday), Thursday, 1st May, Twelve noon.—Prof. Annandale.

Clinical Medicine (Tuesday and Friday), Friday, 2nd May, Twelve to Two p.m.—Profs. Maclagan, Sanders, Grainger, Stewart, and Fraser. Prof. Simpson on Diseases of Women.

Chemistry, Advanced Class, Organic Chemistry (Tuesday, Wednesday, and Thursday), Thursday, 1st May, One p.m.—Prof. Crum Brown.

Mineralogical Chemistry (Monday, Wednesday and Friday), Monday, 5th May, Twelve Noon.—Prof. Crum Brown.

Technological Chemistry (Tuesday, Wednesday), Tuesday, 6th May, Three p.m.—Prof. Crum Brown.

Natural History, Thursday, 1st May, Two p.m.—Prof. Sir C. Wyville Thomson.

Practical Natural History, Thursday, 1st May, Three p.m.—Prof. Sir C. Wyville Thomson.

Practical Physiology, including Histology, Thursday, 1st May, Three p.m.—Prof. Rutherford.

Operative Surgery (Monday, Tuesday, Thursday, and Friday), Thursday, 1st May, Four p.m.—Prof. Spence.

Royal Infirmary, Daily, at Noon.

Mental Diseases, with Practical Instruction at Morningside Asylum (Monday, Wednesday, and Friday), Monday, 5th May, Three p.m.—Dr. Clouston.

## FACULTY OF MEDICINE.

The following means are afforded for Practical Instruction:—

The Dissecting Rooms are open daily, under the superintendence of the Professor, asssisted by D. J. Cunningham, M.D., C.M., and F. W. D. Fraser, M.B., C.M.

The Tutorial Class of Clinical Medicine in the Royal Infirmary, under the superintendence of the Clinical Professors, assisted by J. Murdoch Brown, M.B.

The Tutorial Class of Clinical Surgery in the Royal Infirmary, under the Superintendence of the Clinical Professor, assisted by J. M. Cotterill, M.B., C.M.

The Royal Edinburgh Asylum is open to Members of the Class of Mental Diseases, exclusively for Practical Instruction by the Physician Superintendent, Dr. Clouston.

Chemical Laboratories—The Laboratory for instruction in Analytical Chemistry and for Chemical Investigation, under the superintendence of the Professor, assisted by R. M. Morrison, D.Sc., and G. C. Robinson, is open from Ten to Four. The Class of Practical Chemistry is conducted by A. P. Aitken, M.A., D.Sc., under the superintendence of the Professor.

The Physiological Laboratory is open daily for Physiological Investigation, under the superintendence of the Professor, assisted by De Burgh Birch, M.B., C.M.

The Physical Laboratory is open daily, from Ten to Three, under the superintendence of Prof. Tait.

The Medical Jurisprudence Laboratory is also open daily, from Ten to Three, under the superintendence of the Professor, assisted by J. O. Affleck, M.D.

The Practice of Obstetrical and Gynæcological Operations is carried out in the Obstetrical Museum and Gynæcological Ward, under the superintendence of the Professor, assisted by David Derby Hart, M.B., C.M.

The Pathological Laboratory is open daily for Pathological Investigation, under the superintendence of the Professor, assisted by D. J. Hamilton, M.B., C.M.

The Natural History Laboratory is open daily, under the superintendence of the Professor, assisted by George Leslie.

The Natural History Museum, in the Museum of Science and Art, Chambers Street, is accessible to the Students attending the Natural History Class.

The Royal Botanic Garden, Herbarium and Museum, are open daily.

The Materia Medica Laboratory is open daily, under the superintendence of the Professor, assisted by Matthew Hay, M.B., C.M.

JOHN WILSON, Sec. Sen. Acad.

March, 1879.

NOTICE.—The SUMMER SESSION Announcements of the other Medical Schools will be found on pages X., XI.

# IRISH POOR-LAW INTELLIGENCE.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

(*Continued.*)

142. (*Verb.*) *Penalty on Exposure of Infected Persons and Things.*—Any person who—

(1) While suffering from any dangerous infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder in any street, public place, shop, inn, or public conveyance or enters any public conveyance, without previously notifying to the owner, conductor, or driver thereof that he is so suffering; or

(2) Being in charge of any person so suffering so exposes such sufferer; or

(3) Gives, lends, sells, transmits, or exposes without previous disinfection any bedding, clothing, rags, or other things which have been exposed to infection from any such disorder; or

(4) Exposes or conveys without proper precaution the body of any person who has died of any dangerous infectious disorder; or

(5) Wakes, or permits to be waked, in any house, room, or place, over which he has control, the body of any person who has died of any dangerous infectious disorder,

shall be liable to a penalty not exceeding five pounds; and a person who, while suffering from any such disorder, enters any public conveyance without previously notifying to the owner or driver that he is so suffering, may be summarily ejected therefrom, and shall in addition be ordered by the Court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance.

Provided that no proceedings under this section shall be taken against persons transmitting with proper precautions any bedding, clothing, rags, or other things for the purpose of having the same disinfected.

143. (*Verb.*) *Penalty on Failing to Provide for Disinfection of Public Conveyance.*—Every owner or driver of a public conveyance shall immediately provide for the disinfection of such conveyance after it has to his knowledge conveyed any person suffering from a dangerous infectious disorder, or any bedding, clothing, rags, or other things which have been exposed to infection from such disorder, and which have not been previously disinfected, and if he fails to do so he shall be liable to a penalty not exceeding five pounds; but no such owner or driver shall be required to convey any person so suffering, or any such bedding, clothing, or other things, until he has been paid a sum sufficient to cover any loss or expense incurred by him in carrying into effect the provisions of this section.

144. (*Verb.*) *Penalty on Letting Houses in which Infected Persons have been Lodging.*—Any person who knowingly lets for hire any house, room, or part of a house in which any person has been suffering from any dangerous iufectious disorder, without having such house, room, or part of a house, and all articles therein liable to retain infection disinfe cted to the satisfaction of a legally qualified medica practitioner, as testified by a certificate by him, shall be liable to a penalty not exceeding twenty pounds.

For the purposes of this section, the keepers of an inn or school shall be deemed to let for hire part of a house to any person admitted as a guest into such inn or school respectively.

145. (*Verb.*) *Penalty on Persons letting or taking Houses making False Statements as to Infectious Disease.*—Any person letting for hire or showing for the purpose of letting for hire any house or part of a house who, on being questioned by any person negotiating for the hire of such house or part of a house as to the fact of there being or within three months previously having been therein any person suffering from any dangerous infectious disorder, or any person hiring or negotiating for the hire of any house or part of a house, who, on being questioned by any person letting, or showing for the purpose of letting, such house or part of a house as to the fact of any of the persons for whose use the said house or part of the house is about being hired being or, within three months previously, having been affected by any dangerous infectious disorder, knowingly makes a false answer to such question, shall be liable, at the discretion of the Court, to a penalty not exceeding twenty pounds, or to imprisonment, with or without hard labour, for a period not exceeding one month.

146. (*Verb.*) *Infection in Schools.*—Any person who shall knowingly or negligently send a child to school who, within the space of three months, has been suffering from any dangerous infectious disorder, or who has been resident in any house in which such dangerous infectious disorder shall have existed within the space of six weeks, without a certificate from some duly qualified medical practitioner that such child is free from disease and infection, and unless his or her clothes have been properly disinfected, shall be liable to a penalty not exceeding forty shillings.

147. (*Verb.*) *Justices may make an Order for the Vaccination of any Child under* 14 *Years.*—If any registrar, or any officer appointed by the guardians to enforce the provisions of the Acts relating to vaccination in Ireland, shall give information in writing to a justice of the peace that he has reason to believe that any child under the age of fourteen years, being within the union or district for which the informant acts, has not been successfully vaccinated, and that he has given notice to the father or mother of the said child, or to the person having the care, nurture, or custody of such child, to procure its being vaccinated, and that this notice has been disregarded, the justice may summon such father or mother or person to appear with the child before him at a certain time and place, and upon the appearance, if the justice shall find, after such examination as he shall deem necessary, that the child has not been vaccinated, nor has already had the small-pox, he may, if he see fit, make an order under his hand and seal directing such child to be vaccinated within a certain time; and if at the expiration of such time the child shall not have been so vaccinhted, or shall not be shown to be then unfit to be vaccinated, or to be insusceptible of vaccination, the person upon whom such order shall have been made shall be proceeded against summarily, and, unless he can show some reasonable grouud for his omission to carry the order into effect, shall be liable to a penalty not exceeding twenty shillings.

Provided that if the justice shall be of opinion that the person is improperly brought before him, and shall refuse to make any order for the vaccination of the child, he may order the informant to pay to such person such sum of money as he shall consider to be a fair compensation for his expenses and loss of time in attending before the justice.

148. *Power of Local Government Board to make Regulations.*

PREVENTION OF THE SPREAD OF INFECTIOUS DISEASES.

149. (*Abs.*) *Power of Local Government Board to make Regulations for Prevention of the Spread of Diseases.*—Whenever any part of Ireland appears to be threatened with or is affected by any formidable epidemic, endemic, or infectious disease, the L. G. B. may make, and from time to time alter and revoke, regulations for all or any of the following purposes; namely,

(1) For the speedy interment of the dead; and
(2) For house to house visitation;
(3) For the provision of medical aid and hospital accommodation; and
(4) For the promotion of cleansing, ventilation, and disinfection, and for guarding against the spread of disease;

and may by order declare all or any of the regulations so made to be in force within the whole or any part or parts of the district of any sanitary authority, and to apply to any ships, for the period in such order mentioned; and may by any subsequent order abridge or extend such period. For the purpose of any regulations to be made under this section any ship or vessel lying in any river, harbour, or other water within the district of a sanitary authority shall be subject to the jurisdiction of that authority in the same manner as if it were a house within such district.

150. (*Abs.*) *Boards of Guardians to see to the Execution of Regulations.*—The board of guardians of any union within which, or within part of which, regulations so issued by the L. G. B. are declared to be in force, shall superintend and see to the execution thereof, and shall appoint and pay such medical or other officers or persons, and do and provide all such acts, matters, and things as may be necessary for mitigating any such disease, or for superintending or aiding in the execution of such regulations, or for executing the same, as the case may require. Moreover, such board of guardians may from time to time direct any prosecution or legal proceedings for or in respect of the wilful violation or neglect of any such regulations.

Any such expenses incurred with respect to any ship or vessel lying in any river, harbour, or water shall, in case the L. G. B. shall so direct, be defrayed out of a common fund to be contributed by the sanitary districts.

151. *Power of Entry.*

152. (*Verb.*) *Poor-law Medical Officers entitled to Costs of Attendance on Board Vessels.*—Whenever, in compliance with any regulation so issued by the L. G. B. as aforesaid, the medical officer of health of any sanitary district performs any medical service on board any ship or vessel, he shall be entitled to charge extra for such service, at a rate to be fixed by the L. G. B.; and such charges shall be payable by the captain of such vessel on behalf of the owner thereof, together with any reasonable expenses for the treatment of the sick.

Where such services are rendered by any medical practitioner who is not a medical officer of health of any sanitary district, he shall be entitled to charges for any service rendered on board, with extra remuneration on account of distance, at the same rate as those which he is in the habit of receiving from private patients of the class of those attended and treated on shipboard, to be paid as aforesaid. In case of dispute in respect of such charges, such dispute may, where the charges do not exceed twenty pounds, be determined by a court of summary jurisdiction; and such court shall determine summarily the amount which is reasonable, according to the accustomed rate of charge within the place where the dispute arises for attendance on patients of the like class as those in respect of whom the charge is made.

153. *L. G. B. may Combine Board of Guardians.*

154. *Penalty for Violating or Obstructing the Execution of Regulations.*

155. (*Verb.*) *Hospital Accommodation.*—Any sanitary authority may, with the sanction of the L. G. B., provide for the use of the inhabitants of its district hospitals or temporary places for the reception of the sick or convalescent, and for that purpose may itself build such hospitals or places of reception, or contract for the use of any existing hospital, or part of a hospital, or place for the reception of the sick or convalescent, or may enter into an agreement with any person or body of persons, having the management of any hospital for the reception of the sick or convalescent inhabitants of the district, on payment of such annual or other sum as may be agreed upon.

156. *Recovery of Cost of Maintenance of Patient in Hospital.*—Any expenses incurred by a sanitary authority in maintaining in a hospital, or in a temporary place for the receptioon of the sick (whether or not belonging to such authority), a patient who is not a pauper shall be deemed a debt due from such patient to the sanitary authority, and may be recovered from him at any time within six months after his discharge from such hospital or place of reception, or from his estate in the event of his dying in such hospital or place.

MORTUARIES, ETC.

157. *Power of Sanitary Authority to Provide Mortuaries.*

158. *Justice may in certain cases order Removal of Dead Body to Mortuary.*

159. *Power of Sanitary Authority to provide Places for Post-mortem Examinations.*

PART III.—BURIAL GROUNDS.

160. Sanitary Authority to be Burial Board.

161. Vesting of Burial Ground by Church Temporalities Commi sioners.

162. On Representation duly made L. G. B. may restrain the Opening of New Burial Grounds.

163. Power to Direct Local Inquiry.

164. L. G. B. may Postpone Order for Discontinuance of Burials, &c.

165. Order not to Extend to Burial Grounds of Quakers.

166. Or of French Protestants.

167. (*Verb.*) *Penalty on Persons Burying Contrary to the Provisions of Order.*—If any person, after the time mentioned in any order under this Act for the discontinuance of burials, knowingly and wilfully buries any body, or in anywise acts or assists in the burial of any body, in or under any church, chapel, churchyard, burial ground, or place of burial or elsewhere, as the case may be, within the limits in which burials have by such order been ordered to be discontinued, in violation of the provisions of any such order, every person so offending shall, upon conviction thereof before a court of summary jurisdiction, forfeit a sum not exceeding ten pounds.

168. Saving of Certain Rights to Bury in Vaults.

169. New Burial Ground not to be Opened Contrary to Order.

170. No Corpse to be Buried in Private Grave without Consent.

171. No Animal to be allowed to Graze in Burial Places.

172. Upon Requisition, Meeting of Board to be Convened to determine whether Burial Ground shall be provided.

173. When Burial Grounds are Closed by Order, Board to provide Suitable Burial Grounds, &c.

174. Consent of Owners of Houses to New Burial Grounds where necessary.

175. Board may Purchase Land for Cemeteries, or Contract with Cemetery Companies.

176. Liabilities of Old Burial Grounds Transferred to New Burial Grounds.

177. Management to be Vested in Burial Boards.

178. Boards may sell Exclusive Rights of Burial, and Rights to erect Monuments, &c.

*(To be continued.)*

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention.

## FEES FOR MEDICAL EVIDENCE AT INQUESTS UPON PRISONERS.

The following letter has been forwarded to the Medical Officers of Prisons in Ireland :—

Irish Medical Association, Dublin.
April 12, 1879.

Sir,—The attention of the Council of the Irish Medical Association has been called to questions which have arisen respecting the payment of fees to medical officers of prisons for expert evidence given at inquests upon prisoners who have died in gaol. The law as to medical testimony at coroners' inquests is set forth in the following section of the Coroners' (Ireland) Act, 9 and 10 Vict., cap. 37, Sec. 33. (See "Irish Medical Directory," page 525). :—

"Be it enacted, that from and after the passing of this Act, in all cases where any coroner shall hold an inquest upon any dead body, and shall deem the attendance of some medical witness to be necessary at such inquest, he shall summons as such witness any legally qualified medical practitioner, being at the time in actual practice at or near the place where such death happened; and it shall be lawful for the coroner, at any time between the issuing of such summons and the termination of such inquest, to direct the performance of a post-mortem examination by such medical witness, provided that any person shall state upon oath before the coroner that in his or her belief the death of the deceased individual was caused partly or entirely by the improper or negligent treatment of any medical practitioner or other person, such medical practitioner or other person shall not be allowed to perform or assist at the post-mortem examination of the deceased."

From the operation of this provision medical officers of hospitals, "or other public medical institutions," are exempted by the 32nd section of the same Act, which runs as follows :—

"And be it enacted, that when any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or in any building or place belonging thereto, or used for the reception of the patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid at the fees or remuneration herein provided."

The Council understands that it had been originally the custom to remunerate medical officers of prisons for their testimony in such cases, and that the fees so paid were always allowed by grand juries, and by the fiating judges; but that system had been altered some years ago, and fees since then refused apparently without any legal authority.

The subject having now attracted the attention of Council in connection with the duties of medical officers under the new Prisons (Ireland) Act, it is thought desirable that the Council should inform those officers as to the law and precedent affecting the matter. It will be observed that the 32nd section of the Coroners' Act, quoted above, withholds a fee for medical evidence from "the medical officer whose duty it may have been to attend the deceased person as medical officer of such institution." The institution here referred to is defined by the section to be either—*a.* "A public hospital or infirmary;" or *b.* "A county or other lunatic asylum;" or *c.* "Any public infirmary or other public medical institution."

The Council conceive that the sick ward of a prison is not included, or intended to be included, within the operation of this section, and that the medical officer of a prison is therefore entitled to the statutory fee payable for medical testimony. The Council is borne out in this view by the words of the Act, which restrict the gratuitous testimony of medical officers to institutions "supported by endowments or by voluntary subscriptions"—which definition clearly excludes prisons—and by a judgment given at the Lifford Assizes in July, 1861, by the then Mr. Justice Ball, now Lord Chancellor of Ireland.

On that occasion Mr. Curran, Q.C., asked the court to instruct the grand jury to find a presentment for the sum of £1 1s., being the amount of fee due to Dr. Little, Surgeon of the County Jail. He had given evidence before Dr. Lacey, coroner, as to the cause of death of an inmate of the prison.

The grand jury intimated that they merely raised the question in order to get the decision of the court as to whether they were justified in allowing fees to the medical officer in such cases.

His Lordship said, that on looking at the section of the Act handed to him, he did not find that it was among the duties prescribed for the medical officer that he was to give evidence when called on without the usual fee paid to other medical men. He must decide that the fee be paid.

The grand jury expressed themselves satisfied with the decision given by the court.

In view of this decision by the highest legal authority in Ireland, the Council has not considered it necessary to take legal advice, but has instructed me to lay the facts before you to be used as you see fit.

Your, &c.,

John William Moore, M.D.,
Secretary of the Council of the Irish Medical Association.

## BALLYMORE EUSTACE DISPENSARY.

The following letter was read at the Naas Board of Guardians :—

"Dear Sir,—I regret very much to have to request the attention of your honourable board to what seems to me a grievous violation of duty on the part of the medical officer of this district of the union, and to request on behalf of all concerned that steps will be taken to prevent a recurrence of such neglect in future. On Wednesday, the 9th inst., a poor man watched for the doctor's arrival at the dispensary, Ballymore Eustace, to present to him a duly issued ticket requiring his attendance on the poor man's sick and very aged father. According to the printed regulations over the dispensary the doctor should attend from ten to twelve o'clock every Wednesday and Friday, but he has habitually disregarded this rule; and the result has been the greatest inconvenience, if not absolute increase of disease, to the sick poor awaiting his arrival on these days in the cold damp dispensary hall. On the day in question—the 9th inst.—the doctor did not arrive until 11.35 o'clock. The poor man presented his ticket. After some grumbling the doctor promised to visit the patient. He did so, and ordered that some one would go to Blessington before four o'clock that afternoon for the medicine he would prescribe; but to effect this was impossible, as the sick man and his aged wife lived alone in an isolated place, and their son was not able to come to them until late that evening. He consulted me on the subject. I advised him to go to Blessington for the medicine early next morning. He did so. The doctor would not see him, but sent him word that as he failed to be at Blessington dispensary before four o'clock the preceding day, he should not get the medicine until the Saturday following, when he might apply for it at the Ballymore dispensary. I will not offend the cause of justice which I am sure animates every member of your board by attempting to demonstrate to them the great injustice in this case. I will only say that a dispensary system so conducted would seem to me 'a mockery, a delusion, and a snare'—a mockery to the poor, and a delusion and a snare to the ratepayers.—I have, &c.,

"Joseph Horgan, P.P."

Mr. Mansfield said this was a matter for the consideration of the dispensary committee, to whom he suggested it should be referred.

Mr. Driver said a special meeting of the committee had

been summoned for Monday to investigate another complaint against the doctor.

Mr. Fenelon observed that the doctor should be made aware of this charge.

Mr. Driver—He is quite aware of it.

The letter was referred to the dispensary committee.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF FEBRUARY AND MARCH, 1879.

FEBRUARY 27th.—O'Connor, George Anthony; Spiddal, co. Galway; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

MARCH 1st.—Chestnutt, John; The Manse, Tralee, co. Kerry; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

3rd.—Lentaigne, Henry Westenra; 1 Gt. Brunswick St., Dublin; Lic. R. Coll. Surg. Irel. 1878.

6th.—Wilson, West Wheldale; Harvest Lodge, Lorrha, Roscrea, co. Tipperary; M.B. 1879, and B.Ch. 1879 Univ. Dub.

7th.—Mason, Thomas; 92 Harcourt Street, Dublin; M.B. Univ. Dub. 1879, Lic. R. Coll. Surg. Irel. 1877.

9th.—Moore, Robert; 2 Carlisle Terrace, Belfast; M.D. 1875 and M.Ch. 1875 Q. Univ. Irel. (Restored per order of Council).

11th.—Smith, Henry Wm.; Kilgobbin, Sandyford, co. Dublin; Lic. R. Coll. Surg. Irel. 1878.

11th.—Quin, John Dominick; 6 Berkeley Street, Dublin; Lic. K.Q. Coll. Phys. Irel. 1879.

15th.—Butt, Edward; Virginia, co. Cavan; Lic. K.Q. Coll. Phys. Irel. 1878, Lic. R. Coll. Surg. Irel. 1878.

15th.—Atkinson, William Theodore; Lenamore, co. Longford; Lic. R. Coll. Surg. Irel. 1878, Lic. R. Coll. Surg. Edin. 1879.

15th.—Moran, John Patrick; Dromgrana, Ennis, co. Clare; Lic. R. Coll. Surg. Irel. 1878.

20th.—Broe, John Joseph; Celbridge, co. Kildare; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

26th.—Westrop, Cecil George; 7 Eden Terrace, Limerick; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Irel. 1878.

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING APRIL 12, 1879.

| | | | | |
|---|---|---|---|---|
| Total registered deaths in Dublin and suburbs* | | | | ... 168 |
| Ten years average of same week | | | | ... 177 |
| Decrease of mortality below average | | | | ... 9 |
| 10 weeks' ratio of deaths | | Rathmines | 29·2 | per 1,000 |
| " | " | " | Donnybrook† 31·6 | " |
| " | " | " | Blackrock 24·6 | " |
| " | " | " | Kingstown 25·0 | " |
| " | " | Entire Dublin District | 27·8 | " |
| COMPARATIVE RATIOS— | | London ... | 25·7 | " |
| " | " | Glasgow ... | 22·9 | " |
| " | " | Edinburgh ... | 19·8 | " |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Only 25 deaths from zymotic diseases were registered, being the lowest number recorded since the week ending 30th November last, and 9 under the average for the 15th week of the ten years 1869-78; they include 4 from small-pox, 5 from scarlatina, 3 each from measles and fever (typhoid), 2 from whooping-cough, &c.

The deaths from small-pox are 5 under the number in the preceding weez, and are less than in any week since that ending 9th November last; 26 new cases of the disease were admitted into the Dublin Hospitals during the week, being 5 less than in the previous week; 33 patients were discharged, 1 died, and 99 remained under treatment on Saturday last, being 14 less than in the week ended 5th inst.

There were but few cases of the various fevers admitted into the principal hospitals during the week.

Thirteen children died from convulsions.

Forty-six deaths resulted from diseases of the respiratory organs; they comprise 32 from bronchitis, 9 from pneumonia, 1 from asthma, and 4 from lung disease undistinguished.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April* 12, 1879; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

| TOWNS, &c. | AREA in Statute Acres. | POPULATION in 1871. | WEEK ENDING SATURDAY, APRIL 12, 1879. | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Annual rate of mortality per 1,000 inhabitants. | Total BIRTHS *registered.* | Total DEATHS *registered.* | Deaths under 1 year of age. | Deaths at 60 years of age and upwards. | NUMBER OF DEATHS FROM | | | | | | | | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
| | | | | | | | | Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | | |
| DUBLIN . . | 10,050 | 314,666 | 28 | 165 | 168 | 28 | 46 | 4 | 3 | 5 | ... | 2 | 3 | ... | 4 | 11 | 55 |
| BELFAST . . | 20,687 | 182,082 | 28 | 111 | 97 | 15 | 18 | ... | 1 | ... | ... | 8 | 4 | 2 | ... | 3 | 23 |
| CORK . . | 13,816 | 91,965 | 28 | 43 | 49 | 4 | 23 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 15 |
| LIMERICK . | 8,509 | 44,209 | 31 | 23 | 26 | 5 | 7 | ... | ... | ... | ... | 1 | ... | 2 | ... | ... | 12 |
| LONDONDERRY. | 21,865 | 30,884 | 29 | 20 | 17 | 2 | 5 | ... | 1 | ... | ... | ... | ... | ... | ... | 2 | |
| WATERFORD . | 17,209 | 30,626 | 29 | 16 | 17 | 5 | 4 | ... | ... | ... | ... | ... | ... | ... | ... | ... | |
| GALWAY. . | 21,358 | 19,692 | 21 | 6 | 8 | ... | 3 | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 4 |
| SLIGO . . | 30,835 | 17,285 | 21 | 12 | 7 | 1 | 2 | ... | ... | ... | ... | 1 | 1 | .. | ... | ... | 2 |

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 30, 1879.

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# Clinical Lecture

## ON BRAIN INJURY.

By A. T. NORTON, F.R.C.S.,
Surgeon to, and Lecturer on Surgery at, St. Mary's Hospital.

AMONG the number of cases of injuries to the head which have recently been admitted into the hospital, I have selected the following, as especially instructive forms which may occur :—

G. E., was struck by a railway engine whilst shunting. On admission, on the 9th Oct., there was a scalp wound more than two inches long on both sides of the head, and a third over the occiput. The left eyelid was torn, and there was a compound fracture of the left femur. The patient struggled violently during the setting of the limb, though he was suffering from concussion, and gave no answer when spoken to or shaken. Both pupils were dilated, though later in the night the right pupil contracted. On the following day he was still unconscious, with a full irregular pulse of 99, temperature 100°.

On the 12th the pulse was 96, temp. 99, he was more conscious and took nourishment freely, and the wounds were doing well. Thus far he might be said to have progressed, though the return to consciousness was but slight.

On the 14th the pulse rose to 116 and the temp. to 100·9°, and still no improvement as regards consciousness.

Three days later the pulse was 126, fluttering ; respiration irregular, 25 in the minute. The pupils answered to light, but he was comatose.

On the 18th pulse 130, intermittent, temp. 102°, respiration laboured, gasping, and in this condition he remained till the following morning, when he died, ten days after admission.

The symptoms were clearly those of concussion. There was no sign of hæmorrhage into the skull nor of other form of compression. He had command over the bladder and the sphincter ani, but the brain shock was severe ; he would distort his face, if pinched, expressive of pain, but could not be made to use the voice.

During the last three days the symptoms more approached those of compression, inasmuch as he took no further notice of being pinched or put to pain, appeared comatose, passed the motions in the bed, and also the urine ; but on the other hand he moved himself frequently on the bed and took fluids when put to the mouth. Nor can it be said that there was any symptom of inflammation of the brain, for the temp. was scarcely above 100°, until the day previous to his death, when it rose to 102 for a few hours. The diagnosis formed was that the case was one of concussion with severe shaking of the brain, and possibly some slight extravasation of blood into the substance of or upon the posterior lobe of the cerebrum, that being the region upon which the injury was inflicted.

The post-mortem records state : no fracture of the skull, no hæmorrhage between the membranes, no plastic exudation, a proof that there was no inflammation, engorgement of the posterior cerebral veins, scattered slight spots of extravasation in pia mater scarcely to be recognised amidst the engorged vessels ; no laceration of brain substance, no intra-cerebral hæmorrhage ; brain substance, posterior lobes more vascular than normal. Occupying the testis of right corpora quadrigemina was a greyish-brown softening, surrounded by a zone of congested vessels.

As regards the compound fracture of the left femur, I need say no more than that the flesh wound, which had been covered by collodion, now presented a thick adherent scab, and that the fracture was thus converted into the simple variety, so that this injury, though in itself serious, had no influence in bringing about the fatal result.

The post-mortem report shows the diagnosis to have been correct. The brain substance, though so far as could be detected, it was not lacerated, yet was severely

injured, as proved by injury to the small vessels, from which slight extravasation had taken place. From this injury the brain was unable to recover itself, and death ensued. There was no evidence of any other cause of death.

There was, however, an injury recognised after death, of the existence of which we had no means of judging during life, owing to the almost complete unconsciousness of the patient. I refer to the softening of the posterior lobe of the corpora quadrigemina. That this body is connected with the sense of vision in the lower animals has been sufficiently attested, but as regards man the question is still an open one; and as a point of science it is to be deplored that we had not the opportunity of questioning the patient as to the visionary power. All that we could ascertain on the point was that the pupils both contracted under the influence of light.

Now as regards the treatment of this case, do we gather from the conditions of the brain, as proved post-mortem, that we could have done anything more for our patient? I think not. When brought in under the shock of the accident external warmth was applied, and afterwards a croton oil purgative administered. The head was shaved and ice-bags applied to the head to limit the quantity of blood, and to prevent inflammation.

On the fourth day, as consciousness did not return, and as I told you at the time I concluded that there might be slight local extravasation, with engorgement, I applied leeches to the neck, and again administered purgatives, but, as you have seen, without success.

The exact state of the brain was recognised during life, a condition of congestion, and had the pulse been full and hard, it would have determined me to employ venesection, but as such was not the case, but as on the contrary the pulse was soft, and the tongue coated with a brown secretion—a sign of asthenia—I preferred to use local depletion in the form of leeches, and constitutionally alcoholic stimulant.

The next case which I shall recall to your minds is that of Frederick C., æt. 3, who was supposed to have been run over by a brick-cart, but as this injury was entirely on the head, and as there was no scratch nor wound, I think it more probable that he received a severe blow from the horse's knee, than that he was run over by the wheel, for such a weight must have assuredly crushed in the skull of a child so young.

F. C. was then, immediately after the accident on the 9th October, picked up, screaming, by a neighbour, and was at once brought to the hospital. On admission he was apparently comatose, but from time to time aroused himself to utter a cry of pain. His head and face were smeared with blood, but there was no external wound. A bruise on the zygoma, and a swelling upon the ramus of the lower jaw, were all that could be discerned externally. There was, however, bleeding from the left ear, bleeding from the nose, and the little patient also vomited blood. The left eyelid was ecchymosed, and on opening the lids the *right* pupil was widely dilated, whilst the *left* was contracted. There was no paralysis of the limbs nor of the face. The pulse was 100 full, occasionally intermittent; temp. 96°. Forehead cold and bathed in a cold sweat. The face was pale, and the lips light blue, as of collapse.

At four o'clock in the morning he became conscious and spoke to the nurse, but was fidgetty and restless all night.

After re-action from the collapse, an icebag was applied to the head, and a purgative (calomel) was administered.

On the following morning he was quite conscious and in good spirits. Both eyes were ecchymosed. Temp. 98·4°. Pulse very irregular, fluttering and intermittent. In successive minutes the pulse was counted, 132, 96, 108, 86, sometimes intermitting with the loss of two beats. His water had been passed without trouble.

On the 11th October temperature was 99°. There was a discharge of serous fluid from the left ear, and the ecchymosis in the right eye was more marked. The right pupil was dilated to nearly full extent, and the movements of the right eye did not correspond with those of the left eye. Food, entirely milk, taken well.

It was now evident that there was partial paralysis of the third nerve, for the pupil was dilated, and refused to act under the stimulus of light. The eye was turned outwards, and when acting with the left eye would only move inwards as far as the middle line. By closing the left eye, and asking the boy to take a penny, it could be recognised that he could see, but could not focus the eye, for his hand was not put directly upon the object.

I need refer to but few of the notes taken daily upon this case. The temperature remained normal, but the pulse was variable, generally quick and weak. The tenderness over the left zygoma continued till about the 25th of the month. The ecchymoses gradually subsided and disappeared by the 28th. The focussing power daily appeared to improve, and the iris to regain its power of contraction, until on the 5th Nov. the notes state, right eye still slight external strabismus, but moves inwards well at times. The running from the left ear ceased on the 24th October. On November the 7th he was discharged well.

I saw the patient about a month after discharge, and found that his hearing power in the left ear was not affected; that he had entirely recovered the power of vision, and that the organ of smell was not affected.

Now this case presents several remarkable points for consideration. The symptoms of compression were absent, and the symptoms of concussion disappeared after a few hours, notwithstanding the severity of the accident; but it must be remembered that he was not under the influence of concussion immediately after the accident, for the neighbour who brought him from the spot said that he cried lustily, and that he had become unconscious on his way to the hospital. I must recall to your minds that concussion is the *immediate* effect of the injury, and does not come on after a lapse of time, so, though for a few hours symptoms very much resembling concussion were present, yet we must conclude that this was not a case of concussion. Was it, then, one of compression? The term compression seems to be accepted in different senses, but in applying the term in injuries of the head, I employ it only when there is unconsciousness with paralysis. Assuredly the term compression cannot be used to mean any series of symptoms unless with that rendering; for compression of the brain, in the strict sense of the word, may occur as the result of growths or of inflammatory products, without the development of that series of symptoms which we designate compression.

This case, then, was not one of compression, for there was not paralysis; the boy turned in his bed, and though quite unconscious, yet from time to time uttered cries. We have fortunately not had any opportunity of verifying any diagnosis that might be made, but I gather from the symptoms that there was fracture of the skull without displacement, and that the loss of consciousness was due to a small quantity of blood retained upon the brain. Perhaps the chief evidence of the fracture was the bleeding from the left ear, followed by a flow of serous fluid for three weeks after the injury. This apparently serous fluid is now known to be cerebro-spinal fluid, and may come from that process of the membranes of the brain which surrounds the auditory nerve, or any fracture may bring about direct communication with the brain membranes. The bleeding, as we have seen, was excessive, for it flowed freely from the ear for two days, and was vomited in large quantity; the left lid was ecchymosed, and the right orbit contained blood, and on the following day the ecchymosis had extended into the right lids. Such bleeding would be indicative of fracture through the ethmoid or sphenoid or the orbital plates; but I think with such comparatively slight symptoms as those which presented themselves in this case, and in a child of such tender age as the subject under consideration, we might more reasonably suppose that the bleeding was due to laceration of vessels in those regions from the

concussion or contre-coup than from fracture, for it must be remembered that the bones at so early an age are very yielding, and therefore not so likely to fracture; whilst, on the other hand, the delicacy of the tissues and the thinness of the walls of the vessels would account for their easy laceration, as the result of a blow or severe shake, without actual fracture of bone. The paralysis of some fibres of the third nerve we must consider due to compression of those fibres by the blood effused around them, rather than to direct injury of the nerve; for after the complete absorption of the blood the nerve regained its power about the fifth week after the injury.

Whilst on the subject of concussion I will refer, in a few words, to one more case—that of M. M., a girl, æt. 8, which, though unimportant as regards concussion, may, in virtue of its complication, impress you with the necessity of carefully weighing the value of symptoms which may appear foreign to the case.

M. M. was knocked down against a doorstep, striking the head on the occipital region, and was brought into the hospital unconscious. The house surgeon applied an ice-bag to the head and administered a purgative. The next morning I saw her and found the face flushed, the tongue raw, and the temperature 102°. She kept her hand to the head as though in pain, and when questioned appeared stupid rather than semi-conscious from concussion. The scalp in the occipital region was bagging with effused blood. I remarked at the time that the symptoms were not such as we might expect from concussion. The temperature should never be 102° on the second day; such a temperature would certainly indicate inflammation, and had the injury been inflicted some seven or eight days previously the symptoms would have suggested inflammation of brain substance. I could only conclude that some complication was developing itself, and you may recollect that I gave my opinion to that effect. The following day it was found that the temperature rose more than two degrees each night and descended to the same extent each morning. An examination of the abdomen was now made, and the spots of typhoid fever discovered.

You may be inclined to say that I ought to have looked for the spots on the first day: perhaps so, and had I done so a correct diagnosis could have been made at the first examination; but the evidence of the injury was clear before me, and caused me to look only for such complications as I might expect to be associated with that particular form of injury; whilst, on the other hand, the typhoid fever which, though it must have existed for nearly a fortnight, had crept on so insidiously that even the parents of the child had not recognised any indisposition.

# Original Communications.

## SOME RESULTS OF THE CONTAGIOUS DISEASES ACTS. (a)

By WILLIAM THOMSON, A.B., F.R.C.S.,
Surgeon to the Richmond, Whitworth, and Hardwicke Hospitals, Dublin.

ALTHOUGH most frequently we are engaged in this Society in the discussion of purely surgical questions, there are other subjects to which we cannot be indifferent, and concerning which it is necessary that we should give some expression of our belief. Such a one presents itself in the operation and results of the Contagious Diseases Acts. Sanitation has grown from a rough mass of facts into a very definite science, with rigid principles and laws. Its highest aim is the security of the public health, and its powers are always directed against whatever tends to deteriorate the population, and to increase the national mortality. Thus the law controls the employment of children in factories, compels vaccination as a safeguard against small-pox, and exercises such authority as will prevent the spread of zymotic diseases in general. The law, it will be seen, is quite impartial. Its repressive hand falls equally upon men who, hasting to be rich, make children slaves; and upon that prejudice, the offspring of indolence and ignorance which encourages the spread of disease. It only sees in both a curse upon the present and the future race, and tries to mitigate its intensity.

This recognition of the importance of guarding the public health in every possible way once established, it was not to be expected that one serious group of diseases, known as venereal, would long escape the operation of the law. It was well known that the efficiency of the army and navy was gravely compromised; and beyond this it was generally admitted that, while there was present disablement, there was in some forms of disease the probability of an infected offspring. The Acts which we are now considering were passed, as in some shape a remedy for a great evil.

Various bills have from time to time become law, and are now known as the Contagious Diseases Acts. They have hitherto been confined to garrison towns; and the meetings recently held in this city were not only to protest against their possible extension, but to demand their repeal. The public of Dublin in the greater part had not heard of them before, and it was owing to the activity of a noisy and mischievous English association, that the Irish people first learned that their liberties were imperilled. Gathering around them a few apostles of a reform that does not always mean progress, a band of those agitators who flit about society, improving everything and everybody, and, I am sorry to say, some good men and women who were quite ignorant of what they were asked to advocate, the Society began its mission here. The story of its failure is known; but it is to be observed, as an instance of strange inconsistency, that those who were the advocates of free trade for prostitutes one day, were, the next, the loudest in calling for the repression of whisky-sellers, on the score of the moral and physical injury they inflict upon the people.

A subject, then, which has excited so much interest, and which involves so many important considerations from a medical point of view, is one upon which we may express some opinion.

The Act of 1864 was succeeded in 1866 by another, providing for the periodical examination of the prostitutes in certain garrison towns, and their detention in hospital, if necessary. Taking the navy, we find that in the year 1865, before the Act had produced any marked effect, the cases of syphilis on the home stations were 108·7 per 1,000; in 1866 the ratio had fallen to 76·3; in 1869, when the periodical examination had been nearly completed in the sea-ports, the ratio had fallen to 59·5; while in 1874 it had fallen to 48. In Devonport and Plymouth the Acts were applied with great care. In 1864 there were 274 cases of primary syphilis in 2,481 men; in 1865, 342. Then gradually there followed a decrease, until in 1869, the figures increased from 159 to 162; and in the following year were reduced to 85, or nearly one-half.

If we take the aggregate of 28 stations of troops in the United Kingdom, at which the average strength amounted to 500 men and upwards, the ratio of primary venereal sores in 1865 was 120; in 1867, it had fallen to 86; and it continued to decrease to 72 and 60, until in 1870, the ratio had fallen to 54.

Comparing the protected with the unprotected group, the numbers are, in the first, from 1864 to 1870, 120, 90·5, 86·3, 72·1, 60·9, 54·5 per 1,000. In the unprotected group there is an actual increase for the same period—thus, 108·6, 99·9, 90·9, 108, 106·7, 111·9, 113·3 per 1,000.

If we compare the reports of 1871 with those of 1864, there is a decrease in the constitutional form of 56·6 per 1,000. As contrasted with results at stations not under

(a) Read before the Surgical Society of Ireland.

the Acts there is a difference against the latter of 41·4 per 1,000.

In 1876 at fourteen stations under the Acts the average annual strength of troops was 48,620 men, among whom admissions for primary venereal sores averaged 33 per 1,000; the admissions for gonorrhœa, 68 per 1,000, or equal to 50·5 per 1,000. At fourteen unprotected stations, with 18,790 troops, the ratio of admissions was 82 per 1,000 for primary sores, and 89 for gonorrhœa, or together, an average of 85·5 per 1,000 in unprotected, against 50·5 per 1,000 in the protected stations. The case of Portsmouth, and the now celebrated statement of the Rev. Mr. Grant in defence of the Acts, are well known.

Let me just add one other proof, given by Surgeon-Major Vigers, of the Coldstream Guards. The regiment moved from London (unprotected) to Windsor (protected), and remained there from 20th April to 1st October. During the first two months, 14 cases of primary syphilis were admitted, in 13 of which the disease was contracted in London; and 13 cases of gonorrhœa, in 11 of which the disease was contracted in London. In the following three months, only 3 cases of syphilis were admitted—viz., 2 of primary sores, contracted in the district, and 1 of gonorrhœa, contracted out of the district. Thus, during the whole period, only 4 cases of one disease, and 3 of another, were contracted in Windsor.

The 34th regiment, as reported by Dr. Albert Gore, a Fellow of this College, came to Ireland from Shorncliffe, a protected district, and was distributed among unprotected stations. In 320 men there were 69 cases of venereal disease in six months. The regiment moved to the Curragh (protected), the average number being 272·71. Here the cases in six months were 38, and of 13 cases of primary syphilis only 2 were contracted at that station. The left half-battalion, 374 men, moved to Dublin, and in one month there were 20 cases of venereal out of a total of 35 admissions; while in 380 men remaining at the Curragh, there were only 4 cases out of 13 admissions.

In 1874, the 50th regiment came to Dublin, an unprotected station, having been previously at Colchester and Aldershot, protected stations. Professor de Chaumont, of Netley, commenting on this report from the pen of Surgeon-Major Ffolliott, says: "If we compare the seven months of 1874 at Colchester and Aldershot under the Acts with the six and a-half months at Dublin (1874-5), not under the Acts, we shall have two periods of almost the same length, and very fairly comparable:—

| | Average strength. | Admissions per 1,000. Gonorrhœa. | Syphilis. | Recruits. |
|---|---|---|---|---|
| 1874 (7 months under Acts). | 573 | 71·80 | 11·97 | 44 |
| 1874-5 (6½ months *not* under Acts). | 550 | 81·93 | 118·81 | Nil. |

"Here we have most telling figures, for the mean strength is almost the same, as well as the length of the periods, and we have a rise of 14 per cent. in the gonorrhœa, and no less that 900 per cent. in the syphilis, although the first period was under the adverse influence of 13 per cent. fresh recruits, while none were enlisted in the second."

And next let me call attention to a return which was issued in 1878. It contrasts the results at 28 large troop stations in the United Kingdom, being all at which the force was 500 men and upwards, when the first Act was applied. The figures relate to admissions into hospitals. (*a*)

(*a*) In this return, for the years 1860-66 inclusive, Windsor has been omitted from the group of stations under the Act, and London from that *not* under the Act, as the returns for those years do not afford the necessary information.

For the eight years 1870-8 the ratio of men per thousand always in hospital with primary venereal sores at fourteen stations under the Acts was 3·51, as compared with 7·85 at fourteen stations not under the Acts, the average rate of the subjected group being less than the half of that of the other.

In reading the above table it is to be remembered that the Act was not in operation at all the stations at the same time. In 1865 only three stations were subject to it; in 1866 four; in 1867 five; in 1868 eight; in 1869 ten, and it was not until 1870 that the fourteen were brought into the subjected group.

I could multiply evidence of the successful operation of these Acts, but I have said enough to show their beneficial results. In face of such facts, and contrary to all experience, it is curious to be told that not only has disease not diminished, but that it has actually increased. But then there are some men who argue that the earth is flat, and others that the sun moves round the earth.

There is one group of statistics to which the opponents of the Acts direct special attention—those of cases of gonorrhœa. The returns show a larger number in some cases than before the passing of the Acts, although I do not admit that there is in this fact any proof of a real increase. Mr. Stansfeld, when in Dublin, made much use of this return in a speech professedly delivered in reply to me, although I was not there to answer him. He quoted with apparent effect the statement of Inspector-General Balfour that, so far as gonorrhœa is concerned, the Act has not reduced the number of cases. But he ought to have been fair, for he must have known that an explanation had been given in the navy returns, which is also applicable to the army. Sir W. Armstrong writes—

"It is necessary to note the fact that previous to the time of passing the Contagious Diseases Acts it was not the practice of the navy to place cases of gonorrhœa,

| Year. | Fourteen Stations successively brought under the Acts. | | | Fourteen Large Stations not under the Acts. | | |
|---|---|---|---|---|---|---|
| | Average annual strength. | Ratios per 1,000 of strength. Primary venereal sores. | Gonorrhœa. | Average annual strength. | Ratios per 1,000 of strength. Primary venereal sores. | Gonorrhœa. |
| 1860 | 49,387 | 146 | 139 | 16,100 | 134 | 139 |
| 1861 | | 142 | 139 | | 120 | 118 |
| 1862 | | 117 | 139 | | 100 | 138 |
| 1863 | | 107 | 120 | | 107 | 120 |
| Average. | ... | 130 | 135 | ... | 116 | 129 |
| 1864 | 41,295 | 102 | 118 | 16,899 | 111 | 110 |
| 1865 | | 95 | 115 | | 101 | 140 |
| 1866 | | 87 | 116 | | 79 | 114 |
| 1867 | | 91 | 132 | | 115 | 130 |
| 1868 | | 83 | 133 | | 109 | 115 |
| 1869 | | 66 | 106 | | 128 | 105 |
| Average. | ... | 87 | 120 | ... | 108 | 119 |
| 1870 | 49,037 | 55 | 98 | 19,235 | 113 | 96 |
| 1871 | | 51 | 116 | | 93 | 107 |
| 1872 | | 54 | 104 | | 123 | 106 |
| 1873 | | 50 | 82 | | 102 | 95 |
| 1874 | | 42 | 62 | | 88 | 77 |
| 1875 | | 35 | 58 | | 79 | 72 |
| 1876 | | 33 | 68 | | 82 | 89 |
| 1877 | | 35 | 68 | | 91 | 117 |
| Average. | | 44 | 82 | | 97 | 95 |

unless severe ones, upon the sick list; thus the majority of cases were not recorded. Since the passing of the Acts the attention of the medical officers has been more closely directed to the registration of venereal diseases, and a large number of cases of gonorrhœa have been entered on the sick list and recorded, and now appear in the returns, which would not have been shown formerly. The apparent increase of gonorrhœa, which, it may be remarked, has taken place at all the stations, whether under the Acts or not under the Acts, is probably due to this cause, and not to any real increase of disease."

But beyond this the statistics in gonorrhœa must always be, to a certain extent, an inaccurate representation of results. We know that it is a disease which, apparently cured, may return in a few days, the re-entry of the patient for treatment being entered as a new case. This does not happen with a local venereal ulcer, which, once healed, remains healed, except under the very rarest circumstances. One other important fact was suppressed by Mr. Stansfeld which it would have been damaging to mention in this connection—that Mr. Balfour was originally one of the strongest opponents of the Acts, but that, coerced by facts he became their advocate. He is asked —"Then your experience of the working of the Acts has induced you to think they have been beneficial?" He answers, "decidedly." Yet there can oe no doubt that a directly opposite impression is conveyed as to Dr. Balfour's opinion.

Such are some of the results of these Acts. They have been denied, it is true; but if there is any weight in evidence at all, the results must be accepted. But even if the assertions of opponents were to be received, they would only show that the Acts are not efficiently administered. The law has not increased either small-pox or typhoid because it insists upon vaccination and cleanliness. There may be inadequacy in the machinery, but the universally accepted principle that we diminish disease by destroying the foci of it still stands untouched.

Perhaps, in strictness, I ought to stop here, but there is an aspect in which these Acts have been viewed that demands an observation. It is said that the Acts make sinning safe, and that the very existence of disease is a protection to men's virtue. But complete immunity can never be secured. There will always be a residue whom the Acts cannot reach, and who will serve to perpetuate disease. No man can cohabit with this class, and be certain that he will escape unscathed. Nor is it a protection to virtue. Everyone here knows of numerous cases in which patients, fully aware of all the perils, have not been deterred from running the risks. If disease deters from vice, and is a bulwark of virtue, as is alleged, it ought certainly to be encouraged until it is made a certainty that infection will follow contact. The conclusion is one from which there is no escape.

Reading the publications of the opponents of the Acts, one would believe that the promotion of morality and the protection of virtue were their special prerogative, and that, on the other hand, those who see in the Acts great actual and possible good, are encouragers of vice. The charge is more than insinuated, but it is some satisfaction to know that with us there are clergy representing all religious denominations in the country, from the Archbishop of Canterbury down; for the results of the Acts have not been confined to the diminution of disease, and the protection of the future men and women of our country from a shocking inheritance, but they include the saving of girls, children, and women from a life of degradation. The report of Col. Henderson for 1870 shows that in the protected districts, 385 impure women had married, 451 entered homes, 1,249 were restored to their friends, 2,558 left the district, leaving 3,016 on the registry. The report for 1877 shows that during that year 81 married, 241 entered homes, 626 were restored to friends, 75 young girls between the ages of 12 and 18 were rescued, and 27 of the same ages, and 91 between 18 and 30, were warned, and abandoned their immoral life before their names were placed on the registry. Since the Acts were passed there has been a total decrease of 3,028 women on the registry. Is not this good work done? Can results as effective be pointed to by the agitators against these Acts?

It has always seemed to me that the people who take the ground of opposition are of the impracticable class. They will not see with their eyes. They are in an upper heaven, where they wrap themselves up in ideal purity. If they would only come down from their stand-point of transcendental morality, and look at things in the light of ordinary every-day humanity, they would see that prostitution and its accompanying diseases are, unfortunately facts. They exist, and have existed from the earliest ages, and the question which at once suggests itself to practical minds is—What are we to do with them? What do our opponents suggest as a remedy for the present urgent evil? In the Lock Hospital connected with St. George's Union, in London, sixty-five per cent. of the inmates suffer from true syphilis. They go there voluntarily, and they leave when they like—cured or uncured. Do people realise what possibilities of wide-spread disease—what legacies of misery—there are from this one hot-bed? Do they know that untold numbers of innocent women and children may be made the poor victims of men's sin? Is their welfare of so little importance that we are to raise no voice or arm for their protection? Or are they to be doomed to pain and misery while enthusiasts are dreaming over schemes of impossible perfection?

I am glad to say that in spite of reproaches the medical profession stand, with but few exceptions, upon the side of those who approve of the Acts. What opposition there is is more remarkable for its pertinacity than its reasonableness, or the reliability of its facts. Thus you will, perhaps, be surprised to be told that syphilis is by no means a very terrible disease, and that, as a rule, "prostitutes are longer lived and healthier than women who are engaged in an honest course of life." As a specimen of the evidence which goes to form opinion, I ask attention to this:—Dr. Taylor is asked if he is aware that Dr. Thomas Ballard had never seen a case of inherited syphilis, and he replies that he is; and then—"Did he not say on that occasion that he had taken very great pains in order to get a case of inherited syphilis, and failed? Yes, and I wrote to him, not mentioning my views upon the matter at all, but merely saying, 'Is it true that you have not found a single case of inherited syphilis;' and he wrote back and said, 'It is, and if you can show me one I shall be obliged, and glad to go and see it.'" If that is a true represention of Dr. Ballard's experience, London is to be envied; but I can only say that in Dublin we could unfortunately produce a good many specimens without any difficulty.

These Acts are not the best that could be devised, I do not doubt. There is room for improvement. Their provisions might be extended in some degree to sailors arriving from abroad, who are frequently the spreaders of contagion, and there are probably many suggestions that might be made and carried out if the opposition would only consent to work in the same lines for the same object.

That wrong has been done to innocent women may be true, but in very rare instances. The wholesale charges made failed when brought to the test before the Commission, who absolved the police, and reported that most of the "inflammatory statements" as to the character and operation of the new law, "so far as they had any foundation whatever, were perversions of truth." There is no law that has not been sometimes misapplied, but because innocent men have been arrested as pickpockets we do not hear of anyone claiming that thieves should have complete licence.

Of the objections to the Acts on the score of outrage to women I will let a woman (Mrs. Hoggan) speak. At one of the recent meetings to further the repeal of the law she said:—

"I believe that if care were taken in the choice of medical inspectors, and that if evidence of an unquestionable kind were required as to the fact of prostitution in the women, those latter ought not to be regarded as aggrieved persons. The womanly sensibilities of prostitutes are blunted, and it is an indubitable fact that women of the class referred to have already lost that delicacy of feeling which it is customary to speak of as being violated by the examination to which they are forced by law to submit themselves. The examination is not designed to be an outrage, but is the natural and ordinary method of ascertaining the presence of disease, and applying the remedies prescribed for its cure. Respectable women who innocently become infected with these diseases are obliged to put themselves voluntarily under the same treatment.

"It is agreed that the compulsion exerted here is the grievance, but it seems to be forgotten that the women in question are exercising a lucrative trade, which, to respectable women, is repulsive beyond the power of words to express, but which, in the majority of cases, is not repulsive to themselves. In as far as it is a trade which may spread disease, these carriers of disease naturally fall within the jurisdiction of good government, just as persons carrying on offensive trades, such as chemical works, are likewise placed under control, and they have, therefore, no claim to escape control of a reasonable nature, and to injure with impunity the health of the community."

These are the words of a woman who is brave enough not to be ashamed of her common sense. These Acts are undoubtedly a misfortune in the sense that they are necessary, but it is a libel to say that they are immoral. All the machinery for good, all the practical philanthropy, all religious schemes, have failed to extinguish the evil. The law has come in to help our holiest workers—not to supplant them. Its object is to deal with, and at least to diminish a terrible disease, and to assist in the rescue of the fallen; and in so far as it aims at and achieves these purposes it deserves support not only on scientific grounds, but on those of the highest morality and of religion.

# Clinical Records.

## CAUTION IN THE USE OF VASELINE AND SIMILAR PETROLEUM DERIVATIVES.

By W. FRAZER, F.R.C.S.

Recently some persons using Vaseline were affected with eruptions on the face resembling eczema and causing rather persistent scabs; as all the persons thus affected got their remedies from a common source, inquiry was made whether any accidental circumstances could account for this unusual accident; fortunately, the vessel in which the substance was contained was preserved. It had been sent from a wholesale druggist with a covering of red paper, from which the dye was dissolved in great measure by the mineral oil. In fact, the irritation resolved itself into another example of the well-known action of an arsenical colouring matter of the magenta class upon the human skin.

In the principal foreign cities the rates of mortality according to the most recent weekly returns, were—Calcutta 30, Bombay 34; Paris 29; Geneva 26; Brussels 36; Amsterdam 39; Rotterdam 28; The Hague 21; Copenhagen 29; Stockholm 25; St. Petersburgh 53; Berlin 24, Hamburg 31, Dresden 24, Breslau 33, Munich 38; Vienna 34, Buda-Pesth 45; Rome 24, Naples 32, Turin 28; Venice 27; Alexandria 34; New York 28, Brooklyn 22, and Philadelphia 18 per 1,000 of the populations. Small-pox caused 24 deaths in Paris.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Friday, April 25th.

Dr. Greenhow, President, in the Chair.

### DEATH OF DR. MURCHISON.

On taking the chair, Dr. Greenhow said that he wished to advert in a few brief words to the great loss the profession had sustained in the death of Dr. Murchison, more particularly because Dr. Murchison had been one of the first physicians to co-operate in founding this Society, and one of the first members of the Council, on whose energy so much of the success of the Society depended. He had also acted as Vice-President, a post which he only resigned last year, and the able manner in which he filled the duties of this office would be in the recollection of the members of this Society. Referring to Dr. Murchison's indefatigable energy he alluded to the numerous contributions which he had made to this Society as well as in other places, and especially referred to a paper on the subject of "Death from High Temperature in cases of Acute Rheumatism," which had been read at the second meeting of the Society, after a paper on the same subject by Hermann Weber, and which was the first contribution from an English physician on this subject. Dr. Murchison had also acted as one of the Committee to investigate the action of quinine in reducing temperature, and one of the last papers in the latest volume of the "Transactions" was also from his pen, on the question of the "Incubation of Scarlet Fever." He was a specimen of the fully educated man, who had built up a splendid edifice upon a solid foundation. He had obtained the gold medal for his graduation thesis at Edinburgh, and it was remarkable that this thesis was founded on surgical cases, perhaps an unusual instance of early distinction in a line which the author of the thesis had not afterwards pursued. He was indeed an eminent pathologist, not only thoroughly conversant with the appearances of the post-mortem room, but with their causes before death. In fact, he was a most intelligent and admirable observer, the notes on his cases were concise, clear, and contained all the essential point with a complete absence of surplusage. He was an admirable clinical teacher, and had the art of ever imparting fresh interest to a familiar subject. Of Dr. Murchison's professional labours ample evidence remained in the records of the Pathological Society, and in his classic work on Fevers. He had thought it his duty, as it was his privilege to say these few words, and while holding his example up to his younger brethren, as a model of reality and excellence of performance, he warned them against what he feared had perhaps hastened Dr. Murchison's death, the indefatigableness of his labours.

Dr. Crocker exhibited a case of "Lichen Scrophulosorum," and Mr. Parker a case of "Bromide of Potassium Rash, exhibiting some unusual features."

Mr. Hulke

### ON A CASE OF RETENTION OF URINE CAUSED BY IMPERMEABLE URETHRAL STRICTURE, TREATED BY TAPPING THE BLADDER ABOVE THE PUBIS, AND LATER BY EXTERNAL SECTION, A CATHETER PASSED THROUGH THE BLADDER, AND A STAFF PER PENEM, AS FAR AS THE STRICTURE, BEING USED AS GUIDES.

The man, an upholsterer, æt. 40, was admitted on the 29th of November last, with retention of urine, which had begun early the same morning. There were frequent efforts at micturation which were futile. Twelve years before he had been treated in Australia, but he neglected himself subsequently, and the stricture closed; the usual methods were employed to relieve the bladder without avail, and at 10 p.m. Mr. Hulke aspirated the bladder above the pubis. At 1 p.m. the following day no urine had been passed, and the bladder was again distended, so a long trocar was introduced above the pubis, and on the third day was replaced by a firm elastic catheter. Two slight attacks of pleurisy followed, but on Jan. 3, all attempts to pass a catheter having failed, a No. 10 silver catheter was introduced through the prostatic urethra from above, as far as the obstruction, a staff was passed along the urethra as far as

the anterior face of the stricture, and the urethra was opened between the two, the lips of the incised part held open, as in Wheelhouse's operation, and the staff was slipped into the bladder, over this a soft catheter was passed into the bladder, and the staff was withdrawn. Some bleeding followed the incision, requiring the temporary use of a plug; the supra-pubic hole soon closed, and in a short time the perineal wound contracted, the patient was now convalescent, and a 10 catheter could be easily introduced. Cock's operation had not been used, because the urethra was deflected to one side, and the proceeding described was employed instead. It was one suggested by Hunter, and adopted by Dittel of Vienna. The risk of extravasation was small, in 17 cases recently reported no such result had followed, and the merits of the operation were its ease, and the facilities for later treatment of the stricture, as for antiseptic treatment of the wound. He alluded to "Hunter's suggestions," to be found in a footnote at vol. 2., p. 292, Palmer's edition.

Mr. MARSH mentioned that, in looking over an old volume of the *Lancet*, he had met with a description of a similar treatment in a case of Mr. Houslip's. Mr. Hulke was to be thanked for adding this method of treatment to our resources in these often difficult cases.

Dr. CROCKER

ON A CASE OF ICHTHYOSIS

which had been already exhibited. The patient was a boy æt. 10, in delicate health; the mother was also delicate, there was no history of syphilis. Several raw patches had been seen at birth, these healed in seven weeks, and warty growths began at once to appear in their neighbourhod, but for the last three years they had been stationary. The body was thickly covered, not symmetrically, but extensively, with these growths. The soles of the feet and one palm were free; in places they were almost horny. Ung. picis co. had been used freely, and there had been some improvement although it was not very marked, A portion had been examined microscopically and the growth proved to be ichthyotic; the appearances were described, and the differences from a warty growth pointed out. He had to thank Dr. Duckworth for a reference to a similar case published in the "St. Bartholomew's Hospital Reports," where, however, xeroderma had co-existed. The want of symmetry in this case was chiefly remarkable.

ON THE QUESTION OF TRACHEOTOMY IN BILATERAL PARALYSIS OF THE POSTERIOR CRICO-ARYTÆNOID MUSCLES, AND SOME REMARKS ABOUT THIS DISEASE.

Dr. SEMON read the sequel of a case which he had brought under notice of the Society in the spring of last year. Although he had then expressed himself strongly in favour of the *early* performance of tracheotomy, he had given his patient a fair trial with the direct application of electricity to the paralysed muscles. This treatment, which had been daily executed from April of last year until the 17th of February of this year, had afforded considerable subjective relief to the patient, who had never since had any of the suffocative attacks to which he had been formerly subjected, but there was only very little, if any, improvement in the actual stenosis of the glottis. On the morning of February the 20th a message was brought to Dr. Semon that the patient, who had been well up to the foregoing evening, had come home from his duty at midnight with some dyspnœa, and that this had increased during the night; that he had become insensible in the morning, and that he was evidently dying when the messenger left his house. A neighbouring practitioner had been called in, but had stated that he could not do anything for the patient. Dr. Semon hurried at once to the house and found the patient in extremis, evidently dying from carbonic acid poisoning, produced by the insufficient entry of air into the lungs. He immediately performed tracheotomy, cutting with one incision through all the tissues and through the trachea, inserted a large tube, and started artificial respiration. It was, however, not till after three and-a-half hours permanently and laboriously thus keeping up the respiration that the patient commenced breathing spontaneously. The blood which had run down from the wound into the trachea and the bronchi was repeatedly sucked out by means of an elastic catheter passed down through the silver tube. Ultimately, the patient recovered, but his convalescence was retarded by the effects of the carbonic acid intoxication. Dr. Semon had brought the case forward mainly because it raised the large question, "Under what circumstances, and at what period of the disease is tracheotomy to be performed in these cases?" It had been lately stated by Mr. Lennox Browne that tracheotomy could be probably often avoided in these cases, because relief was afforded by milder remedies and methods. However, in Mr. Browne's own case illustrating this view, there was still considerable actual stenosis of the glottis in spite of the disappearance of the subjective symptoms, and thus the patient was, as Dr. Semon's case clearly proved, far from being out of danger. With regard to the facts, 1. That a mere *subjective* improvement gives no guarantee against a sudden fatal aggravation of the present state from quite trivial causes, such as a slight laryngeal catarrh. 2. That even the presence of a medical man, if he be unaware of the nature of the disease, does not give material guarantee for the saving of the patient's life. 3. That the chances of the operation become the worse the longer it be postponed. Dr. Semon finally proposed the following general principle for the treatment of these cases: "In a case of bilateral paralysis of the posterior crico-arytænoid muscles, in which a considerable stenosis of the glottis has taken place, and marked dyspnœa is present, unless *within a short time*, not only *subjective* relief, but an *actual* enlargement of the glottic opening has been obtained by whatever method might be employed, then tracheotomy ought to be performed without delay, not as a means of cure, but as a prophylactic measure with a view to the subsequent removal of the tube, in case any later therapeutical efforts should produce a real cure of the affection." In illustration of the disease Dr. Semon showed another instance of the same affection in which a hitherto undescribed laryngoscopic appearance is to be noticed. The vocal cords come completely together during vocalisation, but during deep inspiration the anterior two-thirds of the vocal cords remain close together, and the posterior thirds only separate, leaving a triangular space between their borders and the inter-arytænoid fold. Thus the bilateral paralysis is incomplete. In accordance with some recent physiological observations of Ruhlman, Dr. Semon explained this appearance as being due to the fact that most likely only the *outer* fibres of the posterior crico-arytænoid muscles, which remove the arytænoid cartilages in their entirety from the inner surfaces of the crico-arytænoid articulations to the outer ones, were paralysed, whilst the inner ones could still exercise their function of outwards rotating the vocal procession of the arytænoid cartilages. If then, secondarily, a paralytic contraction of the antagonistic muscles set in, the result would be that seen in this case. This explanation was only offered as a hypothetical one, but its possibility was demonstrated on Professor Bertel's, of Munich, model, illustrating the movements of the laryngeal muscles. Dr. Semon further said that he had seen this incomplete paralysis but twice, viz., in this and in Mr. Browne's case. The dyspnœa had been sufficiently great as to induce him also in this case to perform tracheotomy, the electric treatment having proved useless. In conclusion, the lecturer stated that since their convalescence he had treated both his patients with daily subcutaneous injections of sulphate of strychnia, but without any subjective or objective success. Opportunity was given to the members to examine themselves the laryngoscopic appearances in both cases.

Mr. LENNOX BROWNE thanked Dr. Semon for bringing forward this case, which, as he had expected, had been a practical commentary on one which Mr. Browne showed last year. In his patient he had employed strychnia hypodermically, with both subjective and objective relief. He doubted as to the possibility of curing these cases, and he was quite alive to the advantages of tracheotomy. But when the patient receives considerable benefit from treatment, it is difficult to persuade him to submit to operation. Perhaps, too, there was a tendency to put aside the use of therapeutics after the operation, which was a disadvantage. In a later case that he had treated he had used strychnia only; the patient was very ill, but with the exception of a slight relapse from catching cold he had steadily improved. He quite allowed the difficulty, which was, that a patient might at any time suddenly be suffocated.

Dr. HALL added his testimony as to the marked improvement which had followed the use of galvanism in this case, but he agreed as to the advisability of tracheotomy, as w

general rule. He would wish to ask Dr. Semon what relationship existed here between the paralysis of the glottis and the locomotor ataxy from which the patient was suffering.

Dr. SEMON, in reply, said that after the operation, strychnia had been fairly tried, in doses of from 1-30th to 1-10th of a grain; the results had been negative, at which he was not surprised. Sometimes electricity, sometimes iodide of potassium were beneficial, and hollow bougies had been recommended, but he did not anticipate any permanent benefits from these remedies, and when there was no objective improvement after a fair trial, operation should be performed. He did not recognise any connection between this disease and locomotor ataxy; they so very frequently existed independently.

Dr. TILBURY FOX

ON A CASE OF LICHEN SCROPHULOSORUM,

a case of which disease was shown by Dr. CROCKER.

One of his patients was a lad, æt. 17, delicate, and tuberculous; he had had hemiplegia, and suffered from enlarged lymphatic glands. Four years ago he came to the hospital with ill-developed lichen circumscriptus, but improved under treatment; but six weeks after his return from the sea-side, he came back to the hospital with the disease in its present condition. The follicles were raised over large surfaces, but here and there were patches more raised than the rest, varying from a threepenny-piece to a five-shilling-piece in size, of a faint red colour, and occasionally crusted; there was no itching, but after a time acne spots appeared. In these cases it was usual to find some pulmonary complication. They corresponded to Hebra's lichen scrophulosorum, but Hebra did not describe any disseminated papules. The acne spots came on later. In Dr. Crocker's case there were none. The great point was to recognise its amenability to cod-liver oil, and these were his reasons for introducing the subject.

Dr. CROCKER had met with his case a few days before. The disease, though slight, corresponded in all respects with Dr. Fox's description, except that there was some itching.

Mr. MORRANT BAKER

ON A CASE OF RODENT ULCER OF THE SCALP TREATED BY EXCISION.

The patient had first been seen in July, 1873. There was at that time a painful ulcer over the left parietal bone. It had begun in a pimple three years before. It was treated with nitric acid, and later with Vienna paste. In 1877 the ulcer had much increased in size, and the patient was exhibited at the Medico-Chirurgical Society by Mr. Gaskoin. After this, in 1878 he was re-admitted to St. Bartholomew's Hospital, and Mr. Baker excised half the ulcer in April, when the pericranium was involved. The gouge was applied a month afterwards; the other half was similarly treated, and the resulting sore dressed with iodoform. Chloride of zinc paste was afterwards applied to a few superficial patches, but by December 12th the greater part was healed. Over the centre of what had been the ulcer were some suspicious points, and under the sterno-mastoid was a painless enlarged gland. The microscopical appearances had been already recorded by Dr. Thin, in the Medico-Chirurgical *Transactions*. He recorded this case because he had hardly expected to do so much good by excision. The wound was not healed, it is true, but the patient was placed in the condition in which he had been five or six years ago.

Dr. THIN advocated the employment of the knife on pathological grounds, as less likely to leave a soil favourable for the recurrence. The spoon was well adapted for lupus, but hardly so well for the disease in question. There was no reason why enlargement of the lymphatic glands should not follow rodent ulcer, just as it followed epithelioma. Besides, the diseases were often confused with one another.

Mr. BRYANT dwelt on the importance of destroying the ulcer, and it did not matter, in his opinion, whether a blunt knife or a sharp spoon were used, if the disease was removed thoroughly. He, perhaps, was hardly satisfied about the distinctive points between rodent ulcer and epithelioma; but in cases that were clinically rodent ulcer, his results after scraping had been satisfactory.

Mr. BAKER replied, and

The Society adjourned.

## SURGICAL SOCIETY OF IRELAND.

SESSION 1878-79.

FRIDAY, MARCH 28TH, 1879.

THE Last Meeting of the Session was held in the Albert Hall of the Royal College of Surgeons,

Dr. EDWARD D. MAPOTHER, Vice-President of the College, in the Chair.

There was a large attendance of members and visitors.

Mr. B. WILLS RICHARDSON (hon. sec.), read the minutes of the previous meeting, which were signed.

(*Continued from page* 328.)

Mr. W. THOMSON read a paper

ON SOME RESULTS OF THE CONTAGIOUS DISEASES ACTS,

which will be found on page 341.

Dr. M'CLINTON (H.M. Ironclad *Belleisle*)—I may mention some results of the working of the Acts as contained in my reports to the Admiralty. I was on the *Minotaur*. She was commissioned 6th August, 1875. She remained four months in Portsmouth. There were 826 men on board, 509 aged 17 to 25; 249, aged 25 to 35; 59, aged 35 to 45; and 9, aged above 45. This is the report I made: "Syphilis, primary, 8 cases; and only three of these contracted the disease at Portsmouth. Considering that the men had night leave every evening, I think the number of cases of this disease exceedingly small. I do not attribute this to the better *morale* of the men; but to the almost complete absence of this form of disease in the Portsmouth district." Next, H.M.S. *Topaze*—She was commissioned July 17th to Dec. 31st, 1877, with a crew of 400. In my report, I stated: "Syphilis, primary. The few cases of this disease under treatment speaks well for the Contagious Diseases Acts. Although the ship's crew was at Portsmouth for three months, and had unlimited leave, during all that time not a single case of this disease was contracted there. Two of the three cases placed on the sick list were contracted in Dublin, and one case at Exeter. The *Topaze* was only ten weeks in Kingstown Harbour." Of the same ship, commissioned 1st January, 1878 to 2nd July, I reported: "Syphilis, primary. Sixteen cases under treatment; average days on list 30. Thirteen cases had their origin in Dublin; two in Kingstown; and one in Plymouth." That does not speak well for Dublin and Kingstown. H.M.S. *Belleisle*, commissioned 2nd July, 1878, to 31st December, 1878. "Sixteen cases under treatment. Only 9 weeks in Kingstown Harbour; 8 weeks in Belfast Lough; and 9 weeks at Portsmouth and Chatham. Of these cases, five were contracted at Belfast; six at Kingstown; and two in Dublin; and but one each in Weymouth, Portsmouth, and Plymouth." I think these facts speak well for the protected ports.

Dr. JACOB—I do not think it necessary to offer many observations as to the general scope of the very forcible paper of Mr. Thomson. In fact, it seems to me that the statistics which he has laid before the Society require no further comment. In reading the literature of the opposite side of the question, I do not know that I have ever come across any facts which would go the slightest distance towards unseating the conclusions at which he has arrived. I rise now to remove from the minds of the members of the Society and any others who hear me, and not be acquainted with the circumstances, the impression that there is any force whatever in the statement sown broadcast through the newspapers, that the effect of these Acts is to outrage innocent women, and hence that the evil which they do in that respect far transcends the good. This statement has been made on public platforms in Dublin and elsewhere, and also within the House of Commons. Having investigated the question, read all the Acts of Parliament thereon, and visited the Lock Hospitals to make myself acquainted with the systems there pursued, I have arrived at the most firm conviction that the circumstances under which an innocent woman could be suspected, and subjected to outrage, even of examination, are hedged round with such precautions that such a case would be almost impossible. The *modus operandi* is this: The police sergeant charged with the duty of inspecting the district, keeps a list of all the prostitutes plying their trade within the district. Supposing he suspects a woman of carrying on prostitution, it is his business to watch for some circumstances, such as being about late at night in the company of soldiers, or others, to confirm

his suspicion. It is then his duty to address the woman, explain the suspicious circumstances under which he has seen her, tell her she is suspected of prostitution, and ask her if his suspicions be correct, whether she will make a voluntary submission, by presenting herself for examination. At the same time he serves her with a paper, called a requisition for a voluntary submission. She may tear it up and treat it with contempt, while the sergeant has no power of coercing her to submit, nor can he fasten upon her any allegation of prostitution without taking further steps in a roundabout way. In the first place, he has to search out evidence sufficiently strong to convince a bench of magistrates of the actual guilt of the woman; and it is all but impossible to get such evidence, being confined, as it usually is, to the participators in the offence. So great is the difficulty of obtaining evidence sufficient to convince a bench of magistrates that forced submission is almost an unknown thing. Such evidence as the sergeant obtains he must bring before his superior officer, to get his sanction to institute a prosecution. That done, information is laid against the woman as if she had committed a petty larceny, or any other crime. She is served with a summons to appear before the magistrates. Here, again, the law steps in, and lest she might be fastened with an allegation of prostitution the case is heard with closed doors, while it is competent for her to appear, either by herself or her solicitor, and free herself from the imputation cast upon her. The magistrates are bound to act upon the evidence, and presuming it to be sufficiently strong, they issue an order directing the woman to attend for the purpose of examination. Still she goes out of court perfectly free not subject to insult in the custody of police; but at a given time she attends at the examining station, and there is examined. If found to be untainted she is allowed to go away, and it is perfectly open to her then to cease from the course which brought her under suspicion; and if she does, she is free from any interference whatsoever. If, on the contrary, she is found to be infected, the evidence is strong that she is guilty of prostitution, and it is competent to restrain her until the disease be cured. When cured, she is served with a paper declaring she is free from disease; and being then allowed to go free the whole proceeding must be commenced *de novo* if considered necessary to bring her under the operation of the acts. What I have said proves that the contingencies under which an innocent woman could be subjected to outrage or injury are so remote that practically the compulsory clauses are but seldom enforced. I was informed that at the Lock Hospital, Kildare, there had not been a single case of compulsory enforcement for a year and a half, and that in fact 99 in 100 of the patients occupying that hospital were well-known, voluntary, avowed prostitutes, who came voluntarily for examination and treatment. Such a thing as the possible application of the Acts to an innocent person within that or any of the neighbouring districts had never been heard of, nor had such an allegation been made. I think, therefore, that the law has fenced round the liberty of the subject in this matter with the utmost care, and that there is not the remotest ground for the statements made that innocent women have been subjected to outrage. These statements have been, as Mr. Thomson said, entirely refuted before competent tribunals; but from what I know of the machinery of the system, it strikes me that they would hardly need refutation. I have studied a good deal the literature of those who condemn the Acts, and anything more completely inconclusive or unconvincing than the facts which they desire to sustain their case, or the arguments which they put forward, I have never read. I have been in epistolary communication with the conductors of this agitation, and never yet succeeded in getting from any one of them an answer to such facts as Mr. Thomson has brought before the Society. I think there can be no doubt whatever that the views which he has expressed are founded on truth and justice, and such as will commend themselves to the good sense and approval of the Society.

Mr. TUFNELL—There is no argument to displace what has been said by Mr. Thomson. The united opinion of the Surgical Society of Ireland that the Acts are for the good of mankind, is sufficient to establish these Acts against anything that silly people may say.

Dr. M'CLINTOCK—At the risk of being looked upon as a crazy enthusiast, and one of those remarkable mortals who are wrapped up in transcendental morality, I must express my own difficulty in accepting the moral basis of those Acts. The whole question of the propriety and morality of the Acts is considered in the paper brought before us by Mr. Thomson, and I frankly and freely admit it is a most able and elaborate paper, and I presume is intended as a refutation of what was said in Dublin some months ago by Mr. Stansfeld and others. But the question that I would ask in reference to the Acts is one that affects purely my moral sense. "Have these acts tended to diminish the crime of prostitution?" I would like to know that. I believe the direct tendency of the Acts is to afford, as far as the law can go, every encouragement to illicit sexual intercourse by divesting it as far as possible of those penalties and restraints which certainly are attached to it by nature. That the amount of disease among soldiers and sailors is diminished where such rigorous and expensive machinery is at work to restrain and cure venereal disease among the prostitutes, might have been foreseen *a priori*, as in accordance with common sense and reason. But after this wholesale parliamentary sacrifice of moral principle what have we gained—what is the enormous result achieved for it? There is an increase every year in gonorrhœa.

Mr. THOMSON—I beg your pardon. There is a decrease.

Dr. M'CLINTOCK—Except in the last line of figures in your tabular statement, the number of cases of gonorrhœa has increased. There are many surgeons who hold that the remote effects of gonorrhœa are more troublesome and lasting than those of syphilis. Speaking on a subject like this one should be prepared with data and authorities. I am wholly unprepared, and it is presumptuous of me perhaps to say anything on that account, but it is only on the one phase I have ventured to intrude my observation. At the same time I readily and willingly bear testimony to the ability displayed in this paper—the elaboration and collation of data, and the excellence of its composition.

Dr. DOYLE—In reference to the remarks of Dr. Jacob, I have the authority of Dr. Morgan for stating that it is a well-known fact that no medical man can tell whether a woman is suffering from syphilis or not. She may have apparently no local sore or secretion at the time of examination. Therefore, as medical men, we ought to be opposed to the carrying out of the Acts in Dublin. The fact of the Acts being enforced would be injurious to families. I have had cases where married men went to protected districts for prostitution, expecting they would not get the disease. That is one of the proofs against the carrying out of the Acts. I do not think we are justified by the figures of Mr. Thomson in coming to a universal conclusion, and as to the justice or injustice of the Acts, we cannot form an opinion in this respect until they are applied all through Great Britain.

Dr. ROBERT MONTGOMERY—I chanced to be on the platform in the Rotunda the evening Mr. Thomson got up to refute the arguments brought forward by some ladies and fanatics, and I must say he deserved credit for facing the enormous uproar, which was the only argument used on the occasion. He was not permitted to state the facts which he so admirably stated to-night. My object in rising is to say that I am a great admirer of these Acts. I think they are most beneficial, and it would be a great matter if there were any means of bringing Mr. Thomson's observations before the public at large.

Mr. WM. STOKES—After hearing Dr. M'Clintock's observations, I feel constrained to say a few words. Though sympathising very deeply with the objects that the promoters of those Acts have in view, I must say that I would join those who wish to see the Acts in their present form repealed. As long as they exist in the condition that they are in now, the promoters will always be open to the charge of licensing vice, and encouraging prostitution. But the reason why I would like to see those Acts repealed is that, notwithstanding the undoubtedly good effects with which they have been attended they do not go at all far enough; just like the man who, having property to guard against thieves, bolts and bars and barricades the windows at one side of his house, and leaves them open at the other. Until the Acts are framed so as to include both sexes, I think the promoters of those Acts will always be open to the charge of licensing vice. This should not be at all looked upon as in any way a local question, or a question that affects merely one country. It is an international question, and I fully endorse the opinions put forward by the illustrious American surgeon, Marion Sims, who thinks that no satisfactory results will be obtained in stamping out syphilis until all civilised nations join in stamping that disease out; and the eminently satisfactory results obtained even by the Acts as they are at present in force, show that the disease is essentially a preventable disease. Though the members here present may be aware of what the suggestions are that have been made by Marion Sims, it

would not be out of place, as Mr. Thomson did not allude to them, to mention one or two. One was that in every seaport town the surgeon of the vessel, be it steamer or sailing vessel, should certify to the authorities of the town, before the crew landed, the sanitary condition of the crew, and that if there were any cases of syphilis on board, those cases should be taken charge of, and put into hospital, and kept there until they were cured. Another was that in large towns they should be put under the same restrictions as in cases of cholera or small-pox, and in America, of yellow fever; they should be all dealt with by a board of health, and looked after, and put into hospital for treatment until the disease is cured. Until some such restrictions as these are made, I look upon the present Acts, no matter how beneficial the results may be in the few places where they have been tried, as only half meeting the difficulty; and, therefore, it would be well that this Society, through Mr. Thomson, if he agrees with what I say, express an opinion endorsing the views of Marion Sims, in reference to those points I have mentioned. Dr. M'Clintock's question—"Has it diminished prostitution?"—can be easily answered. I have not directed as much attention to the subject as Mr. Thomson, but I have seen it stated, and the statement has not been contradicted, that in the protected districts prostitution has been very largely diminished. Of course, I speak under correction. If that be true, it is a sufficient answer to the query put with such force by Dr. M'Clintock at the commencement of his observations.

Dr. Chas. Moore—As I have belonged to the mercantile marine, I may make one or two remarks. The mercantile marine has suffered very considerably from syphilis. In fact, this very day I got a communication from a distant part of the globe, complaining of the terrible extent of the disease among merchant sailors, and the want of a provision something similar to that in the army and navy. I know what has been done in America in protecting sailors from disease. A British ship-owner is jealous of any law interfering with his ship or crew, even though it may be for the protection of his own men, and therefore of his own property. If a sailor is not in good health, he is unable to protect the ship from storm. In consequence of this, many things have been done by the Government to protect sailors from syphilis and other diseases, which must materially interfere with their efficiency. The effect of protection has been to put down almost entirely the dancing houses in garrison towns, which were resorted to by girls of tender years from the country. These girls, even of ten, eleven, and twelve years of age, the daughters of respectable farmers and others, used to be decoyed into dancing houses by the old prostitutes, having come into the garrison towns from the country to see the amusements. In every respect I believe the Act has been beneficial, and I should be glad to see a system such as that recommended by Dr. Sims carried out. Our sailors have got the credit of propagating the disease, and many Continental nations have more strict laws as regards sailors than ours.

Dr. M'Clinton, R.N.—We are far in advance of Dr. Sims in defence of sailors. No English man-of-war from an infected port is allowed to land her crew. The men who have disease are sent to hospital. That has been the rule in the navy for the last ten years.

Mr. Wm. Stokes—My observations applied more to the mercantile navy.

Mr. Thomson, in reply, said, Dr. M'Clintock and Mr. Stokes are the principal speakers who have taken rather an opposite view to that which I have endeavoured to advocate. I am glad to find, however, that Dr. M'Clintock admits at once that, *à priori*, those Acts are calculated to diminish disease. As to the number of gonorrhœal cases being increased, I called attention to the table giving the number annually detected in the last ten years, and that shows a gradual diminution. On the question of morality, Dr. McClintock put the very strong question, "Do the Acts diminish prostitution?" and he maintained that they rather increased and encouraged it. I thought I had sufficiently referred to that in my paper by giving Col. Henderson's statistics. The report for 1870 shows that in the protected districts 385 prostitutes had married, 451 had entered homes, 1,249 had been restored to their friends, and 2,500 had left. If I take up the whole series of years we have this result:—"The total number of prostitutes in the districts under the Acts continues to decrease. If the numbers of women discovered by the police to be common prostitutes at each station when the Acts where first set in force are added together, the total amounts to 4,286. On the 31st December, 1877, it was 1,824, or less than one-half. The Acts, however, attack the evil in other ways. There were 1,694 houses of ill-fame open when the Acts came into force. In 1877 there were only 526." So, upon the score of encouraging prostitution, Dr. M'Clintock's position is untenable. Mr. Stokes has admitted also the beneficial results following the operation of those Acts. His objection is that they do not go far enough, and that both sexes ought to be examined. My answer to the universal application of such a law as this is, that there is a great difference between the woman and the man—namely, that the woman is a prostitute and the man is not. If there were such beings as male prostitutes I would be entirely in favour of the application of the Act to them. I agree with Mr. Stokes that those Acts should be further extended, and I suggested in the course of my paper that there were various improvements that might be made, and also in the direction of examining sailors. I am glad to hear that in the case of the navy the men are examined approaching port to weed out those that are diseased. Dr. Tufnell has reminded me that that habit existed in the case of the army. I do not think it is universal now. Perhaps it is not done at all; but at one period it was the habit. Dr. Doyle has raised a point with reference to the difficulty of detecting syphilis in a woman. Of course, in certain cases, there is difficulty; but men as distinguished as he has mentioned (specially Mr. Berkley Hill, London), who are largely engaged in the treatment of syphilis, and have great experience, say that with care, although there is sometimes a difficulty, so far as it is possible to make anything sure, they can detect whether or not a woman is suffering from syphilis. Altogether I feel very well pleased with the tone of the discussion, which, while in some respects differing from the arguments I have endeavoured to urge, is entirely in favour of the good results that have accrued from the Acts in diminishing disease.

### THE VICE-PRESIDENT'S ADDRESS.

The Vice-President—Gentlemen,—The President being absent on official business—namely, the visitation of the Queen's College of Cork, it devolves on me to close the Session with some remarks. They will be brief and hasty, as my spare time for the last fortnight has been occupied with duties relating to the Medical Bill. That measure to-night leaves the House of Lords, and if a Conjoint Examination is expedient in the interests of the public and the profession (which many wise men doubt), it cannot be established in any way less hurtful to our College than by the Government proposals as amended at the suggestion of the Dublin University and Colleges of Physicians and Surgeons. Uniformity of curriculum, examination, and fee in each part of the United Kingdom is now provided for in the Lord President's Bill. I can congratulate you on at least three points—1st. The attendance of members, which for each night averaged 37, while other medical societies fell considerably below us in this respect. 2nd. The number of recent pathological specimens, of which 22 were exhibited and described; one at least of these was worthy of more lengthened consideration and discussion, that shown by our unequalled Secretary, Mr. Richardson, the parts amputated at the hip-joint in which he had used Davy's wooden lever for compressing the common iliac artery, through the rectum. You will be glad to learn that the patient progresses most favourably. And 3rd, the excellence of the written communications. They were as follows: Mr. Thomson, "The Treatment of Croup by Tracheotomy;" Mr. Wheeler, "Fracture of Patella;" Dr. Atthill, "Removal of a Calculus from the Female Bladder;" Mr. Kelly, "Notes on Dislocations;" Dr. Atthill, "Four Cases of Ovariotomy, with remarks;" Prof. Stokes, "Cases of Ovariotomy;" Mr. Kilgariff, "Case of Genu Valgum successfully treated by Ogston's Method;" Mr. Swan, "Intra-Uterine Fractures;" Dr. Brereton's invention, a Surgeon's Vice, exhibited, and its application demonstrated, by Mr. McDonnell; Mr. Corley, "Abdominal Section for Intussusception;" Dr. Kennedy, "Effects of Posture in altering a Bruit-de-soufflet;" Mr. Richardson, "Fibroma removed from the Back" (sections exhibited); Mr. J. E. Little, "Excision of Ankle-joint." To these are to be added the valuable papers read to-night. It would be invidious to particularise any of these essays; but that all were worthy of notice the interesting and high-toned discussion which followed each sufficiently proves. Although there was good matter for every meeting, it may be desired that a larger proportion of our metropolitan and provincial members should contribute to the proceedings. Lastly, I recall the mournful reflection that death has been very busy amidst your Council, on the list of which the names

of B. Francis McDowell, John Barker, and Henry Tyrrell, heretofore following each other, will appear no more. We have also to deplore the loss of Mr. Ledwich, who, although not active in the Society, was one of the most trusted Councillors of the College. The careers of our deceased friends, successful though most diverse, afford many lessons worthy the consideration of our younger members, which I hope to point out if I have the honour of filling this chair next Session.

# Department of Lunacy.

## MR. DILLWYN'S LUNACY BILL.

We have been looking forward for some information in reference to what Mr. Dillwyn proposes to introduce into his "Lunacy Bill." We are not surprised that this member should have taken the initiative in the matter, for he is alone responsible for the Lunacy Committee held last year, and for the mode in which it was conducted, and for the evidence which was deemed as admissible. The member for Swansea has at various times during his parliamentary career occupied the attention of the House by asking questions relative to lunacy matters which from time to time have cropped up, and one of the last that we remember was in reference to the confinement of Miss Wood, one of the Shaker Community, who was placed under certificate in a private asylum in the country. The question asked in the House was indeed an extraordinary one, and proved that the honourable member was ignorant of the very elements of the Lunacy Laws. He asked by what clause in the Lunacy Act the incarceration of a person in an asylum could be allowed, who was not dangerous to herself or others? and as it was not shown that Miss Wood was so, whether she was not confined illegally? The House evidently could not answer the question, but next day a letter appeared from Dr. L. Forbes Winslow in the *Times*, drawing the honourable member's attention to the fact that it was not necessary for a person to be either dangerous to herself or others to be placed in an asylum, and there was no clause which could be so construed. The various questions asked by the Lunacy Committee proved that most of the members were lamentably ignorant of the subject they had under their consideration. When we find the leading members of the specialty asked whether it is not possible to place a sane person in an asylum, and whilst there drug him with certain medicines until he becomes insane, and this question asked over and over again, we shudder to think that men of high calibre who composed this committee should have tolerated such preposterous nonsense. Why did not the members of the Lunacy Committee visit all the private asylums near London, or some of them, instead of listening to the "hair-brained chatter of irresponsibility," and believing the insinuations made by discharged lunatics? In such a question, affecting as it does the management of asylums and the care and treatment of those mentally afflicted, we state that the proceeding of the Committee in general was badly regulated and utterly failed in its *modus operandi* to arrive at a right or just conclusion on the subject. We propose in a subsequent number to discuss Mr. Dillwyn's Bill in detail.

Traumatic Insanity. — Dr. D. R. Brower read an interesting paper before the last meeting of the West Chicago Medical Society on this subject and reported three cases. The first case was that of an army officer, who, before injury, was noted for his kindliness of disposition, temperance, and affection for his friends and family. He received an injury of the head, a scalp wound, with possibly a slight injury to the skull, from which he apparently recovered. Afterward, his emotional disposition began to change; he would have cephalagia, at times very severely, and soon got to taking liquor to intoxication at these times. At such times he was suspicious, vindictive, and brutal, and would beat his wife and children. These attacks were fits of mania. They continued at intervals as long as the case was kept track of. The second case was that of J. K., lately tried in a local court for murder. He was an Irishman of middle age. Had been educated by a brother who was a priest of the Catholic Church, to which the patient was devotedly attached. He was naturally kind and peaceable. He received, while in the army, a head wound, involving the skull in a depression. Some months afterwards he began to be suspicious of those about him at times; to have severe attacks of cephalalgia. Finally, he would have attacks of *petit mal*, and the reporter thought there was, from the evidence, no doubt he had had two fits of *grand mal*. He had become estranged from most of his old friends; repeatedly left situations for the sole reason that he thought his employers and comrades were "down on him;" had acquired a mortal enmity toward the Catholic Church and the members of its orders. In his attacks of cephalalgia he was often thought dangerous by those about him, who kept out of his way. He had camphor about him constantly to keep evil spirits away. He woke out of a sleep one night and shot his wife who was beside him, and then shot himself. The wife died. He recovering, was tried for murder. The verdict was that the prisoner was guilty of murder, but that at the time of the trial he was insane. Shortly afterwards he cut his throat in his cell and died.

The third case was of a man also tried in the local courts for the murder of his wife, but who, at the time, and at the time of the murder, was so unmistakably insane that nobody doubted it, and he was sent to the asylum. In this case the insanity was clearly traceable to an injury of the head, received years before, and which was followed slowly by, first, headache, then inattention to business, then by other more positive symptoms of insanity.

Periodical Mania.—Dr. J. H. Salisbury read the history of a case of this character that recovered while taking anti-periodic doses of quinine. The patient was a man of twenty-five, a teamster, temperate, and healthy previous to the present illness. It was reported that two weeks before admission to hospital he had fallen from his waggon and was injured to the extent of scratches about the head. That night he had vomited. He was sane six days, although not well. On the seventh day he had a chill, followed by fever, and an attack of delirious mania. This subsided, to be repeated in two days. When brought to the hospital he was in a state of wild delirium, and had to have a strait-jacket. On admission his temperature was only 100° F., and the pupils were slightly dilated and alike. Bromide of potassium and chloral were given to quiet him, and he slept. Next morning he was quiet, but not entirely rational. He had no symptoms of acute meningitis afterward, but had several slighter attacks of maniacal delirium, occurring with no particular regularity. He was given five to ten grains of quinine each day. In a few days he had entirely recovered.

Of the 213 candidates examined at the Royal College of Surgeons of England, during the past fortnight, 45 failed to reach the required standard, and were referred for three, and 7 candidates for six, months' further anatomical and physiological study.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 30, 1879.

## THE PROSPECTS OF MEDICAL REFORM.

ON Monday week (the 21st) the Medical Bill of the Government appeared in the notice paper of the Commons for its second reading, but it did not come under discussion, and we understand that its appearance there at all was the result of an error in the printer's office. It is, however, set down now for Thursday, May 1st, when it will be met by the opposition of Dr. Lyon Playfair, who, on behalf of the Scotch colleges, will move that the whole question be submitted to a select committee. If the Government put the Bill high up on the notice paper it will no doubt be debated, and we should presume that Dr. Playfair's opposition will not avail to defeat the second reading. If it is preceded by other measures, which cause it to be delayed beyond half-past twelve, it cannot then be taken, for opposed orders are not permitted to be discussed after that hour. Meanwhile, the profession in Ireland is making strong efforts to support the Bill. The Council of the Royal College of Surgeons in Ireland has presented the following petition :—

That your petitioners, having had under consideration the Medical Acts (1858) Amendment Bill, as brought from the House of Lords to your honourable House, are of opinion that the object which the Bill seeks to attain, the principles upon which it is framed, and the methods by which it proposes to effect its purpose, are such as to deserve approval.

That your petitioners are of opinion that the competency of medical practitioners may be effectually secured, as proposed in this Bill, by the establishment of Conjoint Examining Boards, which shall grant certificates of competency upon equal terms throughout the United Kingdom, whether as regards curriculum, standard of examination, or fee, the person so examined being subsequently attached to a medical authority by being granted a diploma.

Your petitioners, therefore humbly pray that your honourable House may be pleased to pass the said Bill.

The Council of the Irish Medical Association has also adopted a series of resolutions in favour of the Bill, subject to amendment, in the following terms :—

That the Council of the Irish Medical Association, having had under consideration the Medical Acts Amendment Bill of the Lord President as amended and passed by the House of Lords, is of opinion that, in respect of the object which it seeks to attain, the principles upon which it is framed, the Bill is—so far as it goes and subject to amendment of detail—deserving of the unanimous and earnest support of the medical profession.

That inasmuch as the principle of perfect uniformity in the education and minimum qualification of medical practitioners has been assented to by the vast majority of the profession, and as the suggestion to obtain that uniformity by means of conjoint examination has been fully discussed, and almost unanimously approved by medical teachers and practitioners, the Council is of opinion that further investigation of this portion of the subject by a Select Committee is unnecessary and undesirable.

That this Council, believing that the constitution of the General Medical Council—to whom the administration of the system proposed by this Bill is entrusted—is intrinsically faulty, and that the circumstances which have rendered necessary a measure of medical reform are the direct result of such misconstitution, is of opinion that no Bill for the regulation of medical education can be effective which does not provide for a reconstruction of the General Medical Council, and for the direct representation of the general medical practitioner therein.

That, considering the Bill of the Lord President seriously defective in that it does not arrange for such reconstruction, the Council warmly approves of the proposal of the Government to submit that question—and that alone—to a Select Committee, upon whose report the Bill may be amended in this respect before it becomes law.

That the Council declares, emphatically, its opinion that the existing system of education and qualification of medical practitioners urgently needs amendment in the interest both of the public and the medical profession, and deprecates therefore any proceeding which might tend to impede a satisfactory settlement of the question within the present session of Parliament.

These resolutions, when embodied in a suitable form of petition, will be laid before Parliament, and they ought to have great weight, as emanating from the professional organisation which is recognised as representing the profession in Ireland.

It is right to explain that, in thus pronouncing their approval of the Government Bill (subject to obvious improvement) the Irish professional bodies do not ignore the merits of the other Bills now before the House—especially that of Mr. Mills, which represents the views of the British Medical Association. This latter Bill is quite acceptable, and—in that it contains provision for direct representation, which the Government Bill does not—is even preferable to the Lord President's Bill. The profession would, therefore, be very glad that it should become law, and only withholds support because of the obvious prudence of helping the Bill which is most likely to succeed. If any Bill passes, no doubt it will be that of the Government, and we therefore think that the Irish Medical Association has been wise in linking its destinies with that Bill rather than with the equally acceptable, but weaker, measure of the British Medical Association.

## HEALTH OF LONDON FOR THE YEAR 1878.

THE low rate of mortality in London, if we take the density of its population into consideration, is, says the Registrar-General, more striking than its magnitude. The mortality increases with density of population in 593 districts of England and Wales; and the law of increase is such that for every increase of density the mortality increases nearly as the 8th root of the density. With a density of 29,322 persons to the square mile, the mortality of London should be 35·2 per 1,000. Were not special systems of drainage and cleanliness in use in this metropolis, by which the mortality in the years 1874-8 is reduced to 22·8? The consequence is that the deaths are so low as 83,695, and the births being 129,184, the registered births exceed the deaths by 45,489. The density of the population is continually increasing. Thus, while in 1842 there were 16,367 persons to a square mile, there were 28,602 to a square mile in 1876. This alone would have caused an increase of mortality had it not been for the many sanitary improvements that have been made since then. In 1840-5 the water supplied to London was taken partly from the Thames at Hungerford Bridge and Battersea, where it was mixed with the sewage of London, while in 1874-8 it was taken from the Lea, the New River, and a purer portion of the Thames. The great system of sewerage has been carried out, and the whole of South London has been drained. All this has reduced the mortality from 24·5 in 1840-4, and from 26·2, the corrected rate, as the increase of density would imply, to 22·8 per 1,000. Much, however, remains to be done. According to Dr. Frankland's report on the water supplied to London during the year 1878, the inner circle was supplied during the year by eight companies with a daily average of 138,657,848 gallons of water. Of these more than 65,000,000 were often much polluted with organic matters of animal origin, and upwards of 56,000,000 occasionally so polluted, while only 8,092,987 gallons were uniformly delivered in a pure and wholesome condition. Besides, the Registrar-General lays it down as a principle that the mortality of healthy districts should not exceed 17 per 1,000. We have it on record that in the ten years 1861-70, the mortality was, in 53 districts in England and Wales, as low as 16·75 per 1,000. The mortality in this metropolis was 25—it has been reduced to 23—and 6 per 1,000 remains to be reduced before 17 is attained. The Registrar-General refers to the advantages that would result from the present water companies being bought up by the Government. Mr. Bateman, who constructed the Manchester waterworks, and the waterworks of Glasgow, which is supplied by Loch Katrine, says that "If no waterworks existed in London, 100 million gallons of fresh water a day could be supplied from Wales for an annual expenditure of £470,000, covering interest on capital (4 per cent. on £8,000,000), and working expenses at an annual charge of £150,000. This estimate is satisfactory proof that London could be supplied on the constant system, by which fires are so readily extinguished, for £470,000, whereas £1,283,548 is now paid for water polluted more or less by the sewage of innumerable towns. No doubt the chalk stratum round London contains a vast store of water, which would furnish a large portion of the supply required.

The deaths in the 52 weeks were 83,695, which were 1,000 in excess of the average. Of these about one-half (42,099), were at ages under 20, and of these again 21,176 were of children under one year of age. The causes of death include 18,220 by zymotic diseases, 15,509 by constitutional diseases, 37,825 by local diseases, 8,695 by developmental diseases, and 3,310 by violent deaths. It is curious to observe that the deaths from ovarian dropsy were 60, whereas the average annual number of deaths in the previous ten years was 33. This, observes the Registrar-General, is singular, considering that Mr. Spencer Wells has shown that ovariotomy can be performed in the great majority of cases with safety. To our mind the fact is rather ominous as showing that the prevalence of this disease is, from some cause or other, decidedly on the increase. The mortality of 23 great towns in the United Kingdom was 24·4. The mortality in the five years 1874-8, was below this average in Portsmouth (19·), Brighton (20·), Edinburgh (22·), Plymouth (22·), Nottingham (22·), Sunderland (23·), Bristol (23·), Norwich (23·), Leicester (23·). It was above the average in Oldham (26·), Glasgow (26·), Salford (27·), Dublin (27·), Liverpool (28·), and Manchester (29·). The sanitary condition of Liverpool has greatly improved in recent years. In the two years 1865-6, the mortality was 40·2; but it has fallen to 27·8 in the four years 1875-8. We may also briefly remark that the mortality was remarkably low in Dover (16·2), Chatham, Rochester, Maidstone, Hastings, Barrow-in-Furness, Cheltenham, Halifax, and Cardiff, whilst it was very high in Wigan, Bury, Ashton-under-Lyne, Blackburn, and Preston, being as high as 30 in two or three of these places.

Taking a glance at the health of other large towns, we notice that the rate of mortality was 37·7 in Calcutta, 45·4 in Alexandria, and 48 in Madras. Among European towns the mortality was low or moderate in Christiana, Copenhagen, Stockholm, Geneva, Amsterdam, Paris, Dresden, the Hague, Hamburg, Rotterdam, Brussels, and Venice, ranging in these towns from 18·5 in Christiana, to 28·7 in Venice. On the other hand, it was high in

Vienna (29·), Rome (29·), Berlin (29·), Turin (31·), Naples (33·), Munich (34·), Trieste (36·), and St. Petersburgh (47·). Moreover, while the mortality was 24·8 in New York, and 30·9 in Montreal, it was only 20·1 in Brooklyn, and 18 in Philadelphia.

## THE IRISH CORONERS.

In our last issue we referred to the recent large meeting of the Irish Provincial Coroners in Dublin, and of the subsequent interview that a certain number, forming themselves into a deputation of their body, had, with the Attorney-General for Ireland, Mr. Gibson, to whom they fully detailed their grievances, did not hesitate to assert that he considered that their statements were such as would cause him to recollect them, and that he hoped to see their grievances very soon brought before the Committee investigating the English Coroner's Bill now before Parliament.

Several of the Irish Coroners, being members of our profession, in fact, the position of the coroner and the medical man being very closely linked together, we may be excused for again devoting further space in our columns to the present appeal of the Irish Coroners to England's law makers.

Doubtless there are some who may consider that the ancient office of Coroner is but a relic of bygone ages, and that the statute which created it might safely occupy a place in the pigeon hole, amidst the crumbled dusts of statutes which had their origin about the same period, and which, in the age of advancement of legal reform, have become things of the past. The office of Coroner has, however, outlived all, and has thereby unmistakeably proved its importance by its long vitality. The abolition of the office cannot therefore be entertained. It is quite reasonable that the Government should make an effort to improve the position of the office and officer, and that the very modest request of the Irish Coroners should be complied with, namely, to extend to Ireland by legislation some of the privileges that are enjoyed by the English Coroner for discharging duties in no degree more efficiently than are being performed by the Irish Coroner. The English Provincial Coroner has, on an average, a salary of three hundred pounds per annum, and in addition to that has ninepence a mile to and from the inquest; his Irish *confrère* is ruled by special legislation, 9th and 10th Vict., cap. 37, which does not confer on him a fixed salary, but tells him he must hold sixty-seven inquests in the year, otherwise he will not receive one hundred per annum, and that if he holds say six hundred inquests or any number over the sixty-seven, he will not receive any payment for his loss of time in doing so, and that instead of receiving ninepence per mile to and from the inquest, he must be satisfied with sixpence per mile to the inquest, and nothing for the home journey. The Coroner in England is empowered to appoint a deputy to act for him in illness or unavoidable absence. The Irish Coroner requests the same privilege. We may here parenthetically observe that recent legislation has raised the salary of the Coroner of Dublin City from one hundred and thirty pounds to five hundred pounds per annum, with an additional one hundred to provide himself with a clerk, and whilst the Metropolitan County is provided with two energetic, efficient and intelligent coroners, whose functions embrace nine or ten townships thickly inhabited and studded with public institutions, having jails, asylums, hospitals, reformatories, &c., the City of Dublin Hospital, being one of the public institutions, the number of inquests held each year is far in excess of the required number to bring the limited salary, and yet these two functionaries have not had any special legislation in their behalf. The present Government have, we presume, been made aware that Parliament was on two occasions, within some years past, asked to improve the position of the Irish Coroner. In 1870 the Irish Coroner's Bill was introduced by Mr. Vance, M.P., when on a division for its second reading, Ireland spoke in its favour; it was strenuously supported, not less than one hundred of the Irish M.P.'s voting for it. The Government then interposed and promised to bring in on the following session a satisfactory measure, a promise never since realised. In 1874, Messrs. Sir John Gray, the late M'Carthy Downing and Mr. Vance, brought forward the Irish Coroner's Bill when it obtained a second reading, Parliament thereby admitting that the office was one which required reform, and the country demanded, as it now demands, that the time had arrived when such an important functionary as the Irish Coroner should be treated with the same justice as his brother Coroner in England, who neither in education nor social position is his superior. The Irish Coroner, who is elected by a large constituency, an election which very often entails on him very great expense, is a very influential and popular person in his district, and by his voice or quiet advice can, as is often very well proven, secure numberless votes to a candidate for a Parliamentary seat, and may thus weaken or strengthen the Government of the day.

As the Chief Secretary has given evidence of his desire in some instances of assimilating the laws of England and Ireland, he has now a well-deserved opportunity of extending to Ireland in its full entirety, and with the amendments submitted by the Irish Coroners' Asssociation, the English Coroners' Bill. We will, therefore, look forward with the greatest interest to this being accomplished, and the pledges of former Governments thus realised by removing the grievances of the worst paid, and yet the most responsible, officials in Ireland.

# Notes on Current Topics.

## Pasteur on Septicæmia.

At the discussion on "Septicæmia" at the French Academy of Medicine, March 11th, 1879, Pasteur contributed a very important statement of his opinions on the cause of this condition. According to M. Pasteur, there is not a sanitary state, or an epidemic state, and he did not believe in epidemic conditions, outside of the presence of germs: this opinion, this conviction even, being the result of the studies he had made on silkworm disease. The prejudice for infected or epidemic centres had never been sustained with more vigour than at the epoch when this disease reigned in the South, in the department of

the Gard. It raged there for seventeen years. In 1855, M. Pasteur went down to study it. The innumerable works which were published on this question all spoke of infected centres. In the year following, and also in 1867, M. Pasteur demonstrated that nothing was easier than to prepare, to make a seed of the silkworm perfectly healthy, and this seed brought up the year following, would not die of the disease. For instance, M. Pasteur referred to a seed, which afforded an example of the corpuscle which caused the disease. Though you bring up this seed in this *soi disant* infected medium, almost always a great number of the *papillons* are attacked, but none of the worms ever suffer. At the present day, the disease of silkworms in the department of the Gard has completely disappeared.

M. Pasteur did not believe that there was a sanitary condition properly so-called—"tout est sain ou tout est infecté!" As regards the malady of the silkworms, there was not infection, there was only an abundance of germs.

At the Maternity, where the evil state existed, about which M. Herdieux had just spoken, M. Pasteur believed there was an abundance of germs, determining puerperal infection. The conditions for the development of these particular germs are yet unknown, and like many other points in connection with the germ theory, are yet unexplained. At the present time Pasteur is cultivating the organism which constitutes the disease called *cholera des poules*, and about which he had previously spoken. If we inoculate a guinea-pig with this it will not die, it will be covered with abscesses; if we take a microscopical drop of the pus of this abscess, and after cultivating it, inoculate a hen it will die, but if we inoculate, under the same conditions, a guinea-pig it will not die.

Pasteur did not desire to say that he yet knew the organism which produced puerperal fever, but he knew one, which he had met with under different circumstances, and which he strongly believed was the one which produced puerperal fever. In the service of M. A. Guérin he had seen a young woman who, after a prick in the foot, had a series of angeioleucitic abscesses on the leg and thigh, and he tried whether he could really find organisms in abscesses protected from contact with air. In one of the abscesses of this young woman he found an organism presenting a particular form. He had since found the same organism in an abscess opened by M. Bouley in a horse. Finally, in the service of M. Vulpian a woman had suffered from uterine hæmorrhage, she was subsequently taken with fever, and had some abscesses, and on examination, he found in the blood and in the abscesses of this woman, the same organism which he met with in the patient of M. Guérin and the horse of M. Bouley. Since that time M. Pasteur has been investigating whether this organism was not the same organism as that of puerperal fever.

Returning to the most favourable media for the development of these organisms, Pasteur observed, that they varied for each organism. Thus the water of beer-yeast was an excellent media for the development of the bacteria of charbon, though it was absolutely impossible to cultivate in it the organism of fowl-cholera. From these facts it will be seen that the study of the development of these organisms is yet surrounded with obscurity, but we should have none the less respect for the germ theory. Seeing physicians and surgeons habitually applying this theory, and seeing there was also a wide field for study, he, in spite of his ignorance of medicine, had devoted his researches to the elucidation of the following question: Can we demonstrate that such or such a disease can be explained by the presence of infective germs? In effect, has it not been proved from the researches of Devanie, that charbon depends on the presence of bacteria.

In conclusion, Pasteur referred to three terrible diseases the productive organism of which he had found, and positive proof of which had been given that they depended on the presence of these organisms alone. He did not despair of finding the germ of puerperal fever.

## The Largest Infant on Record.

Mrs. Capt. N. V. Bates, known as Annie Swan, the Nova Scotia giantess, was lately delivered of a child which weighed 23¾ lbs.; height 30 inches; breast measure, 24 inches; head, 19 inches. The child and mother are both doing well. Mrs. Bates' height is 7 feet, 9 in.; while the little captain measures only 7 feet, 7 inches in stature.

## Belladonna in the Treatment of Intestinal Obstruction.

Dr. Norman Kerr reports five cases of intestinal obstruction which have been cured by the administration of large doses of belladonna. One or two grains were given every hour, together with warm opiate fomentations to the abdomen. The cause of the obstruction is not stated, but all the patients are described as being in a dangerous condition, but were entirely cured—the remedy taking effect in six or nine hours. It is to be regretted that in these cases the cause of the obstruction is not, when it can be ascertained, carefully noted, or at least, the clinical history of the case, as by such omission the reader has no guide as to the peculiar conditions in which the belladonna treatment is likely to be serviceable. From our own experience of this drug we should strongly recommend the reader to use it in many cases of intestinal obstruction, for if it does nothing more, it often, as Dr. Brinton said long ago, relieves the tormina and tenesmus with which this affection is generally accompanied.

## The Size of London.

"London is the greatest city in the world." If we include its suburbs in the Outer Ring, its population is four millions and a half—a population which equals the aggregate populations of Paris, Berlin, Vienna, and St. Petersburgh. The area of this great city is 122 square miles, or a square of a little more than 11 miles to the side; the density of the population being 29,322 to the square mile. The length of the streets and roads is about 1,500 miles. The sewers have a length of about 2,000 miles. At the Census of 1871 there were within this area 417,767 inhabited houses, containing an average of 7·8 persons to a house. The population of London resides at a mean elevation of 39 feet above Trinity high water mark; the elevation varying from 11 feet below high

water mark in Plumstead Marshes, to 429 feet above high water mark in Hampstead.

That a town so large and so densely populated should be so comparatively healthy, says much for the progress that has been made in sanitation within the last few years. When all possible sanitary improvements have been carried out throughout the whole of the metropolis, and when the working classes have become more temperate and more provident than they are at present, London will become the healthiest and most prosperous, as well as the largest, city in the world, and show what may be done when good government, industry, temperance, and attention to the laws of health, conspire to promote the happiness of a people.

## The Dispensary Houses (Ireland) Bill.

THIS measure, which is promoted by Mr. Bruen, M.P. for Carlow, will be before the House of Commons for its second reading on the 29th. It deserves the best support of the profession in Ireland, for, while it affords facilities for providing proper dispensaries and suitable residences for the medical officers in districts where neither now exist, it does not enforce the alteration of the existing system in ary districts in which the necessity for such supervision does not exist. The Irish Medical Association had already adopted and approved of the Bill, and, on the motion of Dr. Brunker, seconded by Dr. Chaplin, the Council of the Royal College of Surgeons in Ireland adopted the following petition to Parliament in its favour :—

"That your petitioners, having a knowledge of the working of the Acts for the relief of the sick poor in Ireland, are aware that, in certain districts, the medical officers are subjected to great inconvenience, and are seriously hindered in the efficient discharge of their duties by the fact that suitable residences for them do not exist, and that the dispensary depôts are entirely unfit for the proper care of medicines, and the reception and treatment of persons suffering under sickness or accident.

"That your petitioners, having considered the Bill introduced into your honourable House for the purpose of providing houses suitable for these purposes, are of opinion that, if passed into law, it will provide an effectual remedy for this deficiency above pointed out ; and your petitioners do, therefore, pray that the Dispensary Houses (Ireland) Bill may be passed into law."

We hope that the measure may meet with the approval of the House, and we think that Mr. Bruen deserves that each medical officer should exercise personal influence with his local representative to obtain support for it.

## The Pharmaceutical Society and Co-Operative Associations.

THE Pharmaceutical Society will be congratulated by the profession, if not by the public, on their having successfully appealed against the decision which the Judge of the Bloomsbury County Court recently gave in favour of the London and Provincial Supply Association, against whom the Society had brought an action to recover penalties for the sale of poisons and drugs in open shops. The Lord Chief Justice was of opinion that the Company did come within the scope of the Pharmacy Act. The question was whether, as the department, which was carried on in an open shop, was conducted by duly qualified persons, the Company were or were not liable in the action. If they were not, then any number of unqualified persons might set up an establishment for the sale of poisons, and carry it on by granting to a qualified person one or two shares, and thus set the Act at defiance. In the present case the qualified shareholder did not conduct the department as a shareholder, but as a paid servant of the Company. If he were not liable to the penalties provided by the Act it was clear that the unqualified directors were, but so long as any member of a corporation was liable all the members must be held to be so, and therefore the qualified chemist was liable with the other members of the Company. He was therefore of opinion that the appeal must be allowed, and the decision of the County Court judge reversed.

There can be no doubt that the charges which chemists make for dispensing medicines are often much greater than they should be, but that is no reason why the proprietors of co-operative stores should add poisons and drugs to the other multifarious articles they are in the habit of selling. Were this practice once allowed, even the "duly-qualified shareholder," or "assistant," might be conspicuous by his absence, while the facilities for purchasing poisons would be certainly greater at these stores than they are at the shop of the pharmaceutical chemist. It would, however, be advisable if chemists took a hint from this attempt of the co-operative companies to sell drugs, and to carry on a trade which, for the good of the community, should be always a specialty conducted by duly-qualified persons, and apart from any other kind of business. By making their charges more moderate, they would still realise a good profit, while they would increase their returns, conciliate the public, and give no excuse for the trade passing into other hands.

## The Contagious Diseases Acts.

THE Government has resolved to appoint a Select Committee to inquire into the operation of these Acts, and the Chancellor of the Exchequer will nominate the members at once. We are more than doubtful as to the existence of any circumstance to justify the reopening of a question which, in the minds of scientific thinkers has been long since settled, but as we are quite confident that an unprejudiced and exhaustive inquiry will result in a sweeping verdict of approval which may, perhaps, militate towards a much needed extension of the law to the civil population, we do not regret the decision of Government. As regards the opposition to the Contagious Diseases Acts, we quite expect that the inquiry will produce no result at all. As are the anti-vivisectionists and anti-vaccinators, so are the pro-syphilis fanatics utterly impervious to reason, and incapable of any idea but their own craze. They will, of course, swear to a series of the most preposterous ststements ; fail completely to prove any one of their assertions, and "being persuaded against their will, will hold the same opinion still."

Assuming that the Committee will prove the falsity of their case, we anticipate that they will protest that the Committee was packed ; will continue to promulgate the disproved statements ; will fall back upon the unanswerable argument that syphilis and gonorrhœa ought to be fostered as taxes on immorality, and will get Sir Harcourt Johnston to re-introduce their yearly Bill in the next session. We don't suppose that any Government enter-

tains a glimmer of hope that it will succeed in convincing the agitators to whom this inquiry has been granted; but we do hope that when the verdict of the Committee has been given, the Government of the day will steadily refuse to reopen the subject at a future time, or to listen to the delusions of syphiliphobic minds.

## Shameful Sanitary Neglect.

THE recent inquest held by Dr. Diplock at Green Street, Chelsea, reveals a state of things that should be scarcely possible in these days of inspectors of nuisances and medical officers of health. On the same day that the first child died five other children of the same family and the mother were attacked with diphtheria and sewage poisoning of the most malignant type, the result being that in a few hours three more deaths occurred. The mother and one child were still in a somewhat critical state. On inspecting the drains it was found that one situated at the back of the house was stopped up, and a most offensive smell arose from it. There was another drain in a side passage near the back of the house, and that was also in a very offensive state. The water used for drinking purposes was very bad, and smelt strongly. The cistern was not properly covered in, and was lined with cement, which was coated with green filth to the extent of from ¼in. to ½in. in thickness. It had evidently not been cleansed for a long period. There could be no doubt that the death of the deceased was caused by diphtheria and sewage poisoning. The malignant character of the disease was shown by the fact that it proved fatal within a few hours of seizure. In one case the child was running about playing at three o'clock in the afternoon, and in the evening was dead. The actual cause of all the deaths was poisoning by sewer gas and bad water.

The jury censured the owners of the house for not having the drains put in proper order; but surely they were not the only persons to be blamed in the matter. Of what use are our recent Sanitary Acts, and our local sanitary organisations, if no plan can be adopted to prevent the occurrence of such a deplorable incident as that just described. As to the filthy state of the cistern, we expect that a searching investigation would show that five out of every ten cisterns used in London were in a very foul state, for there are hundreds of people who never think of having these reservoirs of water cleansed out from one year's end to another.

## Testimonial to W. P. O'Brien, Esq., late Inspector under the Local Government Board for Ireland.

WE are glad to learn that the testimonial to the above gentleman speeds well, and that the several medical officers of Mr. O'Brien's late districts are about to prove how they can appreciate courtesy in a public official. The subscription has been limited to a guinea, an amount which doubtless each of the medical officers with whom Mr. O'Brien was connected will cheerfully subscribe. Dr. Davys, of Swords, consents to act as hon. secretary, and Dr. W. B. Jennings, of Upper Merrion Street, as hon. treasurer.

THE death-rate from the seven principal zymotic diseases last week, averaged 3·0 per 1,000 in the principal towns, and ranged from 0·0 and 0·5 in Portsmouth and Brighton, to 4·5 and 4·6 in Leeds and Sheffield. Scarlet fever showed the largest proportional fatality in Leeds, Sunderland, Nottingham, and Liverpool. Measles was again fatally prevalent in Wolverhampton and Newcastle-upon-Tyne. In London whooping-cough caused 72 deaths, and small-pox 13. Since the beginning of this year only one fatal case of small-pox has occurred in the other large towns.

LAST week the rates of mortality in the principal large towns were—Portsmouth 15, Brighton 19, Edinburgh 19, Leicester 20, Sunderland 23, Nottingham 23, Norwich 24, Bradford 24, Oldham 24, London 25, Sheffield 25, Glasgow 25, Bristol 26, Newcastle-upon-Tyne 26, Leeds 26, Hull 27, Wolverhampton 27, Salford 27, Birmingham 28, Plymouth 29, Manchester 30, Liverpool 32, and the highest rate, Dublin 33 per 1,000 of the population.

The Senate of the Queen's University in Ireland, at a meeting held at Dublin Castle on the 18th inst., elected Professor James Cuming, A.M., M.D., of Belfast, an examiner in medicine, in the vacancy caused by the resignation of Dr. Bastian.

THE Council of the Royal College of Surgeons of England have awarded the Jacksonian Prize to Mr. J. Priestly Smith, M.R.C.S., Ophthalmic Surgeon at the Queen's Hospital, Birmingham, for his dissertation on Glaucoma.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE MEDICAL ACTS AMENDMENT BILL.—A statement has been prepared on behalf of the Scotch Universities with respect to the Medical Acts Amendment Bill, and other bills now before Parliament on the same subject. It is contended that the kind of "uniformity" proposed under the Duke of Richmond's Bill is undesirable, and besides, not likely to be attained. That as regards the Scottish Universities a general high level of qualification has already been secured in a manner much to be preferred to that proposed in the Bill, and that the true object of medical education ought not to be uniformity but efficiency, together with an elastic capacity of gradual development, as regards both education and examination. Nothing could more clearly show the moral serfdom into which the profession in Scotfand had sunk, than the fac that while the Universities are thus straining every nerve as obstructives to enlightened legislation, neither memorial has been signed, nor meeting convened to give support to the Bill of the Government. Perhaps little else could be expected from the great bulk of this *learned* profession.

PROFESSOR MUIRHEAD ON DR. ANDREW WOOD, LL.D.—At the public ceremony of conferring honorary degrees at the Edinburgh University the other day, in presenting Dr. Andrew Wood for the Degree of LL.D., Professor Muirhead indulged in rhetorical flights worth referring to. He stated that Dr. Wood's "eminence as a physician is well

known, and he has not unsuccessfully found occupation for his leisure hours in various departments of letters; but it is to his service as a Member of the General Council of Medical Education, that at this moment I would particularly allude. . . . To have studied theory and practice under their teachers, to have gone through their curriculum, to have passed their examination with success, and eventually to have obtained their degrees or diplomas, have been esteemed ample guarantee of the possession of satisfactory qualifications for the practice of the medical profession;" and then alluding to the Medical Reform Bill, which all sensible men hope soon to be law, Professor Muirhead said, "against this scheme as at once degrading to the schools, and fraught with possible danger to the progress of science, Dr. Wood in his place in the Medical Council has argued with an energy and a cogency, which we trust will ultimately prove successful." We do not grudge Dr. Andrew Wood all the compliments which he merits. We may concede that he is an eminent physician, a fair versifier, and is possessed of a tolerable acquaintance with his Latin grammar—no mean accomplishment in these times—but we unhesitatingly assert that the "services" for which Professor Muirhead lauded him are unworthy a man of culture who looks beyond the narrow limits of the academic purse. That Edinburgh has deservedly occupied a high position in regard to medical science and teaching all will admit; and that this has been mainly due to the number of extra-mural teachers, and the wise liberality of the University in recognising their teaching, cannot be gainsaid. Recent exhibitions at Glasgow, and every day experience amply demonstrate that to possess the social and political influence necessary to secure a professorship, and to be possessed of the most moderate intelligence, are not synonymous propositions. What matters it to the public where, or from whom, a man derives his informtion, providing it is the best; then let the best teacher and the best man survive.

St. Andrew's University.—The Guthrie Scholarship. We have much pleasure in recording that "the Trustees of the Guthrie Scholarship," in the United Colleges of St. Andrews, have awarded it this year to Mr. Leonard Huxley, son of Professor Huxley. The scholarship is tenable for four years, value £100 for the first year, and £50 for each of the three following years. The conditions of the scholarship are that the successful student prosecutes his studies at Oxford or Cambridge, or, with the consent of the trustees, at a foreign university.

The Rise and Progress of Legal Medicine.—On the 22nd April Professor P. A. Simpson delivered the first of a course of lectures on Forensic Medicine which he has arranged to give to his class of students, who are studying in order to graduate in law. The lecture was given in the Hall of the Faculty of Procurators, and was well attended. Professor Simpson, in the outset of his remarks, sketched the rise and progress of legal medicine. Traces of the principle of medical jurisprudence, he said, were to be found in the far remote ages. It was to be met with in the Mosaic institutions and in the legislative laws of the Egyptians, but it did not seem to have been applied to legislation in ancient Greece except in rare instances, neither were the Romans far advanced in the science, which, indeed, could not be said to date further back than the sixteenth century. The first lecture on medical jurisprudence in Scotland was delivered in Edinburgh in 1801, by old Dr. Duncan, and the first professorship was established in that University in 1803, when the chair was given to the son of the gentleman already mentioned, Dr. Andrew Duncan. The corresponding chair in the University of Glasgow was not founded until 1839. Professor Simpson next proceeded to note the progress which had been made in the several departments of medicine during the past one hundred years, and communicated some very instructive and interesting information. In one of these he took occasion to refer to the improved treatment which was now extended to the imbeciles and lunatics as compared with that which obtained in what might even be called recent times, and expressed a hope that the feelings which had led us to act more humanely to the insane might yet induce an extension of the law, so as to cover another, but no less distinct, form of disease—that of habitual drunkenness. In conclusion, Professor Simpson started several questions which relate particularly to medico-legal matters, and which he purposes to deal with particularly in subsequent lectures.

The Edinburgh Royal Infirmary and Wood Pavement.—An interesting discussion took place at a special meeting of the Edinburgh Town Council, held on the 23rd April, for the purpose of considering a recommendation from the Streets and Buildings Committee to the effect that the part of Lauriston Street in front of the New Royal Infirmary be laid with wood pavement instead of causeway blocks. The Lord Provost stated that the idea of substituting wood for stone pavement opposite the Infirmary, had been suggested by the managers of that institution, and that the use of wood was the more desirable from the circumstance that the surgical wards occupied the portion of the building next to Lauriston Street. The Lord Provost moved accordingly, and Treasurer Harrison moved to the contrary effect, stating that in frosty weather it had been impossible to bring lorries to his warehouse over the wood pavement of Chambers Street, and submitted that the object to be gained could be attained by carefully macadamising the roadway in front. Mr. Sutter indicated that his observations in London had led him to form a favourable opinion of wood paving, while Bailie Colston maintained the contrary. Facility of progression in London has to be looked at, however, from various points of view, particularly if "Alexander" has been up "on a deputation!" The Lord Provost's motion was ultimately agreed to. The New Royal Infirmary is a really palatial building. There is one thing, however, wanting to modernise it; where are the billiard and smoking-rooms?

Glasgow Maternity.—We have been favoured with the Forty-Fourth Annual Report of the Glasgow Maternity or Lying-in-Hospital, issued a few days ago. From this document it would appear that during the past year 193 women have availed themselves of the benefits of this institution, while 954 have been attended to at their homes by students and nurses in training. Of the women delivered in hospital 75 were confined for the first time. On comparing the present with the report of last year, there is an increase of 73 over the whole number. The increase is due to the larger number in the out-door department who have availed themselves of this charity, and as this increase chiefly took place during the past six months, it has been attributed to the depressed state of trade, and the inability of the poorer classes to secure a paid attendant. There were six fatal cases in hospital during the year, unfortunately for the therapeutic triumphs which have made this hospital somewhat celebrated. There was but one case of puerperal fever during the year, and strange to say the result was fatal! The directors have prudently resolved on the rebuilding of the hospital on its present site; and it is gratifying to report, with so much war abroad, that Mr. Donald Munro has, meantime, ceased from troubling, and the directors are at rest.

# Literary Notes and Gossip.

THE *Medical Register* for 1879, under the able editorship of Mr. Miller, the Registrar, which was published at the beginning of the present month, presents some noteworthy improvements on its predecessors. Compared with the edition for 1876—the last of what may be called the inedited series—we see that this year's *Register* has, prefixed to it, a copious table of contents, setting forth, in summary by sections, an analysis of the twelve Medical Acts passed from 1858 to 1878, whereof the full text is given in the introductory matter. The introduction contains, moreover, a complete list of data in regard to the appointments of members and officers of the General Medical Council, from its formation down to the present time, with an appended table showing all the meetings of the General Council, of the Executive Committee, and of the three Branch Councils. The Returns to Parliament of the Council's accounts, which were aforetime printed on a huge sheet that, once opened, could never be returned to its proper place, are now clearly printed in a paged form, easy to read and refer to. These accounts are all presented herewith in an exact form, after examination by professional auditors, and free from what these auditors designate "the gross blunder of bringing forward" certain balances formerly "on the *wrong side.*" The names and dates of registration are now punctuated throughout the volume, thus correcting a cheap and slovenly style of printing wholly unbecoming in twenty editions of an official volume such as this; and, lastly, there is for each of the last three years, a summary of the number of persons registered, or restored to the *Register*, or removed from the *Register*, under the *Medical Acts*, of which we intend giving a *resumé* in our next.

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MESSRS. RICHARDSON and Co., the well-known manufacturing druggists of Leicester, have just favoured us with a copy of their new "Price Current." To our minds the title is not sufficiently broad or explanatory, as it contains many things of greater moment to the profession than the price of drugs. For instance, one part of the work is devoted to "medical annotations," in which the busy practitioner will find recorded, in an exceedingly useful and abbreviated form, notes and experiences of the various new drugs, or combinations, culled from the leading journals of the preceding year; such a chapter alone should insure success for the work, and make it an acceptable compendium for the study table. Then we have carefully prepared "Posological Tables" and various formulæ, with a Dispensatory Register and Diary for 1879. Altogether we are highly pleased both with its appearance and utility, and feel assured that the reputation of the firm will be further enhanced by such an issue.

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WE hear that among the persons who have fallen under the displeasure of the Russian authorities at St. Petersburg, is Dr. Ivan Tourguenieff, the popular author and professor in the University. It appears that the police were offended with him because the students gave him an ovation, and he was ordered to leave the country. M. Ivan Tourguenieff is a naturalised Frenchman. Strange to say, it was he who, in one of his works, coined the term "Nihilist" to characterise the Revolutionary sect in Russia. The word has, unfortunately, become during the last few days one of terrible significance in that unhappy country.

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AT a recent meeting of the Paris Académie de Médecine, Prof. Lasèque announced that a reprint of Laennec's celebrated "Traité d'Auscultation," which has been out of print for so long, would shortly be published by M. Asselin, of Paris. We can only express surprise that such a work should have been allowed to slumber at all, considering that modern science has scarcely added a fact not included in Laennec's original treatise. "They do these things differently in France," thus it is that the Minister of Public Instruction has provided the funds necessary for the undertaking.

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THE monthly issues of Cassell's excellent publications for March and April are before us. "Science for All" (Nos. 16 and 17), gives us admirably written popular papers on "Protective Colours of Animals—Great Sea Reptiles;" Shooting Stars;" "Continental Islands and how they were Found;" "Teeth;" "What is Power?" "History out of Refuse Heaps;" "What is in the Interior of the Earth?" "How Sunshine Warms the Earth;" and "What are the Stars made of?"

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"THE Countries of the World" (Parts 31 and 32) commences a new volume with a description of "Oceania and the Pacific Islands," which promises to be one of the most interesting divisions of the work, full of narrative and of instructive anecdote, and profusely illustrated.

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"THE Great Industries of the World" (Parts 14 and 15) is devoted to the Biography of Sir Joseph Whitworth, continuations of articles on "The Manufactures of Hemp, Flax, and Jute," "Gun-barrel Making," "Cotton Weaving," "Ship Building," "Pottery," and the "Steam Engine." The articles are in a form to be not only comprehensible but interesting and instructive to the general reader.

* * *

THE style of issue of Messrs. Cassell's works is—as in the case of all their publications—admirable. There would seem to be no limit to the expenditure of the firm upon these serials so long as the article most suited to the public tastes and wants can be produced. The educational work which is done by them is of the greatest service to the public, and they deserve the credit of doing that work thoroughly well, never sacrificing accuracy for the sake of sensation, and putting science and the arts in a thoroughly intelligible and attractive form.

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THE following new books and new editions have been published during the past few days:—"Bright's Disease of the Kidneys," by Professor Charcot. Translated by Hy. B. Millard, M.D. London: Baillière, Tindall, and Cox. "A Guide to the Practical Examination of the Urine," by J. Tyson, M.D. 2nd ed. London: Baillière, Tindall, and Cox. "Modern Medical Therapeutics," by G. H. Napheys, M.D. 6th ed. London: Baillière, Tindall, and Cox. "Bronchial Asthma: the Lettsomian Lectures for 1879," by J. C. Thorowgood, M.D. London: Baillière, Tindall, and Cox. "Fistula, Hæmorrhoids, and other Diseases of the Rectum," by W. Allingham, F.R.C.S. London: J. and A. Churchill. "A Dictionary of Chemistry," by Hy. Watts, F.R.S. Part I. Supplement. London: Longmans, and Co. "On the Nature of Life," by Ralph Richardson, M.D. London: Lewis. "Notes for Students," by R. J. Lee, M.D. London: Richards. "Fasting Girls: their Physiology and Pathology," by W. A. Hammond, M.D., New York. Putnam and Sons.

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THE following pamphlets have been received during the past few days:—"Infectious Diseases in the Army," by John James, M.B. "Fifty-eighth Annual Report of the Seaman's Hospital Society." "Ringworm in Public Institutions," by J. V. Shoemaker, M.D. "The Nature and Treatment of Neurasthenia," by G. M. Beard, M.D. "Reports by the Medical and Surgical Registrars of the London Hospital for 1877." "Annual Report of the Stirling District Lunacy Boards."

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IN our last column of "Literary Notes and Gossip," we gave the titles of the new books and new editions published during the month, mentioning under the latter heading the work of Drs. Stillé and Maisch. We are, however, informed by Messrs. J. and A. Churchill that the "National Dispensatory" (United States) is a new work not a new edition. We are glad, therefore, to make the correction.

# Obituary.

## DR. CHARLES MURCHISON, F.R.S.

IT is with great regret that we record the sudden death of Dr. Murchison. Dr. Murchison, who had been twice a victim to scarlet fever, had suffered somewhat severely from aortic disease of the heart for some six or seven years past, a sequel upon the fever. He often referred to his death in conversation, remarking that his disease was such as to lead him to anticipate that he would one day be driven home lifeless from his daily round of visits. On Wednesday last, after parting with a patient he stooped to open a lower drawer in his consulting-room, and without any immediate premonitory symptom his heart ceased to act, and within a few minutes he was found dead.

Dr. Murchison had achieved both a splendid professional position and a lucrative practice. His writings on continued fevers and on diseases of the liver, both of which have run through two editions, are standard works upon the subjects.

He was educated in Edinburgh, and on coming to London he became attached to St. Mary's Hospital, as lecturer on botany, when that school was first opened. Subsequently, he was connected with King's College, Middlesex Hospital, and finally, as physician at St. Thomas's Hospital, after its removal to its present site.

His clinical lectures were a great attraction, not only to the students of the school but to numbers of the medical profession, who were always anxious to hear whatever he had to say. He held the post of Examiner in Medicine at the University of London, and during the last two years President of the Pathological Society. His work at this society, and the interest he took in it is known to everyone. The attendance at the meetings during his presidency, and the introduction of special discussions, and various improvements in the working of the society made by him, have been a topic of conversation. Dr. Murchison, whose opinion was little short of unerring, was respected by all, and his early death constitutes an irreparable loss, not only to a large circle of professional and other friends, but also to the cause of science.

### DR. BRADY, M.P.

We learn with much regret of the sudden and very alarming illness of Dr. Brady, M.P. for Leitrim. We believe the cause to be acute bronchitis, but his state leaves little hope of recovery. Dr. Brady's services have always been most heartily rendered to his profession, and it will be an unmistakeable loss if medicine should be deprived at the same moment of one of its representatives and of a friend whose influence is much needed.

We understand that the vacancy in the staff of the Meath Hospital, created by the death of the late Dr. Robert Persse White, will probably not be filled for some months.

## Medical News.

**Royal College of Physicians of London.**—At a quarterly Comitia held on Thursday, the 24th inst., at 5 p.m., the following Members were admitted to the Fellowship of the College :—

Bagshawe, Frederick, M.D. Camb., St. Leonard's
Bright, George Charles, M.D. Oxf., Cannes, France.
Edis, Arthur Wellesley, M.D. Lond., Wimpole Street.
Gowers, Wm. Richard, M.D. Lond., Queen Anne Street.
Greenfield, Wm. Smith, M.D. Lond., Palace Road, Lambeth.
Irvine, James Pearson, M.D. Lond., Mansfield Street.
Mackenzie, Stephen, M.D. Aberd., Finsbury Square.
Sparks, Edward Isaac, M.B. Oxf., Cannes, France.
Squire, William, M.D. St. And., Orchard Street.
Stevens, Henry, M.D. Lond., Sutton, Surrey.
Taylor, Frederic, M.D. Lond., St. Thomas Street.
Williams, John, M.D. Lond., Harley Street.

The following gentlemen having passed the required examinations were duly admitted Members of this College on April 24th :—

Burnett, Robert Wm., M.D. Aberd., 10 Nottingham Pl., W.
Drewitt, Fred. Geo. Dawtrey, M.B. Oxon., St. George's Hosp.
Mickle, William Julius, M.D. Toronto, Grove Hall, Bow, E.

The following were admitted Licentiates on April 24th :—

Atkey, William Thomas, Chichester.
Baines, Allen Mackenzie, M.B. Toronto, 2 Storey's Gate, S.W.
Balls, James, King's College Hospital, W.C.
Barron, Herbert George, Southport.
Batson, William Lascelles, 68 Guilford Street, W.C.
Biggs, John Maundy, Dallington, Hawkhurst.
Birch, Richard Charles, Royal Infirmary, Manchester.
Boissier, Arthur Henry, Clifton.
Bousfield, Edward Collins, Bedford.
Corder, Sheppard Ransome, 12 Percy Circus, W.C.
Gardner, John Twiname, Ilfracombe.
Milles, Walter Jennings, 6 Wyndham Place, W.
Poland, John, Blackheath, S.E.
Smith, Ernest Frederic, Torpoint, Devonport.
Wadham, Frederick, 10 Milner Street, S.W.
Warwick, Percy, St. Helen's Road, Hastings.
Williams, Miles Melbourne, Royal Infirmary, Manchester.
Williams, William Roger, Enfield.
Williamson, Robert Isherwood, St. Thomas's Hospital, S.E.
Wood, Percy Moore, 6 Eglantine Road, S.W.
Woodcock, Robert Fraser, University Hospital, W.C.

## NOTICES TO CORRESPONDENTS.

Mr. Carr.—The *Annuaire Thérapeutique*, referred to in a leader, is a most indispensable companion to all who take an interest in the progress of materia medica, hygiene, pharmacy, and allied sciences. The present is its thirty-ninth annual issue. The price is, we believe, eighteenpence.

Harveian Society.—On Thursday, May 1, at 8½ p.m., Dr. Cleveland, "On a Case of Excessive Dose of Chloral Hydrate."—Mr. A. J. Pepper, "On Tubercular Testis."—Dr. Day, "On Diseases of Children."—Mr. Walter Pye, "On a Case of Nerve-Stretching."

Royal Institution.—On Friday, May 2, at 9 p.m., Professor John G. M'Kendrick, "On the Physiological Action of Anæsthetics."

Mr. C. G. C.—Your book was duly received, and will be noticed in due course ; we are somewhat behind-hand with our reviews in consequence of great pressure on our space.

### VACANCIES.

St. Bartholomew's Hospital, Chatham.—Assistant House Surgeon. Salary, £80, with board, &c. Applications to the Clerk of the Trustees before May 12.

Westminster Hospital.—House Surgeon. Board and lodging, no salary. Applications to the Secretary by May 3.

St. Leonard, Shoreditch.—Medical Officer for the Infirmary. Salary, £120. Applications to the Clerk of the Board, Kingsland Road, E.

Stockton Hospital.—House Surgeon. Salary, £200. Non-resident. Applications to the Secretary, Stockton-on-Tees, by May 14.

Denbigh Infirmary.—House Surgeon. Salary, £85, with board, &c. Must understand Welsh. Applications to the Secretary.

Tuam Union, Abbey Dispensary.—Medical Officer. Salary, £120, with fees, and £20 as Sanitary Officer. Election, May 12.

Dundalk Union, Ravensdale Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Sanitary Officer. Election, May 14.

Enniscorthy Union, Enniscorthy Dispensary.—Medical Officer. Salary, £100, with fees, &c.

### APPOINTMENTS.

Copley, W. H., M.R.C.S.E., House Surgeon to University College Hospital.

Creswell, W. G., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the No. 5 District of the Aston Union.

Cuming, J., M.D., F.K.Q.C.P.I., Examiner in Medicine at the Queen's University in Ireland.

Fennell, D., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Dudley North District of the Dudley Union.

Heath, H. T., L.R.C.P.Ed., L.R.C.S.I., a Medical Officer to the Mansfield Woodhouse District Hospital.

Hobson, L. J., M.B., B.S., F.R.C.S.E., Acting Medical Officer to the Royal Northern Sea-bathing Infirmary, Scarborough.

Lyden, M. J., M.D., M.Ch., Q.U.I., Medical Officer to the Castlebar No. 1 Dispensary, Castlebar Union.

McCracken, J., M.B., C.M., Assistant Medical Officer to the Glamorganshire Lunatic Asylum, at Bridgend.

O'Connor, G. A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Castlebar No. 2 Dispensary, Castlebar Union.

Wood, C., M.R.C.S.E., Junior Resident Medical Officer to the General Hospital for Sick Children, Pendlebury, Manchester.

## Births.

De Chaumont.—On April 22, at Woolston Lawn, Southampton, the wife of Surgeon Major De Chaumont, M.D., of a son.

Ffrench.—On April 19, at Glasson, co. Westmeath, the wife of Edward T. Ffrench, F.R.C.S.I., &c., of a daughter.

## Marriage.

Browne—Costello.—On April 24, at Dublin, Thomas H. Browne, L.R.C.S.I., &c., Frankford, King's County, to Annie Elizabeth, only daughter of the late Thomas Costello, Esq., Frankford, King's County.

## Deaths.

Brady.—On April 21, at 35 Rathmines Road, co. Dublin, Patrick Brady, L.A.H.

Goodisson.—On April 22, at Enniscorthy, co. Wexford, Samuel Goodisson, M.R.C.S.E., aged 71.

Jameson.—On April 14, at Caistor, William H. Jameson, M.D., Surgeon-Major, Army Medical Department, aged 40.

Low.—On April 16, at Le Coin, Jersey, Alex. Low, M.D.

Marsh.—On April 15, at Marshfield, Gloucestershire, William Marsh, M.R.C.S.E., aged 71.

Martyn.—On April 14, at Martock, Richard W. Martyn, M.R.C.S.E., aged 86.

Newman.—On April 10, at Grouville, Jersey, William John Newman, M.R.C.S.E., aged 47.

Price.—On April 14, at Deptford, Allin Poord Price, M.D., aged 75.

Rhodes.—On April 16, at New Clee, Grimsby, Clement Rhodes, L.R.C.P.Ed., aged 25.

Wybrants.—On April 23, at 19 Upper Street, Dublin, Joseph H. Wybrants, L.R.C.S.I.

# IRISH POOR-LAW INTELLIGENCE.

## CORRESPONDENCE.

### MEDICAL RELIEF TICKETS AND THEIR GRANTORS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If it be a fact, *as I believe it is*, that members of dispensary committees and wardens are *assumed* to know their duties, and all about the objects and uses of the Medical Charities Act; that they never receive instructions; that their duties are never explained to them; that the ticket-books are sent to them, and they are simply informed that they are to fill and sign them, is it any wonder that the Act is abused, and dispensary surgeons imposed on? Would it not be right for the Local Government Board to issue a circular giving instructions, plain and concise, to the issuers of tickets as to who are and who are not entitled to relief under the Medical Charities Act? The clerk of the union, when sending ticket-books to members of committees and wardens should send the circular with the books or the circular could be printed on the covers of the books.

The other day I chanced to come in contact with a warden of my district, and he began to talk about giving tickets. He said he was sure he gave them to people who did not deserve then, but, said he, "*I suppose you are aware that I dare not refuse a ticket to any person*"! I said I was not aware of that; on the contrary, I was aware that he should be very careful in giving tickets, as if he gave them to persons who could pay a doctor he would be wronging the ratepayers. I found this warden had no correct ideas as to his duty; he never had been given any information on the subject, and he never sought any. He is as intelligent and respectable as the average of wardens. In my district each committee-man and warden acts on his own notions as to his duty. They get no instructions from the board of guardians, or any official. If the wardens *generally* think that they *dare not refuse a ticket to any person*—as they may for aught I know—they should be enlightened soon on their duties.

RED TICKET.

[We have frequently noticed the complete ignorance displayed by many committee-men and wardens as to their duties, and, undoubtedly, that ignorance explains much of the abuse which attends the issue of these tickets. We entirely concur with our correspondent in the suggestion that it is the duty of the L.G.B. to provide for its ticket-granting officers the information necessary to the execution of their duties, but as the department has not done so it strikes us that the subject would fall properly within the scope of the Irish Medical Association.—ED. M. P. & C.]

### BLESSINGTON DISPENSARY.

A SPECIAL meeting of the above committee was held to consider a letter from the Local Government Board respecting the complaint made against Dr. Leslie Maturin, the medical officer, for alleged neglect of duty in not attending a patient on a red ticket, and also a complaint preferred by the Rev. Mr. Horgan, to the effect that the doctor had habitually disregarded the rule of attending at the dispensary between the hours of ten and twelve o'clock, and that having directed that some one would go to Blessington for medicine, which he prescribed for a patient on a certain evening, which was impossible, he refused to give it next morning, and told the person he might apply for it at the Ballymore dispensary on the following Saturday.

It appeared from the statements made that previous to the issuing of the red ticket a fee of £1 was offered to the doctor to attend the patient, the distance to where the patient lay was stated to be ten miles, and the doctor declined to go under a fee of two pounds; a red ticket was then issued on the following day, and he also declined to attend upon it; this constituted the charge in the first case. The Local Government Board called on the doctor for an explanation why he did not attend. He made a statement in reply which was not deemed satisfactory, and the Local Government Board held that on the doctor's own admission he was guilty of a grave dereliction of duty, and directed the hon. secretary to summon a special meeting of the committee for the purpose of receiving the doctor's resignation: no resignation, however, was sent in by Dr. Maturin, and after an animated discussion the committee adopted a resolution in reply to the direction of the Local Government Board, to the effect that they had considered the case and censured the doctor for what he had done, and thought that the circumstances were such as to call for no further action on their part.

With reference to the second charge, as contained in the Rev. Mr. Horgan's letter, Dr. Maturin was requested to furnish a written explanation by the next meeting of the committee.

### GALWAY UNION.

SMALL-POX GRATUITIES.

SIR VALENTINE BLAKE, in accordance with his notice of motion, moved that the medical officers, Drs. Colahan and Clayton, be paid a special gratuity of £100 each for the extra labour imposed on them during the nine months of the epidemic in Galway,

The Chairman deprecated any such movement; he thought, considering the extraordinary high salaries, the doctors were sufficiently remunerated.

Mr. Redington considered the doctors entitled to special remuneration for their zealous services during the epidemic, but he considered £100 too much; he would move as an amendment that they get £75 each.

Mr. Redington's amendment was put and carried by 11 to 8.

Mr. Davis moved a second amendment that £50 be paid instead of £75.

The Chairman ruled that he would only put the amendment as a distinct resolution, £50 or nothing. The £50 was carried by a large majority.

## MOUNTMELLICK UNION.

### FEES FOR EXAMINING DANGEROUS LUNATICS.

LETTER received from Dr. Tabuteau, inquiring why he had not received a fee of £2 for examining a dangerous lunatic, for which the magistrates had certified.

The Clerk said the board had refused to pay Dr. Tabuteau more than £1.

Mr. Cobbe—Let him process the board ; that is all he can do.

Mr. Gare—There were two processes at the last sessions, and there were decrees against the board in both.

Mr. Thomas Cobbe thought any doctor would make these examinations for £1.

The Chairman thought that £1 would have been sufficient remuneration ; but as the magistrates had certified for £2, he thought they should pay the amount.

The Clerk thought it right to inform the board that he heard it was Dr. Tabuteau's intention to fight the matter. He (Dr. Tabuteau) would apply for a *mandamus*, and anyone who voted against paying the £2 would have to pay the costs.

Mr. Thomas Cobbe said that if the magistrates went on granting certificates for such large amounts, the guardians should grant out-door relief to every one who applied for it. The magistrates were showing them an example of wrong doing.

Mr. J. Dunne, jun., thought £2 was too much, but then they had no right to refuse to pay it when the magistrates had certified for it.

Mr. Cobbe—We protest against it, and we won't vote.

An order was then made for the payment of the amount.

## ARMAGH BRANCH OF THE MEDICAL BENEVOLENT SOCIETY.

THE annual meeting of the subscribers to County-Armagh Branch of the Royal Medical Benevolent Fund Society was held at Surgeon-Major Lynn's, on Tuesday, the 22nd inst. Dr. Cuming, President in the chair. A satisfactory report was read by the Secretary, by which it appears that £18 were sent to the parent society last year from twenty-four contributors ; one of whom is a lady well known in this county for her Christian liberality, and who in this, as in many other respects, is a pattern to the landed proprietors of Ireland. This branch has had to lament the loss by death of two highly valued subscribers during the past year—namely, Doctor Alexander Robinson, of the County Infirmary, and Dr. White, of Richill dispensary.

## PUBLIC HEALTH (IRELAND) ACT, 1878.

*(Continued.)*

179. Boards may make arrangements for facilitating the Conveyance of Bodies to Burial Grounds.

180. Places may be Provided for Reception of Bodies until Interment.

181. L. G. B. may make Regulations as to Burial Grounds, &c.

182. Exemption of Burials from Toll.

183. Board may Lay Out and Embellish Burial Ground.

184. Provisions of Act extended to additions to existing Burial Grounds.

185. When Burial Ground not fenced or kept in decent order by Owner Burial Board may serve a Notice requiring same to be fenced, &c.

186. Burial Board empowered to fence Burial Ground, and keep the same in order.

187. Burial Boards my accept the Management of Burial Grounds.

188. Board to fix Payments for Interments in Burial Ground.

189. Minutes of Board and Acounts shall be open to inspection.

190. Board may appoint and remove Officers, &c.

191. Register of Burials in every ground provided under this Act to be kept by Burial Board.

192. Lands for purposes of Act.

193. Provisions of 10 & 11 Vict., cap. 65, incorporated with this Act.

194. Assessment to local rates not to be increased for the purposes of this or any former Act.

195. Burial Board may let land not required for Burials.

196. Burial Board to keep in order closed Burial Grounds, &c.

197. Burial Ground, Waterford.

198. Certain plot of Ground to be deemed within the limits, ditto Limerick.

199. Not to apply to Private Mausoleums.

PART IV.—GENERAL PROVISIONS.

CONTRACTS.

200. Power of sanitary authorities to Contract.

201. Provisions as to Contracts.

PURCHASE OF LANDS.

202. Power to Purchase Lands.

203. Regulations as to Purchase of Land.

204. Power to let Lands.

POWERS OF BOARD IN RELATION TO LOCAL ACTS.

205. Power to Repeal and Alter Local Acts.

206. Transfer of powers of Grand Jury.

207. Transfer of Burial Grounds.

208. (*Verb.*) *Powers of Inspeciors of L. G. B.*—Inspectors of the L. G. B may attend any meetings of sanitary authorities, or of committees of sanitary authorities, during the transaction of business arising under any of the provisions of this Act.

209. (*Verb.*) *Power of Board to Direct Inquiries.*—The L. G. B. may from time to time cause to be made such inquiries as are directed by this Act, and such inquiries as they see fit in relation to any matters concerning the public health in any place, or any matters with respect to which their sanction, approval, or consent is required by this Act.

210. (*Verb.*) *Orders as to Cost of Inquiries.*—The L. G. B. may make orders as to the cost of inquiries or proceedings instituted by, or of appeals to the said Board under this Act, and as to the parties by whom or the rates out of which such costs shall be borne ; and every such order may be made a rule of one of the superior courts of law on the application of any person named therein.

211. (*Verb.*) *Proceedings on Complaint to Board of Default of Sanitary Authority.*—Where complaint is made to the L. G. B. that a sanitary authority has made default in providing their district with sufficient sewers, or in the maintenance of existing sewers, or in providing their district with a supply of water, in cases where danger arises to the health of the inhabitants from the insufficiency or unwholesomeness of the existing supply of water and a proper supply can be got at a reasonable cost, or that a sanitary authority has made default in enforcing any provisions of this Act which it is their duty to enforce, the L. G. B., if satisfied, after due inquiry, that such authority has been guilty of the alleged default, shall make an order limiting a time for the performance of their duty in the matter of such complaint. If default is made to obey such order and to perform such duty by the time limited in the order, such order may, in the case of an urban authority, be enforced by writ of mandamus, and in the case of a rural authority making such default as is last mentioned, such rural authority shall be deemed to have made default in the execution of their duties as a board of Poor-law guardians under the Poor-law Acts, and thereupon it shall be lawful for the L. G. B. to dissolve them as such board and to provide for the execution of their duties under the Poor-law Acts and this Act in manner prescribed by the Poor-law Acts in the case of the dissolution of boards of guardians of Poor-law unions.

212. Orders of Board under this Act.

213. *Powers of Inspectors of L. G. B.*—Inspectors of the L. G. B. shall, for the purposes of any inquiry directed by

the Board, have, in relation to witnesses and their examination, the production of papers and accounts, and the inspection of places and matters required to be inspected, similar powers to those conferred upon Poor-law inspectors by the Poor-law Acts.

PROVISIONAL ORDERS BY BOARD.

214. As to Provisional Orders made by L. G. B.
215. Costs of Provisional Orders.

ARBITRATION.

216. Mode of Reference to Arbitration.
217. Regulations as to Arbitration.
218. Claims under £20 may be referred to Court of Summary Jurisdiction.

BYELAWS.

219. Authentication and Alteration of Byelaws.
220. Power to Impose Penalties on Breach of Byelaws.
221. Confirmation of Byelaws.
222. Byelaws to be Printed, &c.
223. Evidence of Byelaws.
224. Byelaws made under s. 125 of 3 & 4 Vict., c. 108, to be submitted to L. G. B.
225. As to Regulations of Sanitary Authority.

## PART V.—FINANCIAL.

EXPENSES OF URBAN AUTHORITY.

226. Expenses of Urban Sanitary Authority.
227. Statutable Limit of Rating not to apply to Expenses for Sanitary Purposes.
228. Amendment of s. 60 of 17 & 18 Vict., c. 103.

PRIVATE IMPROVEMENT EXPENSES.

229. (*Abs*). *Power to make Private Improvement Rates.*—Whenever an urban authority have incurred expenses which by this Act are or by such authority may be declared to be private improvement expenses, such authority may, if they think fit, make and levy on the occupier of the premises in respect of which the expenses have been incurred, in addition to all other rates, a rate or rates to be called private improvement rates, of such amount as will be sufficient to discharge such expenses, together with interest thereon at a rate not exceeding £5 per centum per annum, in such period not exceeding thirty years as the urban authority may in each case determine.
230. Proportion of Private Improvement Rate may be deducted fromR ent.
231. Redemption of Private Improvement Rates.

EXPENSES OF RURAL AUTHORITY.

232. (*Verb*). *Expenses of Rural Sanitary Authority.*—The expenses incurred by a rural sanitary authority in the execution of this Act shall be divided into general expenses and special expenses.

General expenses, other than those chargeable upon owners and occupiers under this Act, shall be the expenses of the establishment and officers of the sanitary authority, and all other expenses not determined by this Act or the order of the L. G. B. to be special expenses.

Special expenses shall be the expenses of the construction, maintenance, and cleansing of sewers in any contributory place within the district, the providing a supply of water to any such place, the providing, repairing, and cleansing public wells, the lighting where duly authorised, the charges or expenses arising out of or incidental to the possession of property transferred to the rural sanitary authority in trust for any district or contributory place, and all other expenses incurred or payable by the sanitary authority in or in respect of any contributory place within the district, and determined by the order of the L. G. B. to be special expenses.

When the rural sanitary authority makes any sewers or provides any water supply or executes any other work nder this Act for the common benefit of any two or more contributory places within its district, it may apportion the expense of constructing any such work and of maintaining the same, in such proportions as it thinks just, between such contributory places ; and any expense so apportioned to any such contributory place shall be deemed to be special expenses legally incurred in respect of such contributory place.

Ten or more ratepayers, or any number of persons lia bl to be rated to one-fifth part of the whole rate, of any contributory place, if aggrieved by anysuch apportionment, may send or deliver a memorial to the L. G. B. stating their grounds of complaint, and the said Board may, after due inquiry, make such order in the matter as to it may seem equitable, and the order so made shall be binding and conclusive upon all parties concerned.

General expenses shall be payable out of a common fund to be raised out of the poor rate of the electoral divisions or parts thereof in the district according to the rateable value of each electoral division or part thereof.

Special expenses shall be a separate charge on some contributory place or places.

The following areas situated in a rural sanitary district shall be contributory places for the purposes of this Act; that is to say,

(1) The dispensary district :
(2) The electoral division :
(3) The townland :
(4) Such portions of any townland or a townlnds as may be determined by the L. G. B :

Provided that the L. G. B. shall have power to determine on what area of charge being a contributory place, or consisting of contributory places, any special expenses shall be chargeable, whether incurred after the passing of this Act or still due in respect of works executed before the passing of this Act.

233. Mode of Raising Contributions in Rural Sanitary District.

EXPENSES OF BURIAL BOARD.

234. (*Abs.*) *Expenses of Burial Boards.*—The expenses incurred by the rural sanitary authority of any district as the burial board of such district in the execution of Part III. of this Act shall be charged on and paid out of the poor rates of the union, or of any electoral division, or of any townland or town lands situate therein, as the L. G. B. shall in each case determine.

EXPENSES OF JOINT BOARD.

235. (*Verb.*) *Expenses incurred by Joint Board.*—Any expenses incurred by a joint board in pursuance of this Act, unless otherwise determined by the provisional order, shall be defrayed out of a common fund to be contributed by the component districts or contributory places in proportion to the rateable value of the property in each district or contributory place, such value to be ascertained according to the valuation list in force for the time being.
236. Payment of Contributions to Joint Board.

BORROWING POWERS.

237. (*Verb.*) *Power to Borrow on Credit of Rates.*—Any sanitary authority may, with the sanction of the L. G. B., for the purpose of defraying any costs, charges, and expenses incurred or to be incurred by them in the execution of the Sanitary Acts or of this Act, or for the purpose of discharging any loans contracted under the Sanitary Acts or this Act, borrow or re-borrow, and take up at interest, any sums of money necessary for defraying any such costs, charges, and expenses, or for discharging any such loans as aforesaid.

An urban authority may borrow or re-borrow any such sums on the credit of any fund or all or any rates or rate out of which they are authorised to defray expenses incurred by them in the execution of this Act, and for the purpose of securing the repayment of any sums so borrowed, with interest thereon, they may mortgage to the persons by or on behalf of whom such sums are advanced any such fund or rates or rate.

A rural authority may borrow or re-borrow any such sums, if applied or intended to be applied to general expenses of such authority, on the credit of the common fund out of which such expenses are payable, and if applied or intended to be applied to special expenses of such authority, on the credit of any rate or rates out of which such expenses are payable, and for the purpose of securing the repayment of any sums so borrowed, with interest thereon, they may mortgage to the persons by or on behalf of whom such sums are advanced any such fund, rate or rates.

238. *Regulations as to Exercise of Borrowing Powers.*—The exercise of the powers of borrowing conferred by this Act shall be subject to the following regulations, namely,

(1) Money shall not be borrowed except for permanent works (including under this expression any works of which the cost ought, in the opinion of the L. G. B., to be spread over a term of years).

(2) The sum borrowed shall not at any time exceed, with the balances of all the outstanding loans contracted by the sanitary authority under the Sanitary Acts and this Act, in the whole twice the net annual value of the premises assessable within the district in respect of which such money may be borrowed.

(3) Where the sum proposed to be borrowed with such balances (if any) would exceed the assessable value for one year of such premises, the L. G. B. shall not give their sanction to such loan until one of their inspectors has held a local inquiry and reported to the said Board.

(4) The money may be borrowed for such time, not exceeding sixty years, as the sanitary authority, with the sanction of the L. G. B., determine in each case; and, subject as aforesaid, the sanitary authority shall either pay off the moneys so borrowed by equal annual instalments of principal or of principal and interest, or they shall in every year set apart as a sinking fund, and accumulate in the way of compound interest by investing the same in the purchase of Exchequer bills or other Government securities, such sum as will, with accumulations in the way of compound interest, be sufficient, after payment of all expenses, to pay off the moneys so borrowed within the period sanctioned.

5) A sanitary authority may at any time apply the whole or any part of a sinking fund set apart under this Act in or towards the discharge of the moneys for the repayment of which the fund has been established: Provided that they pay into the fund in each year and accumulate until the whole of the moneys borrowed are discharged, a sum equivalent to the interest which would have been produced by the sinking fund or the part of the sinking fund so applied.

(6) Where money is borrowed for the purpose of discharging a previous loan, the time for repayment of the money so borrowed shall not extend beyond the unexpired portion of the period for which the original loan was sanctioned, unless with the sanction of the L. G. B., and shall in no case be extended beyond the period of sixty years from the date of the original loan.

239. Power to borrow on credit of Sewage Land and Plant.

240. Form of Mortgage.

241. Register of Mortgages.

242. Transfer of Mortgages.

243. Receiver may be appointed in certain cases.

244. Rent charge may be granted in respect of Advances made for Private improvements.

245. Rent Charges may be registered.

246. Power of Commissioners of Public Works to lend to Sanitary Authority on recommedation of Local Government Board.

247. Borrowing Powers of Joint Boards and certain other Authorities.

AUDIT OF ACCOUNTS.

248. Audit of Accounts.

PART VI.—LEGAL PROCEEDINGS.

PROSECUTION OF OFFENCES AND RECOVERY OF PENALTIES, ETC.

249. Summary Proceedings for Offences, Penalties, &c.

250. General Provisions as to Summary Proceedings.

251. Restriction on Recovery of Penalties.

252. Application of Penalties.

253. (*Abst.*) *Proceedings in certain cases against Nuisances.*—Where any nuisance under this Act appears to be wholly or partially caused by the acts or defaults of two or more persons, it shall be lawful for the sanitary authority or other complainant to institute proceedings against any one of such persons, or to include all or any two or more of such persons in one proceeding; and any one or more of such persons may be ordered to abate such nuisance, so far as the same appears to the court having cognisance of the case to be caused by his or their acts or defaults, or may be prohibited from continuing any acts or defaults which, in the opinion of such court, contribute to such nuisance, or may be fined or otherwise punished, notwithstanding that the acts or defaults of any one of such persons would not separately have caused a nuisance; and the costs may be distributed as to such court may appear fair and reasonable.

254. Summary Proceedings for Recovery of Rates.

255. Recovery of Expenses by Sanitary Authority from Owners.

256. Justice may act though Member of Sanitary Authority, or liable to Contribute.

257. (*Verb.*) *Appearance of Sanitary Authorities in Legal Proceedings.*—Any sanitary authority may appear before any court, or in any legal proceeding by their clerk, or by any officer or member authorised generally or in respect of any special proceeding by resolution of such authority, and their clerk, or any officer or member so authorised, shall be at liberty to institute and carry on any proceeding which the sanitary authority is authorised to institute and carry on under this Act.

258. (*Verb.*) *Sanitary Officers to attend and assist at Prosecution by Sanitary Authority.*—Every officer of a sanitary authority shall attend and assist in any prosecution instituted by such authority on receipt of an order from such authority so to attend: Provided always, that if a medical officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration from the sanitary authority at such rate as the L. G. B. shall approve, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office; and such payment shall be deemed to be expenses incurred by the sanitary authority under this Act, and may be recovered as part of the costs of the prosecution.

259. Name of Sanitary Authority need not be Proved.

260. Demands may be Recovered in Civil Bill Court.

261. Proceedings not to be Quashed for want of Form.

262. False Evidence Punishable as Perjury.

263. Notice of Action against Sanitary Authority, &c.

264. (*Verb.*) *Protection of Sanitary Authority and their Officers from personal liability.*—No matter or thing done, and no contract entered into by any sanitary authority or joint board, and no matter or thing done by any member of any such authority or by any officer of such authority or other person whom-soever acting under the direction of such authority, shall, if the matter or thing were done or the contract were entered into bonâ fide for the purpose of executing this Act, subject them or any of them personally to any action, liability, claim, or demand whatsoever; and any expense incurred by any such authority, member, officer, or other person acting as last aforesaid shall be borne and repaid out of the fund or rate applicable by such authority to the general purposes of this Act.

Provided that nothing in this section shall exempt any member of any such authority from liability to be surcharged with the amount of any payment which may be disallowed by the auditor in the accounts of such authority, and which such member authorised or joined in authorising.

NOTICES.

265. Orders of the Local Government Board, how to be published.

266. (*Verb.*) *Notices, &c., may be printed or written.*—Notices, orders, and other such documents under this Act may be in writing or print, or partly in writing and partly in print; and if the same require authentication by the sanitary authority the signature thereof by the clerk to the sanitary authority, or their inspector of nuisances, shall be sufficient authentication.

*(To be continued.)*

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish i for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 7, 1879.

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## Original Communications.

### FURTHER RESEARCHES ON THE PHYSIOLOGY OF SUGAR IN RELATION TO THE BLOOD. (a)

By F. W. PAVY, M.D., F.R.S., F.R.C.P.,
Physician to Guy's Hospital.

The first of these communications was devoted to the consideration of the quantitative determination of sugar for physiological purposes. Some important physiological conclusions had been drawn by Claude Bernard from the results obtained through a modified method introduced by him of employing Fehling's solution. I pointed out the manner in which I considered the process in question to be open to fallacy, and showed that the results yielded by it differed to a marked extent from those yielded by a gravimetric method, which I described, of using the copper test.

I have since continued my investigations, and have now results to bring forward obtained by another process, which I described in a communication read at the Royal Society, January 16, 1879, and published in the "Proceedings," vol. xxviii, p. 290. This process does not differ in principle of action from Bernard's, and if there were no fallacy in either case involved, the results yielded by the two should agree. In both the reduction of the oxide of copper is made to occur without the precipitation of the reduced oxide, so that the change to be watched in the action of the test is a progressive decolouration, unobscured by the presence of any deposit. In Bernard's process this result is brought about by the action of potash in a concentrated form upon the organic matter incidentally present in the product prepared for examination, and the agency in force is, according to the view I have expressed, the development of ammonia. In my own process, for particulars regarding which I must refer to the published communication in the "Proceedings," ammonia is added to the test, and no fixed alkali employed beyond that present in Fehling's solution.

By means of this new process an opportunity is afforded of ascertaining on which side the fault lies in the disagreement between the results obtained by Bernard's and the gravimetric method.

The accompanying table contains the results given by the application of the three processes to six specimens of blood.

The figures in the first two columns are derived from the analyses respectively conducted with the use of potash (Bernard's plan) and ammonia, and with the adoption of Bernard's proposition that the liquid obtained from equal weights of blood and sulphate of soda measures, in cub. centims., four-fifths of the total weight in grammes of the sulphate of soda and blood taken.

The figures in the next two columns represent the results given by the same two processes of analysis applied to the product obtained after the plan adopted for the gravimetric process. The blood is treated with sulphate of soda, filtered, the coagulum thoroughly washed to extract all the sugar, and the filtrate and washings brought to a known volume.

The last column furnishes the mean of two gravimetric analyses carried out upon two portions of the blood distinct from that employed for the analyses in columns three and four.

On looking at the results the first point to which attention may be directed is that evidence is supplied showing that reliance cannot be placed upon the formula adopted by Bernard for calculating the volume of liquid derivable from the weight of blood taken for analysis. The figures in columns three and four were drawn from direct observation, and if the formula supplied correct information, the results in columns one and three and two and four should respectively coincide. It is noticeable, however, that whilst in some instances they approach closely to-

(a) Read before the Royal Society, April 24th, 1879.

wards agreement, in others there is a pretty wide divergence.

*Results given by Bernard's, the Ammoniated Cupric, and the Gravimetric Processes for the quantitative determination of Sugar in Blood.*

| Source. | Sugar per 1,000 parts. | | | | |
|---|---|---|---|---|---|
| | With Bernard's formula for estimating volume of liquid derived from the blood. | | Preparation of blood product by the process employed for the gravimetric method. | | Gravimetric process. Mean of two analyses. |
| | Bernard's potash process. | Ammoniated cupric process. | Bernard's potash process. | Ammoniated cupric process. | |
| I. Sheep..... | 0·930 | 0·560 | 0·842 | 0·571 | 0·589 |
| II. Bullock.... | 1·212 | 0·901 | 0·980 | 0·650 | 0·735 |
| III. Bullock.... | 1·563 | 1·130 | 1·240 | 0·896 | 0·921 |
| IV. Sheep..... | 0·888 | 0·579 | 0·905 | 0·567 | 0·553 |
| V. Bullock.... | 0·816 | 0·534 | 0·839 | 0·559 | 0·511 |
| VI. Sheep..... | 0·879 | 0·635 | 0·945 | 0·650 | 0·631 |

In the second place it is seen that the results obtained by the method of analysis involving the employment of the potash stand considerably higher than those yielded by the ammoniated form of the test. It may be assumed that in the action of the potash on the incidental organic matter present to give rise to the required condition for maintaining the suboxide in the dissolved state, a reducing substance becomes developed, or else that the amount of oxide of copper appropriated to the oxidation of the sugar becomes altered in the presence of the large amount of potash which it is necessary to employ.

Lastly, it may be observed that a close conformity exists between the figures in columns four and five. The results obtained by the gravimetric method are thus confirmed by the volumetric results obtained by means of the ammoniated form of the cupric test. Seeing that separately prepared specimens of the respective samples of blood were submitted to the two kinds of analysis, the conformity is certainly striking, and gives strong weight to the validity of the results yielded by the gravimetric method.

One of the points referred to in my second communication (*a*) is the spontaneous disappearance of sugar from the blood after withdrawal from the body. It is a part of Bernard's doctrine that the natural seat of destruction of sugar within the system is in the systemic capillaries, and if it can be shown that an active disappearance of sugar occurs in the blood after removal from the vessels, support is given to his proposition. I cited the observation which has been adduced by Bernard to illustrate that a marked aptitude exists for the disappearance of sugar under the circumstances named. According to this observation, a reduction from 1·070 to 0·880 parts per 1,000 occurred during the first half hour, and at the end of twenty-four hours the analytical result obtained is represented as standing thus—0·000. I stated that my own experience furnished evidence of a widely different nature, and introduced the figures yielded by five observations in proof of this assertion.

The gravimetric process is only suited for the examination of blood before decomposition has set in, as the result would be vitiated by the presence of ammonia as a product of decomposition, the effect being an interference with the deposition of the cuprous oxide. With the ammoniated cupric test, however, any state is suitable; and since my communication of June 21st, 1877, was published, I have applied this process, as well as to Bernard's potash process, to blood which has been kept for lengthened periods, instead of limiting the examination, as I had previously done, to the first twenty-four hours. The results obtained were quite unlooked for, and quite irreconcileable with the representation in Bernard's observation, which has been referred to, that at the end of twenty-four hours the blood ceased to give any indication of the presence of sugar.

I have before me a large amount of recorded experience, but need only select a few illustrative examples, for the information supplied is of the same nature throughout. In no case, although the blood had acquired a highly offensive character from putrefaction, has it failed to exercise a decided amount of reducing power over the copper test. It will be seen in the succeeding observations that there is a period during the first few days when the reducing power undergoes a pretty sudden fall, and that it afterwards remains nearly stationary. If the reducing action is to be attributed to sugar, and sugar only, it would have to be said that sugar can exist in a mass of putrefied blood without undergoing destruction. It seems to me, and this view is supported by evidence to be presently adduced derivable from the addition of sugar to decomposing blood, that there is another reducing substance present besides sugar which is not affected in a similar manner by contiguous decomposition. The period of sudden fall, it appears, may be taken as corresponding with the disappearance of sugar, and this, it will be noticed, presents a variation within certain limits. In the observations at the top of the list the period is more prolonged than in those lower down. It is possible that this may have arisen from the atmosphere of the laboratory having become influenced by the presence of decomposing samples of blood.

The earlier observations were conducted with the application of Bernard's process only, as it was not until June, 1878, that I began to apply the ammoniated cupric liquid. In the employment of this liquid the same product prepared from the blood was used as for Bernard's mode of testing. It is noticeable that the results yielded by the two processes differ from each other in the manner that has been already commented upon.

In a further series of experiments, blood with added sugar was subjected to the influence of a current of different gases. I was desirous of ascertaining if oxygen promoted the disappearance of sugar, and counterpart observations were made with carbonic acid and hydrogen. The results obtained afford no evidence of any chemical action being exerted. Whatever slight effect occurred, I think, may be assumed to have arisen from increased molecular action excited by the transit of the gas.

The following conclusions may be expressed as constituting the issue of the results recorded in this communication :—

That the results bearing on the physiology of sugar in relation to the blood derived from the application of the gravimetric process, and given in my former communication to the Royal Society (vol. xxvi., p. 346), are confirmed by those yielded by the ammoniated cupric test, described by me in the "Proceedings," vol. xxviii., p. 260.

That the disappearance of sugar from the blood after withdrawal from the system takes place in the gradual manner that might be expected from the effect of ordinary decomposition, and presents nothing to support any conclusion regarding the destruction of sugar in the blood as a physiological phenomenon.

That there appears to exist a reducing substance besides sugar in the blood which is of a sufficiently stable character to resist the effects of advanced putrefaction. Expressed as sugar, it amounts to from ·200 to ·300 per 1,000. These figures, therefore, would appear to require to be deducted from those which have been given as representing the amount of sugar present in the blood.

That the passage of a current of oxygen through the blood does not exert any appreciable effect in the direction of oxidation of the sugar.

(a) "Proc. Royal Soc.," vol. xxvi, p. 346.

# ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON HEARING, RESPIRATION, AND PHONATION; AND THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris,

Translated by H. Macnaughton Jones, M.D., &c., Professor, Queen's University, Ireland.

(*Continued from page* 323.)

When these troubles occur during a growing period of life, they may have permanent consequences, and imprint on the ultimate form of the thorax the alterations which we have described.

A case which we have now under observation verifies us in the explanation we offer. It is that of a little girl, æt. 7, whose respiration, usually jerking, is interrupted by these intervals of stuffing, during which she forgets, and closes her mouth. Here also there is a general flattening of the thorax, and further, the particular alterations described above. Here it is extremely interesting to recollect that Dupuytren (*a*) has found a considerable deformity of the thorax in persons affected with greatly hypertrophied tonsils. M. Lambron has investigated the same subject; he attributes the deformity, of which he has given an excellent description, to hypertrophy of the tonsils, as Dupuytren had already done. He thinks that the alterations in the development of the thorax are due to active and repeated contractions of the diaphragm, of which the movable points of attachment will be finally drawn downwards (See the article of M. Desnos (*b*):—Amygdales, Inflammation, Chronique, Hypertrophie).

It appears to us that the opinion of Dupuytren, and those who agree in his view, requires verification from new researches. We are inclined to consider that the cases in question must have been complicated with an affection then unknown—adenoid of the pharynx—and that to this should have been attributed the more serious consequences of the disease on the bony portion of the chest.

It is true that the existence simultaneously of two extremely hypertrophied tonsils would involve peculiarly the condition in one who was affected with adenoid tumours, by adding to the occlusion of the naso-pharynx, a formidable constriction of the buccal respiratory passage, on the side of the isthmus of the throat.

It is needless to add that neither Dupuytren nor Robert can be accused of having lightly treated an affection which was not recognised till long after the death of these two great surgeons.

We need not say that, in order to have indisputable results, we have carefully excluded in the study of this subject cases of hypertrophy of the tonsils co-existing with adenoid tumours. Moreover, we shall be compelled to return to this question in treating of differential diagnosis.

### Influence on Pronunciation (*Nasonnement*).

It is not alone for normal respiration that a pervious condition of the nasal passages is requisite. There is another function of unparalleled importance from a social aspect, for the regular discharge of which it is absolutely necessary that the nasal fossa should be permeable. We allude to language and pronunciation. While thus in cases of occlusion of these canals, respiration can still be fairly performed by the mouth, there are, on the contrary, certain letters for the pronunciation of which the nasal passages should be absolutely free. These are those which have been called resonant, inasmuch as in their articulation the air should escape through the nasal fossa, and there excite sonorous vibrations. The result of this is that patients, when the affection is sufficiently advanced to obliterate the naso-pharyngeal passage, find it impossible to pronounce these resonants, *m* and *n*. If the patient wishes to form them he replaces them by others by means of a substitution, the mechanism of which we shall endeavour to explain. Instead of *m* he says *b*, and *n* becomes *d*, *e.g.*, *mamma* is pronounted *baba*, *nose* is changed into *dose*. Besides this the nasal sounds are changed. This no one has as yet noticed in French pronunciation.

If to these substitutions, we add a peculiar timbre, of a muffled, dull character difficult to describe, which arises from the absence of that resonance of the vocal sounds in the nose and in the naso-pharynx, which is so important for a good articulation, we get the mode of speech which constitutes the extreme degree of *nasonnement*.

It appears to us of some interest to carry our investigations still further, and to endeavour to account for the origin of this method of speech. We shall do so with the more care, as, although the study of the defects of pronunciation marking the advanced stages of the affection in question, is very curious, we have nowhere found an explanation founded on the mechanism of phonation, and the new physical conditions, created by the disease. Moreover, certain defects of pronunciation are of unparalleled importance, socially. They imprint on the individuality of the subject something characteristically unpleasant, which has at all times strongly impressed the auditor. This importance of the voice in speaking did not escape Pliny. *Vox in homine magnam vultus habet partem*, said this Roman naturalist (In man the voice greatly influences the individual physiognomy). (*a*)

And of all the defects of pronunciation, *nasonnement* is perhaps—after lisping—the one which is most prejudicial to the social advantages of the individual, by giving to him an aspect both stupid and dull.

Let us attempt to analyse the physiological conditions of phonation, and to determine why there is a substitution of certain letters for certain others in those cases in which this exists, and the manner in which the change is effected.

We will first take the consonant *m*. In pronouncing it the air is expired by the nose, while the buccal cavity is closed in front by the application of the lips against one another, and open posteriorly, the isthmus of the throat remaining open. The organs being in this position, the air contained in the mouth and in the nasal fossa is thrown into sonorous vibrations when we pronounce the consonant *m*. But the buccal cavity would assume the same shape in pronouncing *b* (the labial letter similar to *m*), with this difference, that here the soft palate is raised to intercept the access to the nose, and that the current of air must then escape by separating the lips. We may then call *b* an *explosive* letter. The celebrated authority on acoustics, Chladni, designated the consonants of this order, "*lettres de fermeture.*" (*b*)

If it happens that a pathological obstacle, adenoid tumours, for instance, close the passage for air from the pharynx to the nasal fossa, the air can no longer escape through these, and will pass forcibly through the only available avenue by separating the lips. It is thus that the explosive labial letter *b* replaces the resonant labial *m* in the pathological condition that we have just been discussing. (*c*

It is the same in the substitution of *d* for *n*, except that these two are lingual letters, that is to say, that here the closure, instead of being formed by the lips, is effected by the tongue, the point of which is applied to the upper incisors and the adjacent portion of the alveolar arch; in contrast with the labial consonants, the obstruction is, so to speak, carried a step further back. Except for this, the mechanism of the pathological substitution is the same as in the preceding case. The anterior lingual closure of the

(*a*) Dupuytren, "Memoire sur la Dépression Latérale des Parois de la Poitrine," in *Répertoire Général d'Anatomie*, &c., 1828, p. 110–119.

(*b*) In *Nouveau Dictionnaire de Med. et de Chir. Prat.* Vol. II.

(*a*) Pliny. "Hist. Nat.," xi.

(*b*) See Brücke, "Grundzüge der Physiologie, &c., der Sprachlaute," Vienna, 2nd Edition, 1876. (Compare also the treatise of the same author contained in the "Transactions" of the Academy of Sciences of Vienna, March, 1849, i, pp. 141, and following).

(*c*) Compare the excellent article of M. Blake, of Boston, "Intra-tympanic Pressure during Phonation," in "Transactions" of the American Otological Society, Vol. II., Part I., 1875.

buccal cavity is necessary in the pronunciation of *n*, which requires that the air can escape through the nose ; so is it also in pronouncing the letter *d* ; conditionally, that a current of air effects the separation. If, then, the nasal passage is intercepted, as in the condition we are discussing, and we desire to pronounce *n*, the air forces open the linguo-palatine union, and thus substitutes the consonant *d* for *n*, the explosive lingual for the resonant lingual letter which corresponds to it. (*a*)

It is similar in the case of the *n*, which enters into the formation of *gn*.

There now remains for our examination a group of phonetic sounds, which we find equally modified in *nasonnement*, but which has not been studied, so far as we know, from this special point of view. These are the nasal vowels, as they are pronounced in France. (*b*)

Here the narrowing is effected by the elevation of the base of the tongue on the one hand, and on the other the depression of the soft palate. The special aperture which produces the characteristic sound, is still further back than in the case of lingual letters. The nasal vowels are formed while the column of air dividing between the buccal and nasal channels escapes partly through the aperture restricted by the soft palate and the back of the tongue, which approach one another, and partly at the same time through the nasal fossa, there giving rise to the characteristic resonance of French pronunciation. The vowels, *a e o* and *u*, pronounced in this position of the vocal organs, become nasal, and are then *an*, *ein*, *on*, and *un*.

When the nasal passage is obstructed, two things are possible, according to our observations : 1st. That the simple corresponding vowel replaces the nasal vowel ; for instance, *penchant* resembles *pacha ;* or 2nd. That a *g* is added to the vowel. *Penchant* becomes *pague-chague*. In this latter case the obstruction is *suddenly* dispersed, and the entire volume of air escapes by the mouth. Here also the letters, for which it is necessary that the vibrating column of air can penetrate either entirely or in part into the nasal fossa, are replaced by *explosive ones* when, as in the example before us, access to these cavities is interfered with at their posterior orifice.

We shall take this opportunity of referring to a subject which requires some explanations. We often confuse the nasal sounds of the French language (and which for this reason we shall call *sons nasans français*), with the sounds similarly called *nasal*, but of a different sonority, which are contained in the other Latin languages (Spanish, Italian, Portuguese), English and German. M. Segond (*c*) first noticed this important distinction. We shall call these latter, *sons nasans non français*. They are also employed in certain portions of Central France, where they replace the pure French nasal sounds. We have noticed in other parts that the vowel followed by *nn* is substituted for the vowel with the peculiar nasal timbre ; for instance, *monde* becomes *monn-de*. (*d*)

The difference between these two classes of nasal sounds consists, as we think, in this : that in the above described narrowing the back of the tongue and the soft palate approach much more nearly to one another for the foreign nasal sounds than for the French pronunciation of these sounds. (See also on this subject the work of M. Brücke, published in the "Transactions" of the Academy of Sciences of Vienna, 1849).

The French nasal sounds, which Brücke designates as $^{1}$ and $^{2}$ (examples : German in Klingel, Enge, Wange ; English, in tinker, angel, &c.), are all resonant ; but as we have just explained, the closure of the buccal cavity is more complete, and the nasal aperture still more indispensable, than in the case of French nasal sounds. When the nose is closed posteriorly it is impossible to pronounce them, and the air, forcing through the palato-lingual obstruction, forms *gh* ; for instance, *klingel* becomes *klighghel*. The group of substitutions proceeding from posterior nasal obstruction constitute *nasonnement*, which must be distinguished from *nasillement* (*naeseln* of the Germans, *twang* of the English). *Nasonnement* is found temporarily in persons who have caught cold, and is excited by intense swelling of the nasal mucous membrane.

It is surprising that the French language alone possesses different expressions to distinguish these two totally opposite defects of pronunciation, and that other modern languages, those at least with which we are acquainted, confuse them. Besides, even in French this distinction is not widely known. The words *nasonner* and *nasonnement* are not found in most of the classical dictionaries (Académie Française, Littré, Larousse, &c.), but we have met with them in Lachâtre, and in Boiste.

Even in medical language these terms are used to express defects of pronunciation quite different from one another ; thus they are applied to the articulation of persons with the nose obstructed, and also to that of persons affected with fissure of the palate. The physical conditions being entirely different, we have not been at all surprised to find that the substitution of the *phonèmes* are opposite in the two cases. We shall, moreover, take another opportunity to return to this interesting point ; here, indeed, we only treat of the defects of pronunciation characterised by the substitutions described above.

*Nasonnement* differs from *nasillement* in that this latter is produced by an exaggerated nasal resonance, which accompanies all the sounds, and not, as in a normal case, the resonants only. On touching the nose in these cases, we perceive a continuous vibration, and it is possible to produce the nasal sound artificially by narrowing or pinching the cartilaginous portion of the nose near to the bony part. We can thus say that in articulating normally, we speak through the nose for certain letters (m, n, and nasal vowels) ; that in nasal speech we speak *too much* through the nose—nasal resonance generalised and increased—and that in *nasonnant* we speak *without the assistance of the nose*—nasal resonance is absent. Dodart (*a*), Gerdy (*b*), and M. Segond (*c*), were already aware of these distinctions. (See the excellent treatise of this latter author on the modifications of the timbre of the human voice. (*d*)

We must not leave the study of this symptom without mentioning that the nasal passage must be, so to speak, completely *abolished*, in order to produce *nasonnement*. While a simple impediment at the posterior entrance of the nasal fossa is quite sufficient to prevent respiration by the nose, which requires a rapid and voluminous current of air, phonation can be accomplished with a

(*a*) See the work of M. Rosapelly, in the "Travaux du Laberatoire de M. Marey." 1876.

(*b*) *M* and *n* are also called semi-vocal, or nasal (Rumpelt), or *rhinophones* (Czermak).

(*c*) *Archives Générales*, 1848, p. 346, and following.

(*d*) We have been surprised to find that the French nasal sounds are not peculiar to French pronunciation, as is generally believed ; (for instance, M. Brücke, loc. cit. 39). We have met with them in certain dialects of the South of Germany, amongst others in that of Frankfort-on-the-Maine, and in certain patois in Austria.

It is not, therefore, surprising that the inhabitants of the countries we have alluded to learn instantly to pronounce the nasal sounds of the French language, while the North German succeeds with more difficulty in substituting them for the nasal [illegible]s pronounced in his mother-tongue.

(*a*) "Mémoire sur les Causes de la Voix de l'Homme &c.," "Mem. de l'Acad. des Sciences," 1700, pp. 6 and 7.

(*b*) "Mémoire sur la Voix et la Prononciation," 1842.

(*c*) Loc. cit.

(*d*) The defects of pronunciation described in this chapter will certainly recall to the readers who are familiar with English literature, one of the most remarkable of the characters in Dickens' novels. In "Oliver Twist," a young fellow named Barney is represented as speaking thus. Moreover, the *nom de plume* adopted for some time by this great humourist, *Boz*, (corrupted from *Moz. Moses*), borrowed from the familiar name of one of his brothers, would appear to imply that the latter was afflicted with the characteristic *nasonnement*, probably proceeding from adenoid tumours, for we believe that this defect of pronunciation is much more often caused by them than by *chronic coryza*, which it is generally attributed.

much diminished circulation of air. Thus we are at present treating a boy of eight years of age, the son of a much esteemed colleague in Paris, in whom it is easy to prove the presence of very large adenoid tumours, with almost all their train of symptoms, such as deafness, buccal respiration, snoring at night, &c., but in whom the pronunciation has remained normal, the naso-pharyngeal passage not being completely obstructed, but only contracted.

### Influence on the Larynx and Singing Voice.

We here touch on a very obscure point. Paralytic aphonia has frequently been observed, which resists electrical treatment, the usual panacea in similar cases, and which is only cured when a hypertrophied pharyngeal tonsil, or other adenoid tumour, is finally destroyed. Once this complication is removed, the aphonia disappears spontaneously, or under the influence of the induction current, which till then had been powerless. (See the observations of M. Bresgen (*a*), and of M. Gerhardt (*b*). We must only conclude that this is due to a reflex action caused by the pharyngeal affection on the innervation of the laryngeal muscles. M. Gerhardt even goes so far as to admit that every irritation of the pharynx may induce aphonia by reflex action.

Sometimes, instead of suppressing the voice, the presence of the adenoid tumours only diminishes its compass. If they are of considerable size, they may interfere with the articulation of the high notes, which the patient can no longer emit until the morbid growths have been removed. M. Meyer, of Copenhagen, has seen a case in which, immediately after the operation, a tone and a half was added to the voice. He wished to prove that the presence of a material obstacle had prevented the voice from attaining its normally highest pitch, and for this purpose he attempted to imitate the pathological condition by artificial occlusion of the posterior nares. Having obliterated them in a tenor with plugs of lint, he observed that these latter exercised the same influence on the voice of the singer as the morbid growths have produced in some patients.

Apart from this mode of action, adenoid tumours frequently prevent the voice being raised, by interfering with the elevation of the soft palate; indeed, it is well known that in proportion as we approach the treble notes, the soft palate is raised. However, it must not be forgotten that there is no necessity that an actual obstacle of this size should exist, for this hindrance to occur; are we are not aware that a simple granular pharyngitis may suffice to interfere with the articulation of the high notes? (See, with reference to this subject the work of M. Lasègue). (*c*) The question is not then so simple as it would at first appear, and it is necessary to combine in each case of this nature the inspection of the pharynx, and even laryngoscopic examination, with the rhinoscope, to ascertain that there is no other affection either of the pharynx or of the larynx.

### Influence of Adenoid Tumours on the Middle Ear.

Pharyngeal adenoid tumours are always accompanied by inflammation of the naso-pharynx, and we think, that correctly speaking, they only constitute a special form of this inflammation. Besides, there is in the majority of these cases, buccal pharyngitis, very often chronic rhinitis, and sometimes also, hypertrophy of the tonsils. But the most serious complication is that of *otitis media*, which accompanies almost three-fourths of these cases.

As to the exact nature of the affection from which the organ of hearing suffers, in cases attacked by adenoid tumours, we have usually met with *catarrhal inflammation* of the Eustachian tube, and tympanic cavity, generally tending to become chronic. The *suppurative variety, with perforation of the membrana tympani*, comes much more rarely under our observation. We will just refer to the account of a case which, in connection with the first related in this treatise, will show the curious manner in which these two forms may follow one another in the same individual. The history of the patient which we are about to relate, seems to us to deserve publicity on account of the singularly intermittent progress of the aural affection, especially as we had opportunities of studying it for so long a time, from the commencement of 1865, up to the present time, 1878.

Case IV.—M. X., musical, æt. 41 (in 1865); neither the patient nor his parents had shown any striking constitutional taint. A great smoker of cigarettes, he was, for a long time, a sufferer from chronic pharyngitis, to which was added, by slow degrees, mischief in both ears: deafness varying in intensity, and very distressing tinnitus, sometimes spontaneous, or sometimes excited by certain notes of the orchestra.

During the last fortnight, there was an increase of the tinnitus, and there is also pain in the interior of the right ear, the patient's voice re-echoing unpleasantly there, the orchestra producing only a confused noise. At last a purulent discharge appeared, accompanied by relief from pain, but producing no change in the acoustic phenomena.

The patient first consulted us on the 13th January, 1865, when on examination of the ears, a perforation of the right membrana tympani was discovered, about the size of a small pea, situated towards the middle of the handle of the malleus.

A watch (which a normal ear under the same conditions for sonorous impressions, would hear as far off as 1m. 25 c.) could only be heard at the distance of 2 cm.; the patient could easily perceive the tick of this watch, when applied to the cranial bones, and in an equal degree when applied to the temples. Marked granulations of the throat were present.

With the aid of the rhinoscope we saw small adenoid tumours of the naso-pharynx, especially in the neighbourhood of the Eustachian tubes, principally situated at the right side. Only one of these was more markedly developed, to about the size of a haricot bean, and situated immediately above the superior extremity of the nasal partition.

*Treatment.*—Daily catheterisation of the Eustachian tubes, with insufflation of air, and the injection of some drops of solution of sulphate of zinc (*au centième*). Instillation of the same solution in the right auditory meatus, the head being inclined horizontally on the left shoulder, in order to keep the liquid in contact with the membrana tympani; also treatment of the pharyngitis.

These therapeutical applications rapidly obtained the cessation of the discharge, and cicatrisation of the perforation, the hearing has continued at 38 centimetres by the watch.

When this intercurrent suppurative otitis was cured, the patient resumed his old habits, and would not consent to any radical treatment, directed especially towards the morbid growths, and the persistent catarrhal otitis, which however, is indispensible treatment in such cases! He was content to preserve the hearing power in a fair condition, by the use of Politzer's method, and active *cauterisation* confined, however, to the buccal pharynx, applied by a colleague.

The ultimate course of the affection was marked by very curious alternations: since the first attack, the discharge relapses every two or three years in the right ear, and a perforation simultaneously occurs always in exactly the same position on the membrana tympani. After the cicatrisation an extremely thin pellicle replaces the tissue of the membrane, so resisting in the normal condition.

A cure is generally effected after a few visits, and lasts for two or three years; after this time, the phenomena we have described reappear afresh. The last episode of this kind occurred only some months past; the same treatment was rapidly followed by the same successful result.

The left ear of the patient is affected with simple chronic

(*a*) *Centralblatt f. Chirurgie*, 9th June, 1877.
(*b*) Ibid. (Quoted by M. Bresgen).
(*c*) é des Angines," 332.

catarrh of the cavity and Eustachian tube ; *here, also*, it is impossible absolutely to obtain a permanent success. As long as the patient is subjected to treatment appropriate to this condition the hearing power is fair ; but if this is discontinued the symptoms are soon aggravated by the persistence of the adenoid tumours at the entrance of the tubes—the primary cause of the aural affection.

Since then we have had opportunities of observing three cases very similar to that which we have just described, save for the age of the patients, as they were three children—a boy of eight years, another of eleven years, and a little girl of eight years. They had all suffered from many relapses of the intercurrent otitis media, followed by perforation of the membrana tympani, which it has always been easy to heal temporarily. We operated on the morbid growths in the eldest of these two boys, and since that time the recovery has been permanent; the other, not having been submitted to an operation, on account of the refusal of his parents, is still subject to the same alternations, although alleviated by constant treatment as complete as the persistence of the tumours permits us to give. Just at present the little girl is being cauterised, for the purpose of destroying the excrescences.

*(To be continued.)*

# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

### Under the care of Mr. E. STAMER O'GRADY.

Amongst the patients in this service whose cases came to a conclusion during the months of February and March were the following :—

*Amputation in Upper Fourth of Thigh.*—A very underfed and sickly lad, æt. 10, was admitted for disease of various bones. The middle phalanx of the little finger of the right hand protruded, black and necrosed from an unhealthy ulcer ; there was disease of the tibia on the same side, the probe finding bare bone through several sinuses immediately above the ankle. The shaft of the left femur was likewise extensively necrosed. So far as the lad's history could be learned, he had been in another hospital five months previously with "fever," and whilst there he caught scarlatina, from which he made but a feeble convalescence, the three localities named subsequently becoming painful, swollen, and the seat of purulent depots. After several weeks of careful treatment, the phalanx separated, and the little wound healed kindly. The boy's health, too, mended somewhat for a time, but afterwards the left limb grew steadily worse, the femur being denuded of periosteum for more than the lower three-quarters of its length, with an increasingly free discharge, from which, and the constant pain, the lad was steadily running down, when the limb was amputated by long anterior and short posterior flaps, the knife traversing tissues fatty and degenerated. On removal of the Esmarch bandage, eleven vessels were tied, the periosteum peeled up and exposed another portion of diseased femur; this was sawn off, making the amputation sub-trochanteric. The surface of the wound was well babbed with a solution of chloride of zinc (40 grs. ad ℥j.) ; three hours subsequently it was brought partly together with carbolised cat-gut sutures, due provision being made for "drainage." The operation was well borne ; soon the appetite became good, and constitutional improvement patent, and the stump healed in less than a month. This case also illustrates the difficulty occasionally encountered in controlling the action of caustic potash. At the time of the amputation advantage was taken of the lad being under the influence of the anæsthetic, to lightly touch with potassa fusa the diseased tibia of the right leg through a couple of the sinuses, after which compresses soaked in vinegar were applied. No local pain was afterwards complained of, but the same night a large piece of skin over the front of the lower part of the leg was seen to be black. In due time the slough separated, exposing the tendons and a large portion of diseased tibia. This wound, too, healed in by granulation steadily and rapidly to a few, and subsequently to a single, sinus. From these, several small portions of bone came away and the leg grew more firm and shapely, the little fellow was eventually allowed up. When he was able to use his crutches with safety he was sent, four and a-half months after the amputation, to a convalescent institution, where improvement has continued to be progressive. A good right leg seems likely to be recovered.

*Amputation of Leg (Three Cases).*

A. On an English woman, a cook, æt. 60, for an ulcer so extensive as almost to surround the limb, and which extended from immediately above the ankle so nearly to the knee as barely to leave room for a circular amputation at the "seat of election ;" where the knife traversed the integument, it was dense, hard, infiltrated, and a quantity of enlarged tortuous and knotty veins coursed up the inner side of the knee and thigh. Marked improvement in the general condition followed the operation, the soft parts speedily took on healthy action, the stump being soundly healed in less than five weeks.

B. On a woman, æt. 30, for disease of tibia supervening on Syme's amputation above the ankle for extensive disease of the tarsus, the patient's condition at the time rendering the first operation imperative, though she was in the sixth month of utero-gestation. The pregnancy ran an uninterrupted course, terminating normally three months and a week after it. The convalescence proceeded as usual. At first the Syme stump seemed to be getting on favourably, but after a time morbid action again developed, and the condition of parts continued to grow worse subsequent to her confinement. Four and a-half months after it, Esmarch's bandage was applied, and the stump laid freely open in the hope that perhaps the mischief might be such as could be dealt locally with ; it proved, however, to be too extensive, and the limb was accordingly amputated by the circular operation at the "seat of election." The bone at point of section was fragile, oily, and unhealthy-looking ; five vessels were ligated. For some days the patient was considerably depressed, debility and night sweats causing much anxiety. The rally was remarkable, the health began to improve, and the stump to heal apace, the wound being soundly closed in less than a month.

C. On a man, æt. 56, for bad compound comminuted fracture of leg with great destruction of soft parts. Just a year previously the same limb had met with a severe injury (described by the patient as being very similar to the present one), from which a good recovery was obtained. On this occasion, however, matters went steadily from bad to worse—profuse fœtid suppuration, loss of appetite, diarrhœa, and night sweats had much reduced the patient, when, eight days after the accident, the limb was amputated by the circular method a hand's breadth below the knee. The stump was brought together four hours after the operation, but in the evening, reactionary hæmorrhage necessitated the outer angle being opened. For some days patient continued in a weakly state with night delirium ; he gradually, however, began to amend, when the stump repaired rapidly, being quite healed within four months. (*a*)

*Gunshot Wound of Hand.*—A man, æt. 55, accidentally fired a fully charged gun whilst his left hand was over the muzzle. The metacarpal bones on the ulnar side were smashed, and the little and ring fingers blown off. When the patient came to the hospital two days after the accident, the wound was in a blackened sloughy state ; the splintered butts of the proximal phalanges projecting through it. On the eighth day after the accident,

(*a*) In each of the foregoing cases the fresh wound was dabbed with the solution of chloride of zinc.

profuse arterial hæmorrhage suddenly occurred, fortunately, when the patient was in the ward, and at a moment when skilled aid was present to immediately command the flow. Though local conditions had previously made it undesirable to interfere surgically, the jagged bones were now disarticulated at the metacarpo-phalangeal joints, when, after removal of splinters, the hæmorrhage ceased spontaneously; and, subsequently, the progress of the hand to repair, though slow, was ultimately most satisfactory; the patient being dismissed from the hospital after a stay of thirty-nine days with a hand which promised to be a thoroughly useful member, and which was but comparatively little deformed.

*Ingrowing "Toe Nails."*—A female, æt. 30, a draper's assistant, had the two great toes affected; both margins of the left, and the external margin of the right, being extensively implicated. After some necessary preliminary constitutional treatment, the diseased surfaces and subjacent tissues were sliced freely off, the rawed surfaces forming inclined planes, receding well from the nails. Local pressure, by little cylindroid pads, was kept up during the healing, which was rapid and satisfactory; the patient leaving the hospital quite cured a little more than a month subsequent to the operation.

*Phantom Tumour.*—The patient, an unmarried woman, æt. 40, had in and above the left iliac fossa a well-marked and clearly defined tumour, somewhat larger than a full-sized cocoa-nut. This could be moved about freely, and partly lifted by the hand, feeling solid and firm, though tympanitic on percussion. Conditions remained uninfluenced by purgatives or enemata, but on patient being profoundly anæsthetised, the swelling entirely disappeared, but returned to its former state as she recovered consciousness. The woman was in no way hysterical. Severe and long standing pain was complained of in the side above the "phantom." The patient was a virgin; the vagina bifid above; the uterus merely rudementary. The history given was that the catamenia had been regular from twelve to fourteen years of age, then ceased till twenty-one, when the flow occurred once, and never returned since.

*Vesico-Vaginal Fistula.*—Patient was a remarkably large fat heavy woman, æt. 32, the subject also of ulcerated legs. She had been confined of her first child ten months previously. The vagina was closed immediately above the vulvæ by a dense cicatricial septum, which completely occluded the passage except a small opening at its upper part, which scarcely permitted the entry of the tip of the little finger. The perforation was close to the vesical extremity of the urethra; this canal being here much contracted, and requiring considerable dilatation to let a full-sized cathether pass. The instrument when in the bladder could be felt just within and above the fistula. The position of the opening made it a matter of difficulty to pare its edges; this accomplished, the little wound was united by a couple of silver-wire sutures. The patient continued dry, the urine coming off by the catheter, which was changed as occasion required, till the tenth day, when leakage began. On removal of the sutures on the twelfth day, the fistula was found to be less than half of its former size.

Among the following cases illustrative of the surgery of the face, in the third and fourth, opportunities were afforded of testing the great rapidity with which clean-cut wounds about the mouth may unite.

*Secondary Operation for Disease connected with the Upper Jaw—Rapid return.*—A lad, then æt. 14, two years previously had part of the right upper jaw removed in connection with the extirpation of a naso-pharyngeal polypus, which had also grown into the antrum, and perforated the alveolar margin. Good recovery followed, the lad grew strong and healthy, and as time passed on it was hoped the cure would prove radical. However, after two years' respite, the trouble began to appear again, and when the patient, now grown into a strong and well-developed young man, came back to the hospital, then only a fortnight after he first noticed the return of the trouble, the mass had already acquired considerable dimensions. There was protrusion of the eye forwards and upwards, œdema and eversion of the lower lid. A finger inserted into the deficiency remaining from the former operation in the upper jaw, felt high up a large soft polypoid mass. For the present operation the superficial incisions were made as nearly as possible identical in position with those practised on the former occasion (the resulting cicatrices therefrom being now scarcely discernible), coursing from external to the outer canthus of the eye along the lower border of the orbit, and down inner side of the nose, round the alæ, and through the middle of the upper lip. The cheek having been raised, the radical points of attachment of the upper jaw were cut through with powerful forceps, and the bone with the malar removed, except only a very small portion containing the central incisor, which was left; the bone being here cut obliquely for this purpose. A large fungating polypoid mass came clean away with the bone, every vestige of the growth seemed to be entirely removed. The floor of the orbit was seen to have been in great part absorbed. The actual cautery having been applied to some bleeding points, lint plugs with attached strings and previously squeezed out of carbolised oil were placed in the cavity, and the long wound united with hare-lip pins and sutures. Repair seemed unaffected by the circumstance of the operation wound on this occasion being over the old ground of the former operation; nearly the entire healed by first intention, the eye receded, and for a time the progress of the case seemed in every way to be most hopeful. Circumstances happened to delay the patient in hospital after the period which had been arranged for his return home, and on the twenty-fifth day after the operation a suspicious appearance was noticed at the bottom of the cavity. To this locality iodoform was kept applied for some days seemingly with much benefit. This however proved to be but very transitory, and it soon became but too evident that the disease was again growing. It rapidly sprouted down into the mouth, and when the patient left the hospital, only thirty-eight days after the operation, the trouble was increasing at such a rate that from visit to visit its advances were recognisable. There was, however, absolute freedom from pain, a result obtained it, seemed likely, by the removal of all bone pressure.

*Severe Wound of Face.*—A man, æt. 42, was struck in the face by a car running at a rapid pace, the point of the shaft catching the right angle of the mouth, tearing the cheek open almost to the ear, and inflicting much injury on the adjacent parts. The huge wound was brought together by interrupted sutures. At first there was a considerable degree of inflammatory action accompanied by much swelling; this subsided after a few days, and the case did remarkably nicely, the patient leaving the hospital, almost unmarked, fifteen days after the accident.

*Extensive Cancer of Lower Lip and Angle of Mouth.*—The patient was a man, æt. 55, the disease, of very rapid growth, affected the entire lower lip to within a quarter of an inch of the left angle of the mouth; the right being involved. A modified H operation enabled the disease to be cut clean away; the lower figure of the H was dissected up to aid in forming a new lip. The integument and mucous membrane of the cheek were whipped together to form part of a new mouth. A narrow strip of mucous membrane, which it was happily able to preserve below the transverse limb of the H, similarly whipped to the edge of the integument flap, furnished a promising border for the new lip. It was necessary to secure two large spouting vessels with carbolised catgut ligature. Four hare-lip pins, with some points of interrupted suture, kept the parts in good condition. *Ten hours after the operation*, in consequence of smart hæmorrhage, which cold and pressure failed to staunch, the right extremity of the wound had to be opened. After withdrawing the two hair-lip pins here placed, it was surprising to find the amount of firm adhesion which had already obtained. A

considerable degree of force was necessary to separate the parts. The bleeding vessels having been ligated, the wound was put up as before. Subsequent repair was languid at first, but did not seem to be more so in the part of the wound which had been interfered with than elsewhere. When the patient left the hospital in the fourth week all was soundly healed. There was very little deformity; the new lip had come well up; it was moderately movable, and fairly fulfilled its functions. No glandular enlargement.

*Hare-lip (Four Cases).*

A. *Complicated Double Hare-lip and other Malformations.*—In addition to double hare-lip and cleft palate, attended with great protrusion of bone, this infant, a male, had six fingers on the left hand, six toes on the right foot, and seven on the left. His mother was an uncommonly comely, well-made woman, and there was said not to be any other malformed members in the family. A little wedged-shaped bit of bone was removed sub-mucously from the septum, immediately behind the protruded intermaxillary mass, which was thus enabled to be pushed back readily. A week later (the infant being now six weeks old), the little wound having thoroughly healed, the lip was operated on. The apposed surfaces of the intermaxillary and of the maxillary bones were first rawed and united by inter-osseous sutures. During this process, two milk teeth were unavoidably extruded. The soft parts having been pared, were united by two hair-lip pins, with one suture of carbolised catgut at the red border; the result being a lip singularly free from lateral or other deformity. Scarcely any blood was lost during the operation. Nothing occurred to excite alarm till twenty-two hours afterwards, when the infant suddenly became pale and immediately died. There was no purging nor convulsion, no warning; up to a very brief period before his death, the little creature seemed to be quite as well as he had been all along. On local examination of the region of the wound this was seen to be well and firmly united, a considerable tug being required to separate the parts, and nothing could promise more admirably than the appearance of the lip.

B. *Double Hair-lip*—A male infant, three months old, with cleft palate; the alveolar arch, however, being only notched on either side of the intermaxillary bones. The fissures in the lip were deep, extending up into the nostrils on either side. The soft parts were dealt with as in the preceding case. The pins were removed at the end of four days, and suitable straps of plaster running round the head were subsequently applied. The result of this case was eminently satisfactory.

C. *Complicated Double Hare-lip.*—The patient, a handsome and intelligent lad, æt. 12, had also cleft palate. During his infancy the hare-lip had been twice operated on, and a partial union effected on the right side, but none on the left, where, through the wide gap, the inter-maxillary mass protruded obliquely. It contained the four incisors—the lateral projecting into the fissure on either side. It was contemplated to operate first on the palate in which the cleft was wide, but the lad's parents would only permit the lip to be done. In dealing with this, the septum was cut through sub-mucously by a slender bone forceps behind the prominent bone, which this procedure enabled to be, as it were, folded back to the left; it filled up nicely the gap in the alveolar arch. The lateral incisors were extended and the freshened surfaces of the maxillary and inter-maxillary bones united by an inter-osseous suture of strong carbolised catgut. The sides of the cleft were then suitably pared, and the left cheek having been freed from the subjacent structures, brought together with three hare-lip pins, and one suture on the red border of the lip, collodion and adhesive straps were also used. The union obtained from the prior operations was preserved intact, and as little interfered with as possible, as it seemed preferable to leave this part to be dealt with independently afterwards if necessary. One needle was withdrawn after three, the others after four, days, when good union was found to have been effected, the adhesive plaster-straps surrounding the head being continued as a safeguard. Four days later a small gap was found to have formed since the preceding visit on the red border; this there was good reason to believe was caused by some indiscretion on the lad's own part. An entomology-pin was inserted with figure-of-8 suture of soft silk, and on its removal some days after, a catgut suture was inserted farther back; good union was thus obtained, though the boy had a bad cough. The weather at the time was extremely cold and severe. The returned central bone projection had taken a vicious position, the incisor teeth looking backwards down the throat, as it were, and diverging greatly from each other. To remedy this, Mr. Sherlock kindly made a modification of Hainsby's truss with a connecting arch in front, from which wires were attached to the teeth, and these, together with the parent bone, were brought forward into position, when a plate with a cross-bar so arranged as to pass behind the bone and keep it and the teeth steadily fixed, was fitted in by the same gentleman. The appearance of the lip itself was not improved by the bringing forward of the bone mass, which made the lip shallower in the middle and look as it were puckered up, specially on the left side. This state, however, it was expected, would be easily dealt with when the bone became solidified. Pending this, however, the illness of the lad's mother necessitated his return home with the lip still partially unfinished.

D. *Complicated Double Hare-lip.*—In this case, also, the boy, æt. 5, was much older than the subjects of this operation usually are. Here, too, though a good result was ultimately obtained, prolonged and careful after-treatment had to be sedulously attended to. The deformity was very great, the consolidated inter-maxillary bones projected nearly at the tip of the nose, and contained four partially erupted teeth. There was no cleft palate beyond the hiatus in the alveolar arch. The parts were dealt with as in the preceding case. Three needles were required, the upper one transfixing behind the alæ of the nose. There were also two carbolised catgut sutures—one on either side between the central and lateral portion, in addition to that on the red border; collodion and adhesive plaster completed the dressing. Forty-eight hours after the operation, the face was greatly swelled, but otherwise the child was doing very well. The middle needle was removed after three days, the others after four, when pus appearing oozing out above the plaster straps, they were also taken off, and the two sutures cut out. It was now seen that the upper portion of the wound, where it branched up into the nostril on either side, was well and firmly united, adhesion had occurred, too, at the lower part, where it also looked healthy, but in the middle the parts fell asunder, and the edges and bottom here were seen to be unhealthy and sloughy. Tonic treatment was given, and the parts carefully supported by straps of adhesive plaster. Three days later—a week after the operation—the small sloughs had come away, and the parts looked clean and healthy, but there was a hole in the middle of the lip which would admit the tip of the finger. The deeper structures were now healthy-looking, and the bone lay nicely in position. As there seemed to be a tendency for the union to give way, the edges behind were approximated and supported by a small pin and figure-of-8 suture of soft silk. The sides of the central opening in the lip were considerably approximated by pads of lint placed beneath the adhesive straps which surrounded the head, and were so arranged as, by pressure on the lint pads, to carry and support the cheeks forward. The daily dressing of the case was most carefully attended to; when the supporting pin and suture were removed the union of the red border was found to be satisfactory and firm. The same manœuvre was repeated higher up, so as to bring the sides of the central opening in the lip into apposition, pieces of cork run down on the needle on either side, effectually warded off all pressure of the superposed silk on the soft parts. Only partial success was, however, obtained here, and the edges of the reduced opening cicatrised; subsequently, liq. potassæ was applied, so as to remove the newly-formed

skin. Soon after this reparative action took a new start, the cavity rapidly filled up with healthy granulations and cicatrised, a satisfactory and comely lip being eventually obtained. The growing teeth in the central portion of the alveolar arch are viciously directed, and will require the dentist's skill.

# Transactions of Societies.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

On the 22nd April the meeting of this Society was occupied with the adjourned debate on the Report of the Committe appointed to Inquire into the Relation of Croup and Diphtheria. Only a few Fellows spoke, owing to the length of the speeches made by those who had the opportunity of expressing their opinion on the subject. The debate was therefore again adjourned.

Dr. G. Johnson said that the question was one in which he had long taken more than ordinary interest. For many years he had been a firm believer in the theory that the usual anatomical result of inflammatory croup is formation of membrane. But his belief in this theory was much shaken by having under his care two cases of unquestionable croup, in which, after death, no false membrane was found in any part of the air passages. Moreover, a study of that instructive collection of memoirs on diphtheria translated by Dr. Semple, for the New Sydenham Society, seemed to throw a new light upon membranous croup. He there learnt that French pathologists describe croup as a disease attended with exudations of false membrane, and hat it is a form of diphtheria, and that they d istinguishe d between this form and "false croup" or "stridulous laryngitis." Referring to the works of Home, Cheyne, and even to that of West, he thought those authors had confounded two distinct diseases—the one simple laryngitis, the other diphtheria. Since then others had taken up the same view. Four years ago the publication of a lecture by Sir W. Jenner in the *Lancet*, and simultaneously of a paper of his own, led to much discussion, and it was remarkable how great differences of opinion existed. With regard to the Report, he thought it was, perhaps, more valuable for its questions than for its decisions, and in the main he agreed with Mr. Parker in his criticism upon the Report, save that where he thought the committee should have expressed a positive opinion. This, which would be easy for any one observer, would be less so for a committee of many members, each of whom might have individual opinions on the subject. He was surprised to hear Mr. Holmes state that the committee had decided that the two affections were not identical in a positive way by their statement that "croup may be membranous or not membranous, due to diphtheria or not so." The important question was—Is membranous croup a form of diphtheria? The anatomical results of simple catarrhal inflammation of the air-passages are known to everyone; it is a disease met with every day, and in every degree of severity. A membranous exudation has never been found as the result of this—*i.e.*, as produced by cold. The diphtheritic poison has a tendency to attack abraded cutaneous or mucous surfaces, as a leech-bite, or a blistered surface. Trousseau, dealing with the subject of "cutaneous" diphtheria, mentions a case where an abrasion of the foot was inoculated from a case of diphtheria. Patients suffering from scarlet fever, or typhoid, not unfrequently have the complication of diphtheria, and it is important to bear in mind that in such cases we have instances of two distinct specific diseases attacking the same subject at the same time. With respect to two illustrations of this statement, he remarked that, supposing the first infant had been exposed to the east wind in Hyde Park and got catarrhal laryngitis, the probability would have been very great that he would have been infected by the diphtheritic poison on the abraded surface, and have died of membranous laryngitis—the true cause of which (the insanitary state of the house) being unsuspected. The committee quote similar instances—some given by Dr. Fagge; and the case related in which membrane formed on the air-passages after inhalation of eau de Cologne could hardly be said to be due to the mere contact of this fluid. The remarkable fact in the history of this patient was that the restorative was given her because she was "fainting from pain at stool." She could not have been in good health, and very likely was then suffering from diphtheria. He would say, then, that as when scarlet fever is complicated with diphtheria there are two distinct diseases, so when diphtheria succeeds injury two distinct agencies are at work. The committee had dwelt upon the differences presented by the purely laryngeal cases and those in which exudation was limited to the fauces. In the purely laryngeal the disease appeared to be less infectious, less frequently accompanied by albuminuria, with less glandular swelling and less general depression. These differences might be expected from what we know of the diphtheritic poison. The risk of infection would be in direct proportion to the amount of exudation, and especially to its existence in the fauces, where it was less firmly attached than in the larynx, and, moreover, could readily be coughed out. The albuminuria, like the glandular swelling, probably resulted from the absorption by the lymphatics from the part infected, and was in direct proportion to the extent of surface involved. He held that the amount of exudation was a measure of the severity of the disease, and in proportion to this was the constitutional disturbance great. He also well remembered how the first two cases of diphtheria he saw occurred in two sisters, one of whom had a patch of exudation on the tonsil, and the other had none on the fauces, but died from membranous croup. Dr. Dickinson quotes a similar case (p. 123 of Report), where a child with membranous croup and follicular tonsillitis, with diphtheria, infected the nurse in attendance on her after tracheotomy. In examining cases of catarrhal inflammation he had often been struck by the fact that where there was no visible inflammation of the soft palate and fauces the lower part of pharynx, epiglottis, and larynx were much inflamed, so that if such were exposed to the diphtheritic poison these regions would be more likely to get affected. He differed from the statement on page 32, that "in the larger number of cases of membranous affection of the larynx the cause is obscure;" and he quoted instances where at first the cause was not obvious, but subsequently became so. He had no doubt that, as the committee state, diphtheria is less specific than typhoid fever; he thought it often arose *de novo* from bad drainage, &c.; and he related an instance where some cases followed the opening up of a cesspool, the house in which they occurred being situated so that the wind blew the emanations from the cesspool towards it. It was important that the committee found no specific difference, chemical or microscopical, between the membrane found in the pharyngeal and that in the laryngeal cases. Their conclusion on page 32 was (just after the statement that the cause is obscure in the larger number of cases of membranous laryngitis) that, "among those in which it (*i.e.*, the cause) is apparent, common irritation seldom presents itself as the source of the disease, and accidental injury is but very infrequently productive of it. But few cases of undoubted origin from exposure to cold are on record. On the other hand, in a very large number of cases infective or zymotic influence is to be traced." He would go further than this, and would say that in every case there is an infective or zymotic influence at work.

Mr. Hutchinson directed the attention of the Society to a subject which he thought bore largely on the question of the nature of diphtheria, and that was the subject of diphtheritic or pellicular ophthalmia. This was an affection met with in very various degrees of severity, sometimes as a mere film, at other times as a thick pellicle which it was easy to peel off in one layer. In England it was believed to be but rarely contagious. In these cases there was no evidence of their being exposed to special diphtheritic poison. Another class of cases, rarely seen in England, were those in which diphtheritic or pellicular inflammation attacks wounds. He had seen this pellicular condition of wounds in hospital practice, chiefly during an epidemic of hospital gangrene some years ago at the London Hospital; and several cases since. These facts had led him to assent to the much-assailed doctrine of Virchow, that "diphtheria should be placed in the same category as hospital gangrene." Passing to the membranous or fibrinous angina of Bretton-neau, he would like to ask the committee whether cases of contagious sore-throat, occurring frequently in an epidemic manner, and marked by pellicular patches on the pharynx, but never fatal, were to count as diphtheria or not? It was

almost impossible to draw a line of distinction between these cases and those of recognised diphtheria. He could make no distinction between these mild forms of contagious sore-throat and those with which we are familiar under the name of "hospital sore-throat," and he would ask whether they should not all be considered as minimised forms of diphtheria. The question for discussion was partly one of fact and partly one of definition. The committee have adopted a suggestion made by other writers, that it would be desirable to disuse the word "croup." Sir John Cormack prominently states this in heading one of his lectures "Croup—a symptom; diphtheria—a disease." In his own view it would be equally wise to disuse "diphtheria" too, for it had come to be employed in far too limited a sense. If there was any one statement in the Report to which he would take exception, it would be the perpetual recurrence of the terms "diphtheritic poison" and "zymotic influence." His own impression was that there was no disease in which membranous inflammation occurred that could be styled "zymotic." All might be explained on the view of a simple inflammation. The only grounds upon which diphtheria was assumed to be a specific fever were these—its contagiousness, the occurrence of albuminuria, the supervention of paralysis, and the peculiar membranous inflammation characterising it. He submitted that many diseases were contagious which were not specific forms, for he drew a strong line between contagious inflammation and a specific fever, a disease in which a special seed may be assumed to grow in the blood. The fact of contagion goes for nothing; it occurred in erysipelas and other inflammatory affections arising *de novo;* and he held that any disease capable of arising *de novo* was not a specific fever. The production of membrane on the inflamed surface was a peculiar symptom, but after all it was not one on which the idea that diphtheria was a specific fever could be based. Albuminuria occurs frequently after erysipelas, often after burns (within six or eight hours of the injury), so there was nothing unusual in that. As to the sequence of paralysis, he would submit that we do not know enough of diphtheritic paralysis, regarding which some interesting facts had come under his observation, confirming the opinion that the paralysis bears no relation to the severity of the throat affection. Child after child had come to him with paralysis of accommodation, and in many of them no history or diphtheria could be obtained, often only of a sore-throat almost disregarded or forgotten. Not long ago a child with this form of paralysis was brought to him from Finchley, and he said that it must have had diphtheria; and, inquiring, found that it had had a sore throat at the same time as its sister and a man in the same house had. Mr. Hutchinson concluded by saying that his chief object in rising was to submit as a definite proposition the queries:—Is there any *bonâ fide* and sound reason for speaking of diphtheria as a specific fever? Is it not much more probable that the diphtheritic false membrane may arise from ordinary causes of inflammation, and that it becomes itself contagious? Diphtheria had no true period of incubation like other fevers, and he believed the recognition of this view would clear away a great deal of obscurity attending the subject. The committee had acted judiciously in giving no positive opinion. It was impossible that they could arrive at one so long as they understood the term diphtheria as implying a specific febrile disease. It was a specialised local inflammation producing various constitutional effects, and not a disease depending on zymosis. When this dogma had been got rid of the facts would be viewed in a clearer light; so long as it was retained they would be confused and obscure.

Dr. SQUIRE did not expect to hear the fact of diphtheria being a specific disease called in question. The practical point was, whether isolation should be resorted to in cases of croup? Only, he would reply, when undoubted evidence of diphtheria could be obtained; that it might be, indeed, only revealed by subsequent paralysis of the ciliary muscle affecting the sight. The mere occurrence of false membrane was indecisive, for he believed that this might be present on the tonsils apart from diphtheria; and might be absent in undoubted cases of that disease. The report had not sufficiently dwelt on the epidemic character of diphtheria, and its analogy with scarlet fever. He commented on the fact of the higher rate of mortality from diphtheria in continental towns, as compared with London, a difference attributable to sanitation, and urged that differences in season should have weight in deciding between croup and diphtheria; the former prevailing in the cold winds of spring, the latter being more common in autumn and winter. He did not insist upon croup as an entity, but claimed for both croup and diphtheria a place among zymotic diseases.

Dr. SEMPLE recalled the attention of the Fellows to the fact that the report now circulated owed its existence to a paper read by himself at a meeting of that Society held in November, 1875. On that occasion he expressed an opinion, and supported it by facts and arguments, that membranous croup and laryngo-tracheal diphtheria were one and the same disease. The conclusions he drew were not opposed; but the subject appeared to the Fellows to be so important that a committee was voted for, and subsequently appointed, with a view to consider the question as to the identity or non-identity of the two above-named affections; and the result, after three years' deliberation, was now before the profession. He thought he was justified in referring to the circumstances under which he formed the opinions he now maintained. In the year 1858 he was appointed by the Committee of the New Sydenham Society to edit and translate a series of memoirs on diphtheria by Brettonneau, Trousseau, Bouchut, Guersant, Empis, and Daviot, and he became, of course, acquainted with the French views entertained on the subject. It so happened that, at the very time he was so engaged, a very severe and memorable epidemic of diphtheria broke out in this country; and he had an opportunity of witnessing the course and termination of the disease, at Bagshot, in Surrey. He performed the post-mortem examinations himself, and brought the specimens so obtained to the very table before which he was now standing—Dr. (now Sir Thomas) Watson presiding on the occasion as President of the Pathological Society. He was struck by the exact resemblance presented by the cases, both in their clinical features and the post-mortem appearances, to those recorded so accurately by Brettonneau and his then pupils, Velpeau and Trousseau, as having occurred in and about the town of Tours, in France. After the great English epidemic at the period referred to, there was a lull in the virulence and extension of the disease in England, and he for some time saw very little of; but a few years afterwards—namely, in the year 1865—as chance would have it, a case occurred in the practice of a dispensary to which he was attached as physician, presenting in its course and termination and post-mortem appearances the very same features as those he had observed before at Bagshot, although the case was a sporadic one and no infection or extension of the disease could be traced. This case he had also himself examined after death, and had presented the specimen so obtained to the Pathological Society. But on reflecting on this case, and comparing it with the descriptions found in the existing text-books, he became convinced that much error and confusion existed on the subject of so-called croup, and at the meeting of the Society in question he expressed his opinion that "diphtheria of the trachea was essentially the same as croup, the latter disease being, in fact, a variety of the former." He also then stated that the word "croup" in the systematic books really comprised, or rather confounded together, three separate diseases, namely, tracheal or laryngo-tracheal diphtheria, infantile laryngitis, and laryngismus-stridulus. All these different diseases are confounded together in the text-books, as any one may see by consulting those works, and he particularly referred to the Cyclopædia of the great medical lexicographer, the late Dr. Copland, who, in the article "Croup," distinctly confounds all these three maladies together. The opinions offered by himself (Dr. Semple) in 1865 were undoubtedly opposed, but they had since been adopted and expressed by Dr. George Johnson, Sir Thomas Watson, Sir John Rose Cormack, Sir William Jenner, Dr. Bristowe, and Dr. Morell Mackenzie. In making this statement he did not intend in the slightest degree to assert or to insinuate that any of those distinguished men had derived their views from anything he had done, spoken, or written; but he begged to state, with the same emphasis and distinctness, that he had not borrowed his opinions from them, but had pursued his investigation, whether clinically or historically, in an independent manner, having for his sole object the discovery of the truth. He had made all his post-mortem examinations himself, and he had recorded no case which had ended fatally without having done so. He had been represented as stating that croup and diphtheria were the same disease, but he had never been guilty of any such absurdity, for he was of course well aware that diphtheria, besides appearing in the throat, might attack the eyes, the

nose, the ears, the anus, the glans penis, the vagina, and the skin; while croup, however vaguely the word was used, was applied only to some malady of the throat. What he maintained in 1865 he asserted still more strongly now—namely, that laryngo-tracheal diphtheria was the same disease as membranous croup. The disease commonly and popularly called "croup" was infantile laryngitis, of which he had seen multitudes of cases, especially among the children of the poor; but although in all his cases of death from this disease he had made post-mortem examinations, he had never found any false membrane, although there might be frothy mucus or pus. With regard to the queries sent out by the Committee, he would say that in nineteen out of twenty cases where a negative answer had been sent to the question whether it was believed that croup and diphtheria were identical, the answers were based on mere assertions, and were unsupported by facts. So imperfect was the knowledge thus obtained that the committee sought for information from various children's hospitals, the result being the valuable tables furnished by Drs. Dickinson, Fagge, and Gee. The conclusion rationally drawn from this inquiry was, that in all but a very small percentage of cases of membranous laryngitis was due to the diphtheritic poison; in a very few cold or traumatism was thought to be an excitant of it. For his own part he felt that the conclusions at which he had previously arrived had been strengthened by that report. It might be asked—*cui bono?* He would reply, it was of much gain, for hitherto the literature of croup and diphtheria had been a mass of confusion; but the recognition of the diphtheritic nature of croup would alter this, and tend to simplify our nosography. Dr. Semple then alluded to the simple and generally harmless character of non-membranous laryngitis contrasted with the fatal tendency of the membranous form, in which tracheotomy alone afforded a chance of recovery, the object of the operation being, in that case, not only to admit air into the lungs, but to clear out the membrane. A distinguished surgeon had told him that his cases of tracheotomy for "croup" were successful, those for diphtheria unsuccessful; the fact being, that in the former he probably had to deal with simple laryngitis. He held then that the question was not simply one of terminology; it involved a great question of nosology, and, in the second place, was of great importance as indicating the correct lines of treatment to be pursued.

Dr. LOWNDS said that in India he had seen many cases called croup which became almost urgent enough for tracheotomy; but which yielded to antimonial emetics. But in the sixteen years of his service in that country he had met with only two cases of diphtheria. He could not agree with Mr. Hutchinson that there was no premonitory fever in diphtheria. In many cases shivering was the first symptom of its existence. He had no doubt of the occurrence of sporadic cases of diphtheria.

Sir WM. GULL said that it was interesting to notice how varied the discussion had been. The question before the meeting was not so much the nature of diphtheria as the relation between that disease and membranous laryngitis. He did not think the pathology of the larynx could be settled with our present knowledge, although the profession was greatly indebted to Dr. Semple, Sir W. Jenner, and Dr. Johnson for showing how widespread was the influence of diphtheria in causing membranous inflammation of the larynx. But he could not agree that this embraced the whole question, and he joined with Dr. Wilks in his statement that the same pathological products may have various causes. The committee had attributed a large number of cases to zymotic influence. Twenty years ago, in a report he drew up at the request of Mr. Simon for the Privy Council, he (Sir Wm. Gull) had drawn the distinction between cases which were diphtheritic and those which were due to diphtheria. He believed with Mr. Hutchinson that in many cases the change is at first a local affection, propagating itself by contagion from part to part, like erysipelas. From this point of view the sporadic occurrence of the disease was explained. He believed that there was every degree of affection. Still he thought that in the child's larynx there is a special proneness to membranous inflammation. The epithelial lining of the infantile larynx was more of the pavement character than that of the adult and was devoid of cilia, and this was one difference which might account for the greater liability to membranous inflammation. It was quite true that membranous inflammation limited to the larynx was less contagious than the pharyngeal form. As to the question of diagnosis between idiopathic and specific membranous inflammation of the larynx, he would say that in a young child under two years of age it was most likely to be idiopathic, and to require treatment of a simpler kind than an older child, especially if in the latter case the fauces were affected. It had for many years past been the practice to say that all cases of plastic (diphtheritic) inflammation should be treated with iron. He, however, now ventured to declare publicly, what he had long stated in private, that in many such cases mercurials given at the same time, &c., to support the nervous system, were preferable to iron. From an experience of several cases—three in particular—he was sure that the old discarded plan of giving calomel to alter the character of the inflammation was the correct one. It may be that the cases which do well on this plan are idiopathic; it may be that they are diphtheritic; although, for his part, he thought Mr. Hutchinson nearer the truth in grouping them together as varieties of one form of local contagious inflammation than in separating them. Whatever the view on this point, it is clear that in practice we must be prepared to pursue the old method of altering the character of the inflammation. He would not venture on the mercurial treatment if the glands were much enlarged, and the constitutional depression great, but he believed this stage might sometimes be anticipated. He spoke strongly on the matter, for three-fifths of his family were victims to diphtheria, and he could not think the question so completely decided as those who held the diphtheritic origin of all membranous laryngitis would have us believe. The question was not categorically settled yet, and he hoped it would still remain open.

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'SALUS POPULI SUPREMA LEX.'

WEDNESDAY, MAY 7, 1879.

## CROUP AND DIPHTHERIA.—II.

OUR first article on this subject was confined to a consideration of the Report of the Committee of the Royal Medical and Chirurgical Society. Although this report was a most able one, and reflected great credit upon

those who undertook the arduous task of compiling it, neither the evidence it contained, nor the decision of the Committee, could be said to be so satisfactory as to settle the question either one way or the other. One or two of he Fellows of the Society appear to have been of the same opinion; and, therefore, it remains to be seen whether the Society will throw more light upon the matter, or whether the opinions of the many eminent men who have expressed, or have still to express, their views on the subject, are so divided as to show that the identity or not these of diseases is still an open question.

From our report it will be seen that many of the facts adduced by Dr. G. Johnson, who opened the discussion which took place at the meeting of the Society on the 22nd ult., had little or nothing to do with the question at issue. They showed that diphtheria was remarkably contagious, that it often broke out through insanitary conditions which were entirely unsuspected or overlooked at the time of its occurrence, and that many cases which appeared to originate from local irritation, and which were set down as membranous croup, might have been caused by inoculation with the diphtheritic poison. Such facts were interesting in illustration of some of the well-known characteristics of epidemic diphtheria, but they did not bear upon the point at issue. So far from proving that diphtheria and croup were different forms of one disease, they went rather the other way. The fact of a membrane appearing on a wound that had been caused by an operation for congenital phymosis, and of two servants contracting diphtheria at the same time and in the same house, was surely an argument for, rather than against, the duality of these diseases, inasmuch as such phenomena have never been observed in the case of sporadic inflammatory croup. Much more to the point was the ingenious way in which Dr. Johnson controverted the distinction that has been made between croup and diphtheria on the ground of certain symptoms alleged to be present in the one and not in the latter. It has always been contended by one party that croup is not infectious, and that it is seldom or never attended by the albuminuria, the glandular swellings, and the great prostration so characteristic of diphtheria. But, says Dr. Johnson, that the purely laryngeal cases (so-called croup) should exhibit these phenomena to a much less extent, "might be expected from what we know of the diphtheritic poison." The risk of infection would be in direct amount to the exudation, and especially to its existence in the fauces, where it was less firmly attached than in the larynx, and could, moreover, be readily coughed up. "The albuminuria and the glandular swellings, which probably resulted from absorption by the lymphatics, was also in direct proportion to the extent of surface involved. The amount of the exudation was a measure of the severity of the disease and of the constitutional disturbance." The argument is certainly a very plausible one, the consideration of which we must reserve for a future occasion. Throughout his speech Dr. Johnson laid great stress upon the origin of diphtheria in bad drainage, or from the presence of "an infective and zymotic influence at work;" and it must be admitted that if it could be shown that most cases of so-called croup originated the same manner, a serious blow would be inflicted upon the dualistic theory of croup and diphtheria. This, however, has not yet been done. The report of the Committee was in this respect rather ambiguous, for in one place it stated that "in the larger number of cases of membranous laryngitis the cause is obscure," and in another, that "in a very large number of cases infective or zymotic influence is at work."

The most valuable part of Mr. Hutchinson's long speech was where he threw out the suggestion that the diphtheritic false membrane may arise from ordinary causes of inflammation, and that it becomes itself contagious. "It was a specialised local inflammation producing various constitutional effects, and not a disease depending upon zymosis." The only grounds on which diphtheria was assumed to be a specific fever, were its contagiousness, the albuminuria, the peculiar membranous exudation, and the supervention of paralysis. But he submitted that many diseases were contagious which were not specific forms or diseases in which a special seed may be assumed to grow in the blood. There was nothing, too, unusual in the albuminurias, for that may occur after erysipelas, burns, &c. He found, however, more difficulty in dealing with the after paralysis, for he only remarked that we do not know much about the pathology of this symptom, and that it does not bear any relation to the severity of the throat affection. We must confess that, were it proved and generally admitted that diphtheria was nothing more than a specialised local inflammation, most of the arguments that have been adduced in favour of croup and diphtheria being distinct diseases would fall to the ground. But at present this opinion is one for which Mr. Hutchinson is not likely to find many advocates, not even amongst those who firmly believe in the identity of the two diseases. Few there are who would think of placing diphtheria among the local inflammations any more than they would consent to place it with Virchow "in the same category as hospital gangrene." The evidence in favour of diphtheria being a general, and not a mere local, affection, will be acknowledged by most practitioners to be very conclusive.

Dr. Semple was quite justified in referring to the circumstances under which the committee had been called upon to investigate the question; for he was one of the first in this country to draw attention to the probable identity of croup and diphtheria, and had perhaps devoted more time to the study of the comparative pathology of these diseases than any other Fellow of the Society. His speech was forcible, eloquent, and to the point, and showed that his opinions were based upon a large experience and careful post-mortem examinations. Nevertheless, we doubt whether the actual facts he adduced in support of his views were such as would carry conviction home to the minds of those who were still hesitating as to which view of the subject they would take. His chief argument appeared to be that he had seen many examples of simple inflammation of the larynx and trachea—ordinary infantile laryngitis—to which the term "croup" is often applied, and some of which had proved fatal, "but in none had he found membranous exudation after death." Dr. J. Johnson had also stated that his belief in the old theory had been much shaken

by having had under his care two fatal cases of "unquestionable croup," in which no membrane was found in any part of the air-passages. To this argument, however, it might be replied that, granting there really was such an affection as laryngo-tracheitis or true croup apart from diphtheria, it could not be expected that every case would terminate in the formation of a false membrane for the same reason than it could not be expected that every case of pneumonia will terminate in hepatisation of the lung, or every case of pleurisy in effusion.

In the cautious remarks of Sir William Gull there were several points worthy of attention. But if any advocate of either side of the question should look to those remarks for some confirmation of his own opinions on the subject, he would be certainly disappointed. Sir W. Gull did not seem inclined to pin his faith to either of the extreme and opposite views that are held with respect to the nature of croup and diphtheria. He even thought that in the present state of our knowledge we were scarcely warranted in giving a decided opinion on the true pathology of these diseases, which, he said, should still remain an open question. On the whole, however, he appeared to acknowledge that some distinction should be made between them. He considered the child's larynx was especially prone to membranous inflammation; that with regard to the diagnosis between idiopathic and specific membranous inflammation of the larynx he would say that in a young child under two years it was most likely idiopathic, and such as to require simple treatment. At all events "he did not think the question so completely decided as those who held the diphtheritic origin of all cases of membranous laryngitis would have us believe." It is evident, therefore, that Sir W. Gull cannot be counted among those eminent physicians who maintain the identity of these affections. His opinion that the larynx and trachea of children are on anatomical grounds especially prone to idiopathic or even membranous inflammation is possibly true, and would, were it a well-established fact, almost amount to a demonstration that croup and diphtheria are distinct and different diseases.

## DRUG SMOKING.

In the *Practitioner*, for April, Dr. Reginald R. Thompson has an interesting and suggestive paper on the "Therapeutical Value of Drug-Smoking." The subject is one that should interest every medical man engaged in the practice of his profession. For, just as the hypodermic injection of medicines has been found to be a valuable therapeutical innovation, so the day may come when the lungs will be found a common and useful medium by which drugs may be made to enter the system.

It is somewhat remarkable that although there are five or six methods by which medicines may be introduced into the circulation, it is only recently that any other channel than those of the stomach and rectum has been generally selected. Even the practice of administering drugs per rectum has fallen into unmerited neglect, notwithstanding the distinguished therapeutist, Graves, used to show in his "Clinical Lectures" what advantages may be obtained by giving remedies in this way. As for administering medicines externally, through the medium of the skin, it has scarcely been thought of in modern times; yet, whoever is acquainted with the writings of the ancients must have been struck with the frequency with which they ordered certain drugs to be applied to the skin, in order to secure their constitutional effects upon the system. Virtually, therefore, there remain at the present time but two channels by which medicines are made to enter the system, namely, the stomach and the subcutaneous cellular tissue; and therefore it becomes a question whether the extensive and vascular surface offered by the bronchi and vesicles of the lungs might not be put into requisition for the administration of many drugs that are now nearly always given by the stomach. The less the tissue intervening between the channel of introduction and the blood-vessels, the more rapid will be the absorption, the more intense the effect, and consequently the smaller will be the requisite dose. Considering then, observes Dr. Thompson, the special arrangement of the blood-vessels in the lungs as so disposed that the interchange of gases should take place freely, with as little let and hindrance as possible, it might be fairly conjectured that absorption through the air passages would more closely approximate to the immediate introduction into the blood-vessel in rate of absorption and intensity of effect than any of the other modes of administration.

There are several ways in which medicines may be administered into the lungs—by inhalation with steam, as atomised fluids, by insufflation, or by fumigation with powders, prepared so as to burn freely in the air, or, lastly, by smoking. The simplest and surest method is, in the opinion of Dr. Thompson, the use of paper soaked in a weak solution of nitre to make it burn continuously, and dipped afterwards in the tinctures or solutions of the drugs to be tested, the paper being rolled into cigarettes of uniform size. In order, however, to disguise the odour of burnt paper, a little tincture of tobacco is used, as in the following formula which represents the basis for each cigarette:—Swedish filtering paper, size 4 in. by 2½ in.; potassæ nitratis, ¼ gr.; tinct. tabaci, ℥x.; olei anisi., ℥ ⅛ (tincture of tobacco made with 2½ ozs. of the leaf to a pint of spirit). A solution of any drug can then be prepared, and the paper having been floated through the solution, in a flat dish, when dry can be cut into a certain size, and the dose thus accurately measured. Opium was the first drug experimented with, and one-eighth of a grain of the drug the dose at first tried; but it was soon found that the effects produced by smoking this quantity were too intense, and it was at last discovered that one-sixty-fourth of a grain of the extract of opium was sufficient for an initial dose. Cigarettes with this quantity of opium were smoked by Dr. Thompson and three other healthy men, and in a few minutes a decided effect of dizziness was produced. The cigarettes were smoked in the ordinary way, the smoke being partly rejected, but if the full effect of the dose be desired, the smoker should be instructed to expand the lungs with full inspiration and retain the smoke in the lungs. In the case of one healthy man the dose was increased to one-thirty-second of a grain of the extract, but this, together with the same dose of stramonium caused too much and too prolonged dizziness. Dr. Thompson cites several cases in

which the smoking of these cigarettes appeared to have been followed by the most satisfactory results. In one case so small a dose as the two-hundreth of a grain of opium procured many hours of sleep, a result which far surpasses that obtained from the subcutaneous injection, a mode of administration "which has hitherto been looked upon as likely to give the most concentrated results."

Such are the chief facts and recommendations contained in Dr. Thompson's paper, the highly suggestive character of which cannot, in our opinion, be overrated. We say this advisedly, for unless we are too sanguine, several great advantages may, in some cases, result from smoking medicated cigarettes. "Drug Smoking" may secure the speedy and successful action of a medicine in cases in which its ordinary mode of administration has proved a failure. In asthma we may look forward to very good results from the smoking of certain drugs; for hitherto chloroform, stramonium, and the datura tatula have been almost the only drugs the inhalation of which has been generally employed in this disease. Even the fact of it furnishing a means of giving drugs in a convenient and agreeable form is a strong recommendation for drug-smoking. How many patients there are who would prefer smoking a cigarette to drinking a nauseous mixture or swallowing a bulky pill! Besides, as Dr. Thompson says, the few vapours that are on the list of the British Pharmacopœia are of modern date, and there is a total omission of any means for the pulmonary introduction of drugs by smoking. We, therefore, hope that Dr. Thompson and other observers will continue their investigations into this method of administering drugs, for it aims at making some of our standard medicines both more powerful, more efficacious, and more palatable, than they are at present.

# Notes on Current Topics.

## Deaths from Glanders.

WITHIN very recent times there have been recorded several deaths from glanders. As lately as last week two victims succumbed to this fearful disease. The St. John's Hospital for Skin Diseases not very long ago had a case, and others have been reported (*Medical Press*, April 23rd) all ending fatally. It may be a question how far Mr. Paget, the magistrate at the Hammersmith Police Court, is justified in asserting that "glanders are far more dangerous than a bite from a rabid dog," though the statement, when properly modified, contains more truth than is commonly found in magisterial dicta. It remains, however, that an unfortunate termination is invariable in every case where the human organism is infected by the virus of "farcy," and there is good reason, therefore, to urge the adoption of severe measures against those whose culpable negligence conduces to the spread of a disease so inimical to life. In the first instance the two persons who died after contagion undoubtedly were exposed to decided risk from the proximity to their dwelling-place of horses suffering from glanders. An imposition of the extreme penalty that could be legally inflicted—£20 in each case—is no sufficient security to the public for its future safety, and some amendment of the existing law seems called for. It is not too much to demand a regular inspection of horses that are kept herded together in numbers, and the adoption of preventive measures to guard against chance infection spreading, as it rapidly will unless vigorously opposed. It will not add to the comfort of the thousands of business men who make daily use of hansom cabs to know that cases are related in which passengers in those vehicles have been infected with glanders by matter thrown off from the horses behind which they were seated; and the sooner the possibility of such an occurrence is reduced to a minimum, so soon only will there be any satisfactory result attendant on the sacrifice of the lives lately lost.

## Food and Drugs Bill.

THE Select Committee of the House of Commons appointed to consider the clauses of this Bill, have agreed to their report. It is suggested that the standards for gin and "other spirits" be 35 and 25 under proof respectively; and that "open places of resort" be added to the list of those where articles exposed for sale may be purchased with a view to analysis by the public officer; adulteration of such articles will involve punishment to the vendor, and so will arise one more cause of grievance to the retailer. It is a good thing to force the people into healthful feeding by legislative restriction on the adulterative propensity of the trader; but it is scarcely wise to leave the decision of who is to blame so entirely in the hands of the less responsible agents in the prosecution. "Open places of resort," is so superlatively meaningless and vague, that we may fairly anticipate the most complicated discussions to arise in the future on the import of this section of the new Act. The enforcement of a fixed standard of dilution, however, for spirits is so much of good for a single bill to embody, that we should not grumble if all the rest of it be bad, as much of it undoubtedly is.

## A Caution to Prescribers and Dispensers.

THE following we take from a German paper:—The chemist should be very careful in dispensing mixtures of an explosive nature. Thus a physician prescribed a mixture of nitric acid (nitro-hydroc. acid?) and tinct. of cardamoms. The dispenser made it up, and gave it to the messenger, who was just on the point of putting the bottle into his pocket when, to his astonishment, it burst, at the same time spoiling his clothes. The dispenser made the mixture up again, and cautioned the messenger against shaking the bottle. It was therefore carefully taken to the patient's house, but on opening the bottle some of its contents flew into his eyes, injuring his sight, and disfiguring his face. Only by careful medical treatment extending over several days did he recover from the effects of the accident. The dispenser should have first mixed the acids, and, after adding the tincture, should not have given up the bottle until all reaction was at an end. Wood says in his work on "Therapeutics and Pharmacology: "The patient should not, in opening the bottle, hold his mouth over its mouth, as the sudden escape of gas may injure his eyes. A physician does not do his duty who does not warn his patient against the occurrence of such an accident."

## Adulteration in Dublin.

THE Seventeenth Annual Report on Food, &c., by Dr. Cameron, medical officer of health and analyst for the City of Dublin for the year 1878, appeared last week.

During the year 1,690 analyses were made, in 44 cases the food, &c., was found to have been adulterated. The milk was adulterated with from 8 to 50 per cent. of water, and in two instances, with rice flour. The general quality of the milk supplied to Dublin has been much improved, and very gross cases of adulteration are now rare. The coffee was adulterated with burnt biscuit, burnt sugar and chicory. The mustard was adulterated with from 40 to 50 per cent. of wheat-flour, cayenne pepper, and coloured with turmeric. The arrowroot consisted of potato-starch. The brandy was largely adulterated with corn-spirit. The butter was adulterated with foreign fats. A sample of wine was a spurious article. A specimen of citrate of iron and quinine contained only two-thirds the proper quantity of quinine. The adulteration of many articles of food once common in Dublin has, within the last few years, almost ceased to be practised; milk is the only article commonly adulterated. The quantities of unsound food condemned during the year—303 carcasses of beef; 7 of mutton; 16 of pork; corned beef and pork, 4,815 lbs.; bacon, 6,944 lbs.; fish, 24,752 lbs.; butter, 22 lbs.; eggs, 560; fruit, 178 lbs.; vegetables, 1,120 lbs. Total, 326 carcases, and 243, 084 lbs.

## The Vaccination (Ireland) Amendment Bill.

THE committee stage on this Bill has been reached, and a number of amendments to it have been put on the notice paper. There is the inevitable anti-vaccination opposition, and a motion of Mr. James to release anti-vaccinators from a repetition of prosecution and fine when they continue to infringe the Act.

The chief amendments are those by Mr. C. H. Meldon, to be moved by him at the instance of the Irish Medical Association. Amongst these is the amendment necessary to raise the vaccination fee from 1s. 6d., as proposed by the Bill, to 2s. 6d., as now paid in England. Mr. Mitchel-Henry, M.P., has also tabled amendments for the purpose of extending to Ireland the system of awards for successful vacccination which now exists in England.

We trust to see these amendments supported by the Irish members with warmth and unanimity. It is simple "Justice for Ireland" that a dispensary doctor should receive the same remuneration for the same work as his English *confrère*, and we can hardly anticipate what reason the Chief Secretary may have to give why the Irish vaccinator should be offered less.

## Exemption of Hospitals from Taxation.

AT the Dublin Police Court, last week, in the case of the summons issued by the Collector-General against the Orthopædic Hospital, Usher's Island, the magistrate said that the Collector-General could not have acted otherwise than in issuing the summons, and he did not think that he could go behind the rate books, and as all the formalities had been complied with, he should make an order against the defendants for the payment of the £25 17s. 6d. It was a very nice question whether the hospital would be considered a charity within the meaning of the Act, as it received even small sums in payment from the patients. A case bearing on this was Mayo College *v.* Commissioners of Valuation, 1 v, I. L R., 436. It was stated in court that several other hospitals in the city are in the habit of taking paid patients, and in one there was a ward for such patients. Mr. Mooney said that in this latter case this one ward would probably be rated.

Presumptuous as it may be to differ with a police magistrate, we, having had occasion to acquaint ourselves with the law on this subject, are strongly of opinion that the decision of the learned judge in this case is not borne out by the terms of the Act. Competent authorities have advised that, so long as it can be shown that no monetary profit is derived from the hospital, it comes within the exemption clause of the Act, even although every patient in it paid something towards maintenance. The magistrate's decision, if justified by the law, subjects to taxation every hospital in Dublin and most hospitals elsewhere.

## Poisoning by Wild Hemlock.

LAST week the coroner held an inquest at Dungannon, touching the death of Mary O'Rorke, daughter of a shoemaker. It appeared in evidence that the deceased, aged 8 years, a sister a year older, and a little brother 6 years of age, were at play not far from their own door. Each of them eat a portion of water hemlock. The little boy came into the house and told his father that his head ached, and to put him to bed. The father carried him up stairs and laid him on the bed. About ten minutes after, the deceased came home and sat on the door-step; she seemed to stagger as she sat down; he spoke to her, but she did not answer; he carried her up and laid her on the bed beside the little boy, and returned to his work. The mother an hour or so after, on going up with some tea, found the girl dead. Dr. Browne examined the body, and found portions of the leaves of water hemlock (or fool's parsley as it is commonly called) between the teeth of deceased; one of the children pointed out to him where they had pulled it. He found it to be hemlock; had no doubt that deceased was poisoned from eating it. It is a most deadly plant, and very quick in its action; causing head-ache, paralysis of spine, nerves and heart, torpor and death. He gave the other two children an emetic; they are now quite recovered. This was the third case in his district within two years, of poisoning from children eating hemlock.

## Spiritualistic Quackery.

A SICKENING exhibition of the most unblushing quackery is being weekly made in certain so-called spiritualistic newspapers. These contain, many of them, numerous advertisements from persons who arrogate power of the most absurd description to themselves; one, more believing in the credulity of his victims, or more despicably daring in his pretensions, announces "healing by the laying on of hands," and "magnetised fabric for the alleviation or cure of disease, 5s. per packet; renewal 5s." Another advertises "Developing and Healing. Medical advice to ladies and children. *Terms modified to suit circumstances.*"

Anything more atrociously disgusting than this array of rascally cheating, it would be difficult to conceive; and in view of the grave harm that may be daily inflicted on the innocent but superstitious victims of their base deceit, it becomes a pressing duty to devise some effectual means of opposing a system vicious in intent, and degrading in fulfilment. It is a disgrace that the state of our law is such as to permit these vampires to pursue their course unimpeded; but this being so, it is the more a duty that the profession should in some way expose the serious nature of the practices that are carried on by these human leeches.

We purpose devoting some attention to the subject in a series of articles and exposures.

## Doctors' Co-Operation and Advertising.

A CONTEMPORARY calls attention to the fact that the Directors of the Clergy Co-operative Association entertain so poor an opinion of the feeling of honour existing in our profession as is implied in the following notice taken from their last prospectus :—

"A directory of medical practitioners, printed on tinted paper, will form part of the appendix to the price list. The charge for insertion in this list is to be for shareholders and life members 5s. per quarter, for all others 10s."

We take such a proposition as amounting almost to an impertinence, and we wish the customers of the co-operative association every joy of the medical advisers whose names they will find in such a list.

## Prevalence of Suicide in Different Countries.

THE *Echo* draws attention to an interesting body of figures just collected by an eminent French statist on this subject. It appears that the Danes through a series of years exhibited the largest average of self slaughter; while their neighbours of Norway, breathing a kindred climate, are only seventh on the list. The second place is held, as has generally been the case, by France, in which the totals of such deaths fall short of 5,000 annually—one-half due to hanging, one-fourth to drowning; but among women in a majority of instances, through inhaling the fumes of charcoal. Returning to the order of nationalities, the Swiss, curiously enough, rank next to the French, and, after them, the people of Baden, the Prussians, and the Austrians in succession. These last are followed by the Belgians, after whom come the English. The crime is a rare one in Spain, and not a common one in Italy; but the country in which it is most rare is Ireland.

## Overcrowding of Lodging Houses in Ireland.

AT the Fermoy Petty Sessions last week, a man was charged with making a disturbance in the streets. It was stated, in defence, that the man was unable to get lodgings owing to the overcrowded state of the lodging-houses. The coroner said he had held an inquest on the body of a woman who died suddenly on the night in question in one of those houses, and there were half a score adults of different sexes in the house where she died, and the head-constable said that he had known cases where there were twelve and thirteen persons of both sexes huddled together at night in some rooms. The defendant was fined.

## Poisoning in the Limerick Workhouse.

AN inquest was held last week at the Limerick Workhouse, touching the death of Patrick Neiland in the hospital of that institution. It appeared from the evidence that a liniment was prescribed for him by Dr. O'Connor, as was also a cough mixture, both of which were placed on a shelf over his head, and that, in the night, having occasion to use the latter mixture, he took down the former in mistake, and took a draught of it, from the effects of which he died next morning. The jury returned a verdict of "accidental poisoning."

## The Irish Drug Contract System—A Specimen.

WE quote the following from the local paper :—

"BALLINA UNION.—In reading over the tenders for medicine and medical appliances, some wonder, and not a little amusement, was excited by the difference in the prices of drugs, *one tender asking* 1*s. for what another asked only* 2*d.*"

## The Profession at the Levee.

H.R.H. the Prince of Wales, by command of the Queen held a Levée on Saturday last at St. James's Palace, when the following members of the profession had the honour of presentation :—Fleet-Surgeon W. J. Baird, M.D., by the first Lord of the Admiralty. Surgeon-Major H. Griffith, Madras Establishment, by the Secretary of State for India. Dr. Clement Godson, by Sir George Burrows, Bart. Professor G. M. Humphry, M.D., Cambridge University, by the Rev. W. G. Humphry. Surgeon T. H. Hill, 36th Middlesex Rifles, by Lieut. Col. Gordon Ives. Surgeon-Major J. Law, M.D., Madras Medical Service, by the Secretary of State for India. Surgeon-Major J. L. Miller, M.D., by the Secretary of State for the Colonies. Dr. Strong, by Lieut. Col. Creaton. Assistant Surgeon Leth, by Lieut.-Col. Hope. The following also attended the Levée :—Dr. Acland, President of the Medical Council. Dr. Vincent Ambler, Dr. Hinckes Bird, Dr. T. B. Christie, Dr. W. T. Domville, Dr. Mathews Duncan, Dr. W. Playfair, Dr. Lockhart Robertson, and Mr. Wm. Adams.

THE death-rate from the seven principal zymotic diseases averaged 2·8 per 1,000 last week in the large towns, and ranged from 0·7 in Wolverhampton, to 4·1 and 4·2 in Sunderland and Oldham. The fatality of whooping-cough showed the largest proportional excess in Birmingham; and the deaths from scarlet fever in Oldham and Sunderland. There were 17 deaths in London, and 2 in Plymouth from diphtheria. Eighty-eight deaths were referred to whooping-cough in London, and 491 to diseases of the respiratory organs. Small-pox caused 10 more deaths in London, 9 in Dublin, but not one in any of the other large towns.

IN the principal foreign cities the rates of mortality according to the most recent weekly returns, were—Calcutta 33, Bombay 35; Paris 31; Geneva 31; Brussels 32; Amsterdam 25; Rotterdam 27; The Hague 28; Copenhagen 32; Stockholm 24; St. Petersburgh 47; Berlin 30, Hamburg 25, Dresden 27, Breslau 31, Munich 31 Vienna 34, Buda-Pesth 42; Rome 27,

Naples 38, Turin 23; Venice 26; Alexandria 44; New York 26, Brooklyn 20, Philadelphia 17, and Baltimore 20 per 1,000 of the populations.

THE rates of mortality per 1,000 last week in the principal cities and large towns of the United Kingdom were —Bradford 17, Portsmouth 19, Brighton 19, Wolverhampton 21, Hull 21. Edinburgh 21, Leeds 22, Nottingham 22, Liverpool 24, Bristol 24, Glasgow 24, Sunderland 25, Sheffield 25, Oldham 25, London 26, Salford 26, Newcastle-upon-Tyne 27, Birmingham 28, Norwich 38, Manchester 29, Plymouth 29, Leicester 29, and the highest death-rate 35 in Dublin.

THE Children's Hospital, hitherto of Buckingham Street, Dublin, has been removed to 15 Upper Temple Street, in that city.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE HEALTH OF GLASGOW.—According to the report of Dr. Russell, during the fortnight ending 19th April, there were 529 deaths registered, as compared with 553 in the fortnight preceding, representing a death-rate of 24 in place of 25 per 1,000 living. The death-rate in the first week of the fortnight was 23, in the second, 25 (24·7). The number of deaths of persons aged below 1 year was 97 in place of 115, and of persons aged 60 years and upwards, 82 in place of 85, as compared with the fortnight preceding. The number of deaths from pulmonary diseases was 197 in place of 214, representing a death-rate of 9 per 1,000 living in place of 9½, and constituting 37 in place of 39 per cent. of the total deaths. The number of deaths from fever was 7 in place of 3, viz., 3 from typhus, and 4 from enteric fever. The number of deaths from infectious diseases of children was 32, in place of 46, viz., 19 from whooping-cough, 9 from scarlet fever, and 4 from measles. The number of cases of fever registered was 35, in place of 25, viz., 25 of enteric fever, 5 of typhus, and 5 undefined. In addition to these cases of fever, 139 cases of measles, 79 of whooping-cough, 32 of scarlet fever, and 20 of diphtheria, were the occasion of sanitary assistance and supervision at home. There are at present in the hospitals, Belvidere, 38 cases of scarlet fever, 36 of enteric fever, 24 of typhus, 13 of measles, and 11 of whooping-cough, in all 122 cases, as compared with 120 the preceding fortnight.

A STATUE IN WESTMINSTER ABBEY TO THE LATE SIR JAMES Y. SIMPSON.—Dean Stanley, it would appear, has granted his consent to the placing of a bust of the late Sir James Y. Simpson in Westminster Abbey. The inscription for the pedestal has been composed by the Dean. It runs as follows:—"In Memory of Sir J. Y. Simpson, owing to whose genius and benevolence the world owes the blessings derived from the use of chloroform for the relief of the suffering. *Laus Deo.*" The worthy Dean thus unconsciously lends himself to the perpetration of an oft controverted historical error.

EDINBURGH UNIVERSITY SUMMER SESSION.—The Summer Session of the University commenced on the 1st inst., when a number of the classes were opened by the professors. Professor Sir Wyville Thomson delivered his opening address in the large hall of the Museum of Science and Art in presence of a large assemblage of students. The Summer Session of the Medical School was also opened on the same day.

ROYAL MATERNITY HOSPITAL, EDINBURGH.—The New Royal Maternity and Simpson Memorial Hospital, Lauriston, was formally opened, on Friday last, by Dr. Peddie, President of the Royal College of Physicians. After prayer by the Rev. Dr. Lees, the Secretary (Mr. J. Turnbull Smith, C.A.) gave an account of the Institution; and Dr. Peddie expressed his gratification that the Maternity Hospital was now raised into its proper rank amongst the humane and benevolent institutions of Edinburgh. Mr. David Dickenson, Master of the Merchant Company, Dr. Andrew Wood, Mr. R. A. McKie, and Professor Simpson also addressed the meeting. Dr. Wood said it was time they fortified their medical schools from attack from the South by establishing such a valuable Obstetrical School as the Royal Maternity Hospital would now prove.

THE REGISTRAR-GENERAL'S WEEKLY RETURN.—The weekly return of births, deaths, and marriages, says: The death-rate in the eight principal towns during the week ending with Saturday, April 26th, 1879, was 23·7 per 1,000 of estimated population. The rate is 0·7 under that for the seventeenth week of last year, and 1·2 under that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 17·6, and the highest in Paisley, 40·3. The death-rate from the seven most familiar zymotic diseases was 2·9 per 1,000, being a little under that for the previous week.

"CAPPING" OF MEDICAL GRADUATES AT ABERDEEN.—The ceremony of "capping" the medical graduates at Aberdeen University, at the close of the winter session of 1878-79, took place in the Hall of the Marischal College, on the 26th ult., in presence of a large assemblage composed chiefly of ladies. While the number of undergraduates present was not larger than on similar previous occasions, it was thought by some that the amount of noise they produced exceeded their efforts at the last two or three "cappings." Specially to be condemned were the interruptions during prayer, a common occurrence on such occasions, and one strangely at variance with the high and pronounced order of Scotch ecclesiasticism. Some portions of the prayer were applauded as part of a speech specially addressed to the students. As usual, most of the demonstrations made were utterly purposeless, except in the direction of annoying such as wished to hear the proceedings conducted in an orderly and decorous manner. So much was the cock-crowing, chorus-singing, and stick-rapping deemed in excess of a rational amount of exuberance, that Principal Pirrie intimated it would be the duty of the Senators to go through the ceremony in private if they were so disturbed in its performance. The Principal who presided was accompanied to the platform by Professors Pirrie, Geddes, Struthers, Trail, Forbes, Stephenson, Smith-Shand, Christie, &c. The honour list was read by Professor Trail, in the absence of the Secretary of the Medical Faculty, Professor Brazier.

ANIMAL INTELLIGENCE.—A prolonged and animated discussion on this subject has been carried on in the *Scotsman* for several days past. This discussion shows within what limited range the logical faculty moves when restrained and prevented by the theological drag. Professor Blackie posed as the champion of man, as possessing a different kind of intelligence from the lower animals. His ratiocination was certainly not distinguished by the accuracy and ability which usually characterise our genial friend's utterances.

A poor clergyman had the temerity to appear at a loop-hole in the same line, and with characteristic malignity and ingratitude to throw mud at the kindred of Balaam's Ass, but was directly pelted by "Cockatoo." Man, says the parson, points with his hand or forefinger; the lower animals never do, *therefore* the intelligence of man and the lower animals is of a different kind! "Cockatoo" acknowledges that he does not point with the forefinger, for his neck is flexible, his eyes keen, and the poking with the forefinger so conspicuous in man when he wishes to point, *seems* to him ludicrous from its clumsiness. Cockatoos do not call the being preached and prayed at once a week by the name of "worship." Men must be either more patient or more hypocritical animals than cockatoos. . . . . Man erects monuments. If cockatoos were guilty of this weakness, they would assuredly avoid proving their mental inferiority by claiming credit for it. Is the monument at the intersection of George Street and Hanover Street a proof of man's wisdom? Other points of difference in favour of the bird are pointed out, and the letter is altogether a good example of the *reductio ad absurdum*, the only form of argument with which one can hope to make the slightest impression on the Scotch clerical brain.

# Literature.

## BRYANT'S PRACTICE OF SURGERY. (*a*)

THE fact that this work has already reached a third edition is the best evidence that could be given of the value of its contents; a value which, perhaps, will be best appreciated after the period of examination is over, and when the student is brought into contact with the difficulties of practice, for it is upon the excellence of much of the clinical teaching to be found in its pages that the success which this book has met with in great measure depends. It cannot be denied that the author is, at times, too liberal in his views altogether to satisfy the requirements of examiners, but it is just this quality which makes the book of greater service when the time has come for the student to think for himself. The present edition is, in many respects, an improvement upon its predecessors; many of the obscurities in style noticed in the first edition have now disappeared; the number of the illustrations has been increased, and some have gained much from an improved manner of printing. The more recent additions to our knowledge have been incorporated, thus there is a section on Osteitis Deformans, with several engravings; and Dr. Howard's method of performing artificial respiration is fully described. The treatment of aneurism by Esmarch's bandage is mentioned, though not with approval, and Mr. Dix's method of controlling arteries is clearly explained. We have a description of Thomas's splints for the hip and knee, and the management of fractures of the shaft of the femur is very fully discussed, preference being given to the double long splint. Much space is allotted to the diagnosis and treatment of Intestinal Obstruction, the author being a strenuous advocate of early abdominal section in suitable cases. It should be added, however, that the diagram of the abdominal contents on page 609 is, in several respects, misleading. Not only are the dividing lines not such as are usually employed, but the relations of some of the viscera, particularly of the kidneys, are very imperfectly represented. The chapter on Diseases of the Kidneys following Surgical Affections of the Urinary Passages can hardly be considered satisfactory.

The word inflammation is defined on page 13 as being synonymous with "too much action in the wound;" it should surely be explained that this is the clinical, as distinguished from the anatomical, use of the term, and in the chapter on Pyæmia, the author remarks that the disease probably occurs as frequently in private as in hospital cases; this, we fancy, would depend a good deal upon the hospital in question.

His views with regard to the modes of syphilitic infection remain unchanged. He favours the belief that syphilis may follow the absorption of the products of a secondary secretion, without the intervention of a breach of surface; while as to the question of recognising an infection before the occurrence of a secondary rash, we cannot help thinking that in a book of this kind, intended to serve as a text-book for students, he too absolutely excludes the prognostic value of an indurated sore, with indolent glandular enlargement, appearing some time after the date of infection.

Why should a tumour of the dental structures be called an odontome? Such a word suggests an instrument rather than a new growth.

The minor defects we have noticed, however, detract but little from the great value of Mr. Bryant's work, embodying as it does the matured opinions of an observant and skilful surgeon.

(*a*) "The Practice of Surgery." By Thomas Bryant, F.R.C.S., Surgeon to, and Lecturer on Surgery at, Guy's Hospital. London: Churchills. 1879.

# Literary Notes and Gossip.

FROM a careful summary in the new *Medical Register*, we learn that 1,009 were registered in 1876, 940 in 1877, and 996 in 1878; the total number now standing in the *Register* is 22,600. Furthermore, as to the characteristic part of the volume, the list of names, addresses, and qualifications, we see that the first place is appropriately given to the NAME, which has hitherto been printed, quite out of place in the second column; and we learn that, since 1876, many thousands of corrections of accumulated errors have been made in this part, not a few of them being erasures of names of men who have been many years dead. The cumbrous process of correction prescribed by Section 14 of the Medical Act (1858), places the editor of this work, Mr. Miller (who is also Registrar), under grave disadvantages, so far as accuracy is concerned, unless practitioners bear carefully in mind that it is their own interest to send immediate notice—as enjoined by the Act—of all changes in their addresses, otherwise they may, to their astonishment, find that, in consequence of such neglect, their names have been perforce removed from the *Register*. As a matter of statistics we may add, in conclusion, that the first edition of the *Register*, published in 1859, contained 335 pages, and was sold for 7s. 6d.; the edition for 1876 contained 598 pages; and the edition for 1879 contains 676 pages, with 64 pages of prefatory matter, and is sold for 6s.

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A NEW journal has been recently started, entitled the *American Journal of Otology*: a Quarterly Journal of Aural Surgery and Physiological Acoustics, under the joint editorship of Dr. Clarence Blake, of New York; Prof. A. M. Mayer, of Hoboken; Dr. A. H. Buck and Dr. Samuel Sexton, of New York; Dr. C. H. Burnett, of Philadelphia; Dr. J. Orne Green, of Boston, and Dr. H. N. Spencer, of St. Louis. The object of this Journal is to afford a medium for the publication of original articles on subjects pertaining to Aural Surgery and Acoustics—two fields of investigation intimately related to each other, and at present commanding an increasing interest, and also to furnish reviews of contributions upon these subjects appearing in other publications. The publishers are Messrs. Wood and Co., of New York.

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DR. COWLING, Professor of Surgical Pathology in the University of Louisville, has issued his address in pamphlet form on the "Life and Character of Dr. Yandell," President of the Kentucky State Medical Society, recently deceased, which contains many interesting sketches of this "born genius." Probably few have done more to enrich the literature of the United States than Professor Yandell; his education and style were in the highest degree classical, far above the average of American doctors; and at his death he was the oldest medical journalist in the States, with the single exception of Dr. Hayes, of the *American Journal of Medical Sciences*, who survived him but a few days. His first essay as a journalist was in 1832; in 1857, he founded the *Western Journal of Medicine*, and in addtiion was the principal editor till the time

of his death of the *American Practitioner*. His biographer remarks that age had not taught him to practise the precautions he preached in the care of his own health; hence he became a victim of the disease which he had recorded as so fatal to the old.

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THE Paris correspondent of a contemporary announces the appearance in French of Mrs. Besant's notorious pamphlet on the means of preventing conception. But pachydermatous as the French are commonly supposed to be in regard to literature of "Frenchy" character, the Besant production has so shocked them that a petition for the suppression of the pamphlet has been presented to the director of the press, the work being considered unscientific as well as filthy. The correspondent, moreover, says that the introduction of the book into France at this time is a misfortune, because of a steady decrease in the population, which has so alarmed the nation that popular works are published on all sides to teach better management of infants, and check the excessive infant mortality which now prevails in France.

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As a counterblast to the notorious Bradlaugh-Besant book before referred to, Dr. Routh a few weeks since published the paper read by him before the British Medical Association in August last, together with the discussion which followed. The title of this pamphlet was the "Moral and Physical Evils likely to follow if Practices intended to act as Checks to Population be not strongly Discouraged and Condemned;" and such is the interest created in the subject, that the first edition of a thousand copies has sold already, and the pamphlet is, for the present, out of print. We are glad to chronicle the success of this manly and straightforward *exposé* of those evils, moral and physical, which have, and must necessarily follow, from the indiscriminate circulation of works of the Bradlaugh-Besant type, the extent of which, only the medical profession have the opportunity of judging.

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THE Annual Press Fund Dinner is announced for May 10th, at Willis's Rooms, St. James's. Lord Rosebery will preside, and as Lord Derby, the Right Honourable W. H. Smith, Lord Houghton, and other notables have promised their presence, a great success is anticipated. The objects of this Association commend it to all who have the welfare of literature at heart. Funds are raised solely for the relief in want or distress of the whole class of literary contributors to the Press of the United Kingdom,—editors, sub-editors, leader writers, reviewers, &c., as well as to afford assistance to their widows, families, parents, or other near relatives in the hour of need.

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FROM Part III. of that valuable compilation the *Index Medicus*, we find, on careful analysis, that during the month of March, there were published the following new works and new editions:—"Anatomy and Physiology," six; "Anatomy and Histology," four; "Physiology," seven; "Anthropology," seven; "Pathology," two; "Practice of Medicine," three; "General Diseases," eleven; "Nervous System (including Annual Asylum Reports)," twenty-two; "Circulatory System," twelve; "Urinary," three; "Skin," six; "Syphilis," four; "Climatology," five; "Hospital Reports," eleven; "Therapeutics," five; "Materia Medica," six; "Hydropathy," three; "General Surgery," nineteen; "Gynæcology," eleven; "Diseases of Children," four; "Ophthalmology," three; "Medical Education," six; "Hygiene (including Annual Reports)," twenty-seven; "Military and Naval Medicine," six; "Medical Jurisprudence," five.

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IN the May number of *House and Home*, a journal devoted to sanitary matters, for popular circulation, the first number of which we noticed a few weeks since, there is an excellent portrait and biographical sketch of Sir Henry Thompson, F.R.C.S.; though, why the subject of the sketch should occupy a couple of pages in a journal devoted to Sanitary Reform we fail to see. That Sir Henry is a great surgeon, a skilful operator, and an accomplished artist, every member of the profession is fully satisfied. That he should be introduced to the world afresh as a sanitarian will perhaps astonish no one more than Sir Henry himself. True, he is bold in his advocacy of cremation; but of the practicability of this scheme the world has not yet made up its mind, and he once took the chair at a meeting in favour of "moderate drinking;" but we hope every member of the profession would do this without the expectation of a portrait and biography in *House and Home*.

AT the Annual Meeting of the Royal Literary Society on Wednesday, Prince Leopold, the president, delivered an address on "The Modern Greeks, considered as a Nationality," in which he pointed out that the *patois*, popularly called "modern Greek," and supposed by many people to be a real language, is, after all, only a dialect of the ordinary commercial language of the Eastern Mediterranean, which has gradually superseded the Italian, for so many centuries, owing to the domination of Venice and of the other Italian Republics, the chief medium of inter-communication. Since the establishment of the Greek Kingdom this jargon has been cultivated so as to become what it scarcely ever was before—a written language; the process whereby this result has been obtained being wholly artificial, words and expressions having been borrowed from classical authors and substituted for the Turkish, Italian, and other foreign words heretofore in use. The fact simply is, that the ancient Greek or Hellenic population, never really very numerous within the old Greek area, became more and more adulterated as time went on, till it was so completely expunged that it may be safely stated that there is far less possible trace of it than of the Celtic race in Saxon England. The language is evidently that of an intrusive people, who originally spoke another tongue, which they translated into Greek words, retaining at the same time their own odioms, grammar, and construction.

## THE CHANGES IN THE IRISH LOCAL GOVERNMENT BOARD.

IN our issue for March 5 we foreshadowed the retirement of Sir Alfred Power from the Presidency of the Irish Local Government Board, and the probable appointment to that office of Mr. Henry Robinson, Under Secretary to the Lord Lieutentant. Our anticipation has come to pass, and the past week has witnessed a change of office which is of extreme interest and importance to the profession. Sir Alfred Power's dictatorship is a thing of the past; that of Mr. Robinson—let us hope—will never exist. The late king of the Irish Local Government was undoubtedly a remarkable man. Strong-willed and self-willed, born to command, yet lacking the discretion to make him a good governor. He uled his department with an unbending despotism, but with unequivocal talent. He had many admirers within the circle of those who served under him, yet but few friends, and though the Local Government Board grew and throve under his *regimé*, it acquired the character of a national institution which regarded neither the law which it administered, nor the persons with whom it dealt.

Sir Alfred Power's successor is admittedly a man of ability, and his long service as an inspector inspires us with hope that he will make an excellent president. We give him the credit for a sufficiently sound judgment to see that the system of administration of the Local Government Board is of a bygone date; that the law must be constitutionally and fairly administered, and that autocracy is out of place in the present day. He has a most weighty duty in hand, and we are confident he is capable of performing it efficiently; and it is not inapposite now to repeat what we said two months since:—

The throne of the Local Government Board is, with respect be it said, of more direct interest to the people of Ireland than that of the Lord Chancellor, or even of an Archbishop. The efficiency of the sanitation and poor-law administration of every parish and every village in the country is, every day in the week, directly influenced by the Local Government Board, and while on the one hand an industrious, intelligent, and capable leader of the department would out-value a prince in its relation to Ireland, so on the other hand an indecisive, dull, or impracticable President of the Local Government would be a living calamity to the country.

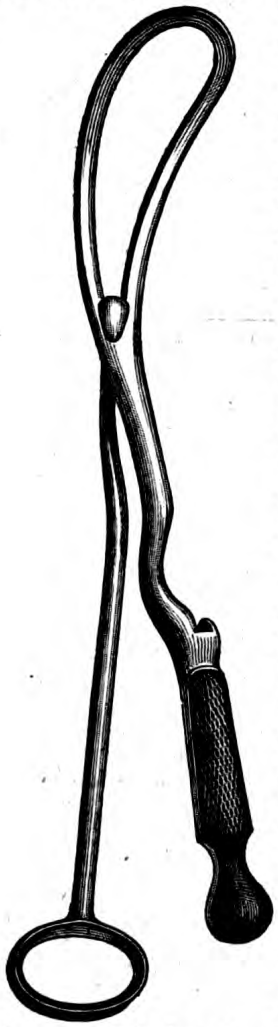
## THE CARMICHAEL PRIZES

WERE awarded on Monday last before the President, Vice-President, and Councillors of the Royal College of Surgeons in Ireland. There were—as we have already said—thirteen competitors, and the prizes were carried off by Mr. W. Rivington, of London, and Dr. Laffan, of Cashel

# Novelties.

## NEW TRACTORS FOR MIDWIFERY FORCEPS.

ANYONE who has had a fair amount of experience in forceps cases must have often felt the want of additional tractile power, especially where the head was more tightly wedged than usual in the pelvis, or when, from misproportion, it required more than the ordinary amount of exertion with the strength at the operators command to effect delivery. I had often considered if some means could not be devised which in a difficult case would give the required power without the necessity of calling an assistant (even if one were always at hand). I was, therefore, much pleased by reading in a number of the *British Medical Journal*, for June 29th, 1878, a description of tractors invented by Mr. Morgan of Lichfield, to be hooked into the fenestra of any long forceps *after introduction* (in imitation of a more portable and cheaper form of the principle of M. Tarnier's instrument), and which he says "applies the power in a new direction, viz., in the middle of the curve of the forceps instead of the long axis of the handles," which latter he connects together by an india-rubber ring, and while the tractors are being used are always at hand when required, and moving in the direction in which traction ought to be made form a safe guide in what direction to pull.



Having purchased a pair of Mr. Morgan's tractors (made by Maw, Son, and Thompson, London), I endeavoured (more than once) to apply them according to his directions, but besides the great difficulty of reaching the lower edge of the fenestra *after the forceps were locked*, I found that the usual amount of moulding and elongation of the head had taken place, which forced the scalp into those openings, and made it impossible for me, without injury to the child's head, to apply them.

I have since had a modified pair of tractors made for me by John Whyte, Dublin, which I hope I shall be excused for saying, are, I think, an improvement, as they can be introduced *with the blades and before the forceps are locked;* and not being hooks, but having a shield-shaped extremity, can be buttoned into the fenestra of each blade before introduction, and not being liable to slip, cannot possibly injure the scalp of the child or soft parts of the mother.

When additional traction is required as in cases of convulsions, hæmorrhage, &c., where time is very important, I slip the rings of my tractors into an ordinary swivel, attached by metal band to a strap which I have previously buckled round my waist, and thus sitting quietly behind my patient can make any amount of traction *consistent with safety*, by simply leaning backwards, with the greatest ease to myself and without fatigue or perspiring profusely as I often did before and many do still.

The woodcut represents the lower blade of forceps with tractor attached ready for introduction. The amount of force can be modified at will, is always applied in the right direction, and when the operator has no help at hand may save him much fatigue, and sometimes from resorting to the much dreaded operation of craniotomy.

# NOTICES TO CORRESPONDENTS.

THE COUNCIL OF THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION ask us to announce that the Annual Meeting has been adjourned from May to June, the day and hour of which will be duly made known to the members.

DR. J.—With pleasure when we have full particulars.

DR. TILT.—We shall be glad to receive the communication referred to for early insertion.

DR. J. L.—The circumstances of the case are not before our readers, and therefore the newspaper report and your letter would be unintelligible.

THE CONTAGIOUS DISEASES ACTS.—In Mr Thomson's paper, "On some Results of the Contagious Diseases Acts," which appeared in our last number, the tabulated return should have been printed immediately before the foot-note on page 342. The phrase "Girls, children, and women," on the next page, should have been "Girl-children and women."

THE Dublin Medical Society will meet on Wednesday next, at 8 o'clock, when the following communications are set down for reading: Dr. J. W. Moore, to exhibit a Specimen of Pyæmic Embolism."—Surgeon-Major Jackson, C.B., "Notes on a Case of Fever in Cyprus."—Dr. C. A. Cameron, on "An Outbreak of Fever caused by Infected Milk."

EPIDEMIOLOGICAL SOCIETY.—On Wednesday, May 7, at 8½ p.m., Mr. Robert Lawson, Inspector-General of Hospitals, "On the Course and Distribution of Cholera in India in 1876."

CLINICAL SOCIETY OF LONDON.—On Friday, May 9, at 8½ p.m., Mr. Bryant, "A Case in which a Biliary Calculus was removed by Operation from the Gall Bladder, and a Cure resulted."—Dr. Allen Sturge, "A Case of Spondylitis Deformans." Mr. Hulke, "Case of Sutural Junction of the Ulnar Nerve fifteen weeks after its complete Severance by a Roofing-plate—Early Restoration of Function."—Mr. A. T. Norton, "Papilloma of the Bladder; Excision; Death."—Mr. Morrant Baker will exhibit a Case of Amussat's Operation for Artificial Anus.

## VACANCIES.

Canterbury Hospital.—Assistant House Surgeon. Salary, £50, with board, &c. Applications to the Secretary before May 23.

City of Dublin Hospital.—A Compounder to the Hospital. Election, May 25.

Coombe Lying-in Hospital, Dublin.—Assistant Master. Particulars may be obtained on application to the Master.

Droitwich Union, Cheshire.—Medical Officer for the Claines District. Salary, £93 15s., with extra fees. Applications to the Clerk by May 13.

Kells Union, Kilskeer Dispensary.—Medical Officer. Salary, £135, wi fees. Election, May 13.

Longford Union, Drumlish Dispensary.—Medical Officer. Salary, £120 with fees.

Meath Hospital and Co. Dublin Infirmary.—Surgeon; vice Mr. White, deceased.

Ongar Union, Essex.—Medical Officer for No. 2 District. Salary, £55, with fees extra. Applications to the Clerk of the Board before May 13.

Oxford.—Medical Officer of Health for the County. Salary, £616. Candidates must send testimonials, &c., to R. B. B. Hawkins, Solicitor, Woodstock, Oxon., on or before May 14.

Royal College of Surgeons, Ireland.—Curator of the Museum. Salary, £250. Election, June 5.

# Marriages

MURTAGH—FORSTALL.—On April 30, at the Church of St. Francis, Merchant's Quay, Dublin, Edward Joseph Murtagh, M.D., Drogheda, to Margaret, youngest daughter of the late John Forstall, Esq., Edinburgh, and niece of John Fegan, Esq., 74 Pembroke Road, Dublin.

SCOTT—MANLEY.—On April 30, at St. Peter's, Fareham, J. W. Scott, M.R.C.S., to Alice, younger daughter of John Manley, M.D., Medical Superintendent Hants County Asylum.

# Deaths.

CLARK.—On April 29, at Wellingborough, Thomas Clark, F.R.C.S., aged 83.

DIXON.—On May 1, at 6 Alfred Place, London, W.C., G. P. N. Dixon, M.D., of Northwich, Cheshire, aged 21.

FLINT.—On May 1, at Canterbury, of typhoid fever, Horace Flint, M.B., M.R.C.S., aged 26.

HART.—On May 3, at Erith, Kent, P. Neville Hart, M.B., M.R.C.S., aged 28.

MASSY.—On April 27, at Southampton, Hugh Deane Massy, L.R.C.S.I., Surgeon-Major, Army Medical Department (on half-pay).

MILLER.—On April 22, at Eldon Square, Newcastle-upon-Tyne, James Miller, M.R.C.S.E., aged 64.

MORRIS.—On April 21, at St. Owen Street, Hereford, Edward Morris, Ext. L.R.C.P.L., aged 83.

POTTLE.—On April 11, at Bath Street, City Road, London, John Rowland Pottle, M.R.C.S.E, aged 67.

REDFERN.—On April 22, at Grove House, Ventnor, Isle of Wight, Charles Redfern, Surgeon (formerly of Manchester), aged 62.

# IRISH POOR-LAW INTELLIGENCE.

## ATHY UNION.

### LIABILITY OF PUBLIC INSTITUTIONS TO SUPPORT THEIR OWN POOR.

THE relieving officer reported that there was at present in the fever hospital a child who had been admited from the Stradbally Orphanage suffering from fever. As the doctor had some doubts about the case, he was anxious to have the opinion of the guardians on the subject.

Mr. W. Dunne said he had been speaking to the Reverend Mother at Stradbally on this subject, and he had her authority to state that she was most anxious the question should be raised in all its bearings, and as they had the Local Government Board Inspector present, a very favourable opportunity arose for having a full discussion on the subject. The doctor, it appeared, had some doubts as to whether he would be justified in giving an order for her admission. There was no doubt it was a very serious question for the ratepayers whether any or all of these 200 children were eligible for relief in the workhouse hospital. He (Mr. Dunne) could not state it on his own authority, but he had been informed on what he considered good authority, that it was customary in Dublin to send children and adults from charitable institutions to the workhouse hospitals.

Dr. M'Cabe said it appeared to be decided that an inmate of a charitable institution was a destitute person. At the same time it was not absolutely necessary that a person obtaining medical relief in a workhouse hospital should be a pauper.

Mr. Lyons—They may be admitted as pay patients.

Dr. M'Cabe—They may or they may not, according to circumstances.

Chairman—Apply this test. Does the institution pay taxes?

Mr. M'Laughlin—I do not think the orphanage does, but I believe the convent is rated.

Dr. M'Cabe—The most practical way to look at it is this: there is no one legally responsible for these children's maintenance. If the nuns choose they could turn them all out, and then assuredly you would be obliged to maintain them. As this is a test case, and a most serious one, I would recommend the guardians to place the whole circumstances before the Local Government Board for their advice.

The Relieving Officer said he would wish to have the directions of the board in case he should be called on to give a ticket in the case of another applicant.

Dr. M'Cabe said the guardians could not tie the relieving-officer's hands by any resolution; he is bound by the Act of Parliament to use his own discretion.

It was unanimously agreed that the whole matter be submitted for the opinion of the Local Government Board.

## WATERFORD GUARDIANS.

### THE SALARIES AND THE PROPOSED REDUCTION.

THE Chairman said the Board could consider the recommendation of the committee to reduce the salaries of their officers, but at the same time they should remember that they could not reduce any of the salaries by their resolution. They could not reduce any officer's salary without giving due notice to the officer, who might accept the change or resign. But in any case they should have the consent of the Local Government Board to any change of salary, either of reduction or of increase. All that was wanted was, what should be passed would be only a recommendation to reduce the salaries to be submitted to the Local Government Board.

Mr. Newell said he begged to propose that a reduction of ten per cent. be made in the salaries of several officers whose salaries were paid by the rates and not by the Government. The doctors in the house were to be reduced by ten per cent. off the £50 they get from the rates.

Captain Power characterised the reduction as a puerile attempt at economy. It amounted to £254, or one farthing in the pound, so that an average farmer would save 10d. a year, and a householder in the city 5d. a year; and that was done for what? What could be the result but to lessen the energy of their officers, and weaken their efficiency.

Mr. Jacob opposed the resolution. It was not fair to put their hands into the pockets of their officers to relieve the depression of business and the pressure on the rates. There certainly was pressure on the rates, but in his long life he remembered as great depression and pressure on the ratepayers, and the bad times were got over. They should remember that the times were just as bad in other places, and such a proposition was not mooted. The resolution, if it should be carried, would be unjust to several classes, to the doctors, and to the nuns, who did the most work for food and clothing alone. If the resolution was carried the food would be taken out of their mouths, and that was a proceeding he would strongly oppose.

Mr. Clampett supported the motion. There was fearful depression in the country, and so great was it that labourers in the union who used to get 1s. 4d. a day and their food, now were glad to get 8d. a day.

Mr. Meade—I spoke to several of my constituents on the subject of the doctors' salaries and those of other officers, and they said that instead of the salaries being too high that they were too low.

The Mayor said that no doctor could be expected to live and work on less than £120 a year.

Mr. Veale having briefly replied on the question, the resolution was put and lost, the voting being:—For—12. Against—17. Did not vote—3.

# IRISH MEDICAL ASSOCIATION.

*(Continued from "Supplement" of March 5.)*

That most urgent necessity exists at present for amendment of the Irish vaccination laws cannot be questioned in view of the results (so far as ascertained) of the epidemic of small-pox now prevalent in many parts of Ireland—notably in Dublin, Athy, Galway, and Kilbeggan—and I am directed to assure you that in the opinion of the Council—which is also unmistakably that of the governing bodies of the several medical corporations, and other bodies in Ireland competent to form an opinion on the subject—that if the Irish vaccination laws were amended as fully as suggested by the Bills drafted by this Association, no such formidable epidemic of small-pox could possibly again occur in Ireland; nay, more, that the enaction of either of them as law would as completely as possible, by perfect and universal vaccination, protect the population against small-pox in future.

I have the honour to be, Sir,
Your obedient Servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Secretary to the Council.

40, Fitzwilliam Square, Dublin.

To the letter of the Committee of Council, dated 30th November, 1878, no reply, beyond acknowledgment of its receipt, has as yet been received; but the Committee of Council believe that attention is being bestowed upon the subject by the authorities, with a view to new legislation regarding vaccination.

### REPAYMENT TO DISPENSARY MEDICAL OFFICERS OF POSTAGE EXPENSES ON OFFICIAL DOCUMENTS.

Mr. E. J. Browne, an auditor of the Local Government Board, having recently informed the guardians of Boyle Union that as a sum had been paid to one of the dispensary medical officers of that Union for postage expenses, and that as the salary of the medical officer is intended as full remuneration for all his duties—a portion of which is to furnish returns—he is therefore not entitled to receive any payment for postage or other expenses incurred by him in the discharge of his duties, and that in future any payment made of this nature it would be his (the auditor's) duty to disallow, and to surcharge to the party or parties making or authorising the payments—the Clerk of the Union added that the auditor had instructed him to deduct from the salary of any medical officer the amount paid as postage on letters which had not been prepaid. The Committee of Council brought this matter under the notice of the Local Government Board, and in reply were informed that Mr. Browne had since intimated to the Boyle guardians the opinion expressed to him by the Local Government Board, that it would be only reasonable, if a dispensary medical officer has occasion to correspond with any Union officeron business connected with the public service of the Union, that he should be repaid any expenditure thereby incurred by him.

### DUTIES AND REMUNERATION OF MEDICAL OFFICERS OF HEALTH.

The following letter was addressed by the Committee of Council to the Local Government Board:—

Irish Medical Association, Royal College of Surgeons,
October 2, 1878.

To the Secretary Local Government Board.

SIR,—I am directed by the Council of the Irish Medical Association to express a hope that, in defining the duties of the medical officers of health under the "Public Health (Ireland) Act, 1878," the Local Government Board will—without in the least degree depriving the public of any of the benefits conferred by that Act—take especial care that those officers may not be subjected to annoyance from ill-disposed persons.

The Council have directed me to suggest that complaints as to the alleged existence of nuisances should be made, in the first instance, to either the clerk to the sanitary authority, or to the inspector of nuisances. It can hardly be necessary that such complaints should be made directly to the medical officers of health, unless in cases of alleged default or inattention on the part of the other sanitary officers. The Council consider that it is not necessary or desirable, or even consistent with the standing of a medical practitioner, that he should be placed in the position of an inspector of nuisances at the instance of any ill-disposed person, whose sole motive might possibly be to annoy. At the same time they consider it very desirable that the medical officers of health should report the existence of nuisances which come under their immediate observation. The duties of the medical sanitary officers, as laid down by the Local Government Board under the "Public Health (Ireland) Act, 1874," empowered any person to require the medical sanitary officer of the district to make unnecessarily frequent inspections of, and reports as to, the condition of, any ashpit, &c., which was alleged to be a nuisance.

The Council are of opinion that, as far as may be consistent with the terms of the Public Health Act, the duties of the medical officers of health should be confined to those which properly come within the province of a medical practitioner to perform; and, with regard to the detection and abatement of nuisances, that it should be the duty of the inspectors of nuisances in all uncontested cases to have the nuisances abated—in contested cases the certificate of the medical officer of health would, of course, be necessary.

I am further directed to add that the Council believe that unless the medical officers of health are remunerated much more liberally than hitherto for their services, they will not act with that cheerfulness and acquiescence which are so much to be desired in carrying out the important provisions of the Public Health Act, to which a thorough effect can hardly be given otherwise. In a word, there is good reason to fear that unless these officers are fairly requited for the duties compulsorily imposed on them, the result will be a failure.

I am, Sir, your obedient Servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Sec. to Council.

40 Fitzwilliam Square West, Dublin.

The Committee of Council have long been in expectation that the Local Government Board would assign to the medical officers of health their duties under the new Public Health Act, and also that the sanitary authorities would ere this have been informed that the salaries awarded to those officers were admitted by Government not to be sufficient: however, as neither of these instructions have been issued, the medical officers of health remain uninformed as to their duties, and as to what remuneration they are to receive—a state of matters which certainly does not conduce to the effective working of the new Act.

The Committee of Council would direct the attention of the medical officers to sections 158 and 258 of the Public Health Act, which direct payment of fees for special services.

In accordance with the powers vested in the Local Government Board under section 258, the Board has fixed the rate of remuneration to be given to medical officers of health for attendance and evidence in sanitary prosecutions at not less than one guinea a day, nor more than two guineas a day.

### REGISTRATION OF BIRTHS AND DEATHS BILL.

The Bill drawn up by this Association, and introduced into the House of Lords by the Right Hon. the Earl of Donoughmore, has again been brought under the notice of the Government in a letter to the Chief Secretary, asking whether it was intended to be taken up this session as a

Government measure? and if not, whether its reintroduction as a *private* Bill would meet with the support of the Government, the Bill having already been favourably reported upon by the several departments. The receipt of the letter was formally acknowledged, but for some unaccountable reason no definite reply to the questions put has as yet been received. The Committee of Council felt it necessary to take this course in consequence of the absence from this country of the Earl of Donoughmore.

*(To be continued.)*

## PUBLIC HEALTH (IRELAND) ACT, 1878.

*(Continued.)*

267. (*Verb.*) *Service of Notices.*—Notices, orders, and any other documents required or authorised to be served under this Act may be served by delivering the same to or at the residence of the person to whom they are respectively addressed, or where addressed to the owner or occupier of premises, by delivering the same or a true copy thereof to some person on the premises, or if there is no person on the premises who can be so served, by fixing the same on some conspicuous part of the premises; they may also be served by post by prepaid letter, and if served by post shall be deemed to have been served at the time when the letter containing the same would be delivered in the ordinary course of post, and in proving such service it shall be sufficient to prove that the notice, order, or other document was properly addressed and put into the post.

Any notice by this Act required to be given to the owner or occupier of any premises may be addressed by the description of the "owner" or "occupier" of the premises (naming them) in respect of which the notices is given, without further name or description.

APPEAL.

268. (*Abs.*) *Appeal.*—Where any person deems himself aggrieved by the decision of the sanitary authority in any case in which the sanitary authority are empowered to recover in a summary manner any expenses incurred by them, or to declare such expenses to be private improvement expenses, he may, within twenty-one days after notice of such decision, address a memorial to the L. G. B. stating the grounds of his complaint, and shall deliver a copy thereof to the sanitary authority.

269. Appeal to Quarter Sessions.

PART VII.—MISCELLANEOUS PROVISIONS.

270. Payments to Members of Sanitary Authority as counsel illegal.

271. Entry on Lands for purposes of Act.

272. (*Abs.*) *Penalty on obstructing Execution of Act.*—Any person who wilfully obstructs any member of the sanitary authority, or any person duly employed in the execution of this Act, shall be liable for every such offence to a penalty not exceeding five pounds.

Where the occupier of any premises prevents the owner thereof from obeying or carrying into effect any provisions of this Act, any justice to whom application is made in this behalf shall, by order in writing, require such occupier to permit the execution of any works required to be executed, provided that the same appear to such justice to be necessary for the purpose of obeying or carrying into effect the provisions of this Act; and if within twenty-four hours after the making of the order such occupier fails to comply therewith, he shall be liable to a penalty not exceeding five pounds for every day during the continuance of such non-compliance.

If the occupier of any premises, when requested by or on behalf of the sanitary authority to state the name of the owner of the premises occupied by him, refuses or wilfully omits to disclose or wilfully mis-states the same, he shall (unless he shows cause to the satisfaction of the Court for his refusal) be liable to a penalty not exceeding five pounds.

273. Penalty on Damaging Works, &c., of Sanitary Authority.

274. Compensation in case of Damage by Sanitary Authority.

275. (*Verb.*) *Compensation to Officers in Certain Cases.*—If any officer of any body by this Act constituted the sanitary authority of any district is, by or in pursuance of this Act or of any provisional order made under the authority of this Act, removed from his office or deprived of the whole or part of the emoluments of his office, and is not employed in an office of equal value, and with equal privileges, by such sanitary authority, the L. G. B. may by order award to such officer such compensation as the said Board may think just; and such compensation may be by way of annuity or otherwise, and shall be paid by the authority of the sanitary district in which such officer held his office out of the rates applicable to sanitary purposes within that district.

276. As to Consent of L. G. B. required in Certain Cases.

277. Settlement of Differences arising out of Transfer of Powers or Property to Sanitary Authority.

278. As to Construction of Incorporated Acts.

279. Construction of Schedules.

PART VIII.—SAVING CLAUSES AND REPEAL OF ACTS.

SAVING CLAUSES.

280. (*Verb.*) *Provision as to the Sanitary Authorities Existing at the Passing of this Act and their Officers, &c.*—All urban sanitary authorities and rural sanitary authorities existing at the time of the passing of this Act shall be deemed to be urban authorities and rural authorities under this Act; and all joint boards and committees of rural sanitary authorities existing at the time of the passing of this Act shall be deemed to be joint boards and committees of rural sanitary authorities under this Act; and the members of all the above-mentioned bodies shall hold office for such time as they would respectively have held office if this Act had not been passed; and the officers and servants of all the above-mentioned bodies shall continue to hold their several offices and employments on the same terms and subject to the same conditions, as to duties, remuneration, and otherwise, as they would have held them if this Act had not been passed; and all bye-laws duly made under any of the Sanitary Acts by this Act repealed and not inconsistent with any of the provisions of this Act shall be deemed to be bye-laws under this Act; and all the provisions of this Act shall apply to all such bodies existing at the time of the passing of this Act, and to their several officers and servants, in substitution for the provisions of the Sanitary Acts by this Act repealed, but so as not to affect any right acquired or liability incurred under the Sanitary Acts, or any of them, before the passing of this Act, and existing at the time of the passing of this Act.

281. Saving for Works and Property of certain Authorities and for Navigation and Water Rights, &c.

282. Reference to Arbitration in case of Works not within Preceding Section.

283. Effect of Arbitration.

284. Provision as to Transfer of Powers, &c.

285. Provision as to Alteration of Sewers.

286. Saving for Water Rights generally.

287. Arbitration as to Alteration of Sewers injuriously affecting Supply of Water, &c.

288. Saving for Mines, &c.

289. Saving for Corporate Bodies and Government Departments.

290. Saving for Payment in certain cases to Sanitary Authority.

291. Saving for Acts of Authorities under any Local Act.

292. Saving for Proceedings under Local Acts.

293. Powers of Act to be Cumulative.

REPEAL OF ACTS.

294. (*Verb.*) *Repeal of Acts in Schedule A.*—The Acts specified in the first and second columns of Schedule A. to this Act are hereby repealed to the extent in the third column of that schedule mentioned:

Provided that this repeal shall not affect—

(*a*) Anything duly done or suffered under any enactment hereby repealed; or

(*b*) Any right or liability acquired, accrued, or incurred under any enactment hereby repealed, or any regulation or order duly made in pursuance of any such enactment; or

(*c*) Any security given under any enactment hereby repealed; or

(*d*) Any penalty, forfeiture, or punishment incurred in respect of any offence committed against any enactment hereby repealed; or

(*e*) Any investigation, legal proceeding, or remedy in respect of any such right, liability, security, penalty,

forfeiture, or punishment as aforesaid; and any such investigation, legal proceeding, and remedy may be carried on as if this Act had not been passed.

## SCHEDULES.

SCHEDULE A.—*Enactments which have been already Repealed are in a few instances included in in this Repeal, in order to avoid the necessity of Reference to previous Statutes.*

| Session and Chapter. | Title or Short Title. | Extent of Repeal. |
|---|---|---|
| 14 & 15 Vict., c. 28 | The Common Lodging Houses Act, 1851. | The whole Act, as to Ireland. |
| 16 & 17 Vict., c. 41 | The Common Lodging Houses Act, 1853. | The whole Act, as to Ireland. |
| 23 & 24 Vict., c. 26 | The Common Lodging Houses Act (Ireland), 1860 | The whole Act. |
| 17 & 18 Vict., c. 103 | The Towns Improvement (Ireland) Act, 1854. | Sections 33, 34, 35, 42, 45, 46, 48, 49, 52, 53, 54. |
| 18 & 19 Vict., c. 116 | The Diseases Prevention Act, 1855. | The whole Act, as to Ireland. |
| 18 & 19 Vict., c. 121 | The Nuisances Removal Act for England, 1855 | The whole Act, as to Ireland. |
| 23 & 24 Vict., c. 77 | An Act to amend the Acts for the Removal of Nuisances and the Prevention of Diseases | The whole Act, as to Ireland. |
| 19 & 20 Vict., c. 98 | The Burial Grounds (Ireland) Act, 1856. | The whole Act. |
| 23 & 24 Vict., c. 76 | An Act to amend the Burial Grounds (Ireland) Act, 1856. | The whole Act. |
| 26 & 27 Vict., c. 117 | The Nuisance Removal Act for England (Amendment) Act, 1863. | The whole Act, as to Ireland. |
| 28 & 29 Vict., c. 95 | The Sewage Utilisation Act, 1865 | The whole Act, as to Ireland. |
| 29 & 30 Vict., c. 41 | The Nuisances Removal (No. 1) Act, 1866 | The whole Act, as to Ireland. |
| 29 & 30 Vict., c. 90 | The Sanitary Act, 1866 | The whole Act, as to Ireland. |
| 30 & 31 Vict., c. 113 | The Sewage Utilisation Act, 1867 | The whole Act, as to Ireland. |
| 31 & 32 Vict., c. 115 | The Sanitary Act, 1868 | The whole Act, as to Ireland. |
| 32 & 33 Vict., c. 100 | The Sanitary Loans Act, 1869. | The whole Act, as to Ireland. |
| 34 & 35 Vict., c. 109 | The Local Government (Ireland) Act, 1871 | The whole Act, except sections 11 to 18, both inclusive, 20, 21, 24 to 27, both inclusive, 29 & 30, and the shedule. |
| 35 & 36 Vict., c. 69 | The Local Government Board (Ireland) Act, 1872 | Sections 8 & 9. |
| 36 & 37 Vict., c. 78 | The Sanitary Act, 1866 (Ireland), Amendment Act, 1873 | The whole Act. |
| 37 & 38 Vict., c. 93 | The Public Health (Ireland) Act, 1874 | The whole Act. |

SCHEDULE B.

FORM I. Form of Mortgage of Rates.
FORM II. Form ofTransfer of Mortgage.
FORM III.—Form of Rentcharge.

SCHEDULE C.—FORMS.

FORM A.—*Form of Notice requiring Abatement of Nuisance.*—To [personcausing the nuisance, or owner or occupier of the premises wheron the nuisance exists, as the case may be]. Take notice that under the provisions of the Public Health (Ireland) Act, 1878, the [describe the sanitary authority], being satisfied of the existence of a nuisance at [describe premises or place where the nuisance exists], arising from [describe the cause of nuisance, for instance, want of a privy or drain; or for further instance, a ditch or drain so foul as to be a nuisance or injurious to health; or for further instance, swine kept so as to be a nuisance or injurious to health], do hereby require you within ..... from the service of this notice to abate the same, and for that purpose to [state any things required to be done or works to be executed]. If you make default in complying with the requisitions of this notice, or if the said nuisance, though abated, is likely to recur, a summons will be issued requiring your attendance to answer a complaint which will be made to a court of summary jurisdiction for enforcing the abatement of the nuisance, and prohibiting a recurrence thereof, and for recovering the costs and penalties that may be incurred thereby.—This ... day of ... 18... Signature of officer of sanitary authority.

FORM B.—*Form of Summons.*—To the owner or occupier of [describe premises], situated at [insert such a description as may be sufficient to identify the premises], or to A. B. of ..... You are required to appear before [describe the court of summary jurisdiction], at the petty sessions [or court] holden at ..... on the ..... day of ..... next, at the hour of ..... in the ..... in the ..... noon, to answer the complaint this day made to me by ..... that in or on the premises above mentioned [or in or on certain premises situated at No. ..... in the ..... street in the parish of ..... or such other description or reference as may be sufficient to identify the premises], in the district, under the Public Health Act (Ireland) 1878, of [describe the sanitary authority], the following nuisance exists [describing it, as the case may be], and that the said nuisance is caused by the act or default of the occupier [or owner] of the said premises, or by you A. B. [or in case the nuisance be discontinued, but likely to be repeated, say, there existed recently, to wit, on or about the .....day of ..... on the premises, the following nuisance [describe the nuisance], and that the said nuisance was caused [&c.] and although the same has since the said last-mentioned day been abated or discontinued, there is reasonable ground to consider that the same or the like nuisance is likely to recur on the said premises].—Dated this ..... day of ..... 18...—(Signed) Justice.

FORM C.—Form of Order for Abatement or Prohibition of Nuisance.

FORM D.—Form of Order for Abatement of Nuisance by Sanitary Authority.

FORM E.—Form of Order to permit Execution of Works by Owner.

FORM F.—*Order of Justice for Admission of Officer of Sanitary Authority.*—Whereas [describe the sanitary authority] have by their officer [naming him] made application to me, A. B., one of Her Majesty's justices of the peace having jurisdiction in and for [describe the place], and the said officer has made oath to me that demand has been made pursuant to the provisions of the Public Health Act (Ireland), 1878, for admission to [describe situation of premises so as to identify them], for the purpose of [describe the purpose, as the case may be], and that such demand has been refused. Now, therefore, I the said A. B. do hereby require you [name the person having custody of the premises] to admit the said [name the sanitary authority], [or the officer of the said sanitary authority], to the said premises, for the purpose aforesaid.

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 14, 1879.

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## Original Communications.

### ON THE NATURE AND TREATMENT OF THE CHIEF SYMPTOMS OF CHOREA. (a)

By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children.

MR. PRESIDENT AND GENTLEMEN,—Few diseases possess a wider interest than chorea; few have given rise to more fanciful theories, and few have yielded to more varied modes of treatment.

Chorea may be accepted as one of the most singular of the numerous disorders which affect the nervous system. It is substantially allied in some respects to other neurosal conditions; but it is so variable and capricious in its manifestations, that it may be clinically recognised as possessing peculiar and independent phenomena, which distinguish it from all other affections.

Chorea is a functional derangement of the motor nerves, causing irregular movements of the muscles, and influencing voluntary action. It is a common disorder in nervous and sensitive children from the greater excitability of the nerve-cells in youth. It is not accompanied with fever. With it there is no defect of consciousness or volition, as is the case with epilepsy.

The symptoms of chorea are too well-known to need any recapitulation—the restlessness and inability to sit still, the twitching of the muscles, or the tremulous agitation of the limbs, the grotesque forms and contortions which the mouth assumes, the difficulty in eating and swallowing, the thick and hesitating speech, the ludicrous and fantastic method of locomotion, the careless semi-drunken sway, and the fatuitous expression of the features, are all characteristic. I should like, however, to advert very briefly to a few of the most significant symptoms, and of these I will first say a word or two about the *pulse*.

Irregularity and intermission of the pulse are often present, as in neurosal affections of the heart in children, whether this has arisen from long standing debility, anæmia, rickets, or fright and terror. As a rule the pulse is not accelerated except from debility and nervous agitation. In some cases it is slow, and does not exceed sixty beats a minute in a child thirteen years of age. To this point I shall refer later on.

A child suffering from chorea is liable to great variation in the progress of the malady, being sometimes better and sometimes worse, so that without taking this into consideration, we may fancy the patient has recovered, when the complaint is only temporarily subdued.

When the attacks are threatening there may be mental irritability and spitefulness. In one case that came under my notice, a child whose intellect was below the average, was unable to restrain herself from kicking and biting those about her whenever she was thwarted in her plans; and even without any provocation she would sometimes break out into uncontrollable fury. In chronic cases parents can often judge when an attack is threatening, or when the case is becoming worse, from the altered manner and disposition of the child. Timidity, caprice, and wilfulness are noticeable when the intellectual faculties are disordered, and it is, in such cases as these, that we may witness fits of passion pass into temporary unconsciousness.

I have known the symptoms much aggravated by another patient in the same ward practising these extraordinary movements and mimicries, or suffering from a painful disease which has annoyed and irritated the choreic child. This is the only explanation I could offer of a girl's temperature in chorea suddenly going up two successive evenings to 102°, when a little child with catarrhal pneumonia in the same ward became difficult to pacify. When this child was removed into another ward the temperature of the choreic patient fell to normal, and there was no further rise. I have frequently thought whether this nerve-element which exercises such an in-

(a) Read before the Harveian Society, May 1, 1879.

fluence over the circulation may not explain many obscure cases of sudden elevation of temperature in children, more particularly about the period of approaching menstruation—cases which perplex us as to the actual cause of the pyrexia, for in the present day zymotic influences (not readily traceable) are believed to originate so many disorders in which fever is present, that it often occasions unnecessary alarm. A little girl thirteen years of age, of nervous temperament, and whose only illness consisted in chronic debility, had for three days a temperature of 102° and 103° without gastric disturbance, or or any lesion that could be detected. The only explanation that appeared at all probable, was that under excitement or fatigue, this fleeting elevation of temperature took place. The administration of quinine was followed by a return of a normal temperature in a day or two, and yet whilst the fever lasted it was impossible to predict the true nature of the disorder.

Sir Thomson Watson mentions in his lectures that "chorea is liable to be propagated by a species of contagion, or rather involuntary imitation," and most of us have noticed how a restless and fidgetty child will propagate this species of infection to its playmates, when their companionship is inseparable.

In one case under my care the choreic movements were preceded by headache of three months' duration. The patient was a girl ten years of age, who had become very anxious in her studies, and her nervous system was lowered in consequence. Her temperature in the evening was constantly elevated. This symptom of headache, according to my experience, is exceedingly rare, except the patient is exhausted, and then it may be present as the accompaniment of debility. Sir T. Watson has drawn attention to the fact that he has frequently met with instances of pain in the head in chorea, "and in some of them, with pain on that side of the head, which was opposite to the agitated limbs." (*a*)

That there is a close relationship between the two conditions so essentially involving the nervous system, is just what we should imagine. A little boy who was subject to paroxysmal headache, had a sister eight years of age who was afflicted with severe chorea, and there was a strong hereditary tendency to nervous disease in the family.

Cardiac murmurs are sometimes present in this affection, and in the early stages of the disorder they are often overlooked. I am confident that they pass unnoticed repeatedly among out-patients, when neither pain, nor discomfort, nor breathlessness are complained of; and there is no direct symptom to draw attention to the heart. In some cases we may discover exaggerated action and impulse of the heart, or a bellows murmur at the left apex, with other accompaniments of mitral regurgitation. When the heart is so affected it is often traceable to rheumatism. In other cases the heart is healthy, but the neurotic disorder has implicated the cardiac plexus, and produced irregularity and deficiency in power; or there are to be discovered merely the evidences of palpitation, with prolongation of the first sound both at apex and base,—a soft systolic murmur in fact, which though significant of organic change, may happen in some examples of anæmia and general debility. These are cases sometimes erroneously classed among heart diseases in connection with chorea, whereas I believe that the relationship in many instances, goes no further than the blood impoverishment and the disturbance of the cardiac ganglia which are common to chorea, and some other neurosal states.

Sometimes palpitation is very severe and violent, and there may be a systolic mitral murmur of dynamic origin which passes away with the seizure as the general health is restored.

The urine is often found to be of high specific gravity, acid, turbid, and containing an excess of urea, and sometimes phosphates. In twelve cases which were under my care, the highest specific gravity reached 1032; there was a copious deposit of whitish lithates in three, phosphates in four, and in the remaining five (which were mild cases) the urine was normal. In one case which came under my care last year, the urine contained copious phosphates for five days in succession, and the specific gravity was never below 1030. During this time the child was taking from eighteen grains to one drachm of sulphate of zinc in the twenty-four hours. When she took eighty grains in the day, the urine became suddenly loaded with lithates, and the day following when the zinc was reduced, it was normal. I rather inferred from these and some other cases, that large doses of sulphate of zinc had a tendency to cause these deposits in the urine of choreic patients, but I have recently thought that such a change is not invariable, and I am, therefore, inclined to attribute the urinary changes to the disease, rather than to the remedy. I have known a child when taking eight grains of the zinc daily pass turbid urine, containing pink lithates, of a specific gravity of 1032; and the same child when taking sixty-four grains daily to pass clear urine with a specific gravity of 1020. We may conclude then that the urinary secretion is subject to great changes in chorea.

Now among the many causes of this singular affection, are a naturally delicate nervous organisation. Irritability of the nervous system is among the most frequent causes, and hence this is assigned as one reason of its frequency in the female sex. Over and over again we see young children in consequence of school work, or debility, or some other cause not well-defined, become irritable, sleepless and fretful, followed by irregular twitching movements of the muscles and limbs, that if allowed to go on without treatment, the choreic state is gradually developed.

In 12 consecutive cases admitted under my care into the Samaritan Hospital, as in-patients, 10 were females; the eldest, a girl, was 14 years of age, and the youngest, was a boy of 7. Vogel says that, "among 11 chorea patients which I noted in my diary, I find only 1 boy affected." (*a*) "But though the fact," says Dr. West, "of the greater liability of the one sex to chorea is undoubted, so that of 775 children suffering from it, who were admitted as in- or out-patients of the Children's Hospital, 499, or 64 per cent., were girls; still, not only were all of these children under the age of 10, but 66 out of 102 of the number were under the age of 5." (*b*) This table does not agree with my experience so far as the age is concerned. Taking the last 25 cases among the out-patients of the Samaritan Hospital, 21 were females; the two eldest were 20 and 21 years of age respectively, and one was only 3; eight were 11 years of age, six were 7, three were 12, two were 8, one was 14, one 10, and one 9.

Dr. Braxton Hicks says:—"Of 422 cases occurring up to 12 years of age, 122 were males, and 300 females. Between the ages of 4 and 5, the proportion of males to females was as 4 to 16, and between 10 and 12 as 23 to 81. Again, when chorea occurred after puberty, it was among women that it was principally seen; yet as chorea was not confined exclusively to females, we must seek the cause in a factor common to both, but especially intense or prominent in the female." (*c*)

Dr. Radcliffe observes that "up to nine years of age the two sexes appear to be equally liable; after this age females become much more liable than males, in the proportion of 5 to 2." (*d*)

Among the causes are fright, anger and injury. Several cases have come under my notice in which the disease has been traceable to terror and alarm, and these were of a most severe description. One of the worst cases I ever

(*a*) "Principles and Practice of Medicine," vol. i, p. 673. 1875.

(*a*) "Diseases of Children," p. 398, 1874.
(*b*) "On some Disorders of the Nervous System in Childhood," p. 47, 1871.
(*c*) "Croonian Lectures," 1877.
(*d*) "Reynold's System of Medicine," 2nd edit., vol. 2, p. 181

saw happened to a girl 10 years of age from seeing a dead person. In another girl 8 years of age, three separate and severe seizures were attributable on the first occasion to the death of a sister, on the second occasion to seeing a lady killed in the street, and on the third occasion to the sudden death of her grandfather.

In a family with which I was once acquainted, one daughter had severe chorea, the other died of convulsions, a son perished from phthisis, the mother died of paralysis, and the father committed suicide.

We know that chorea may arise during convalescence from acute rheumatism, and from embolism in connection with rheumatic endocarditis; but the concurrence of chorea with rheumatic fever is not quite so frequent as is supposed, though it cannot be denied that the rheumatic constitution is frequently associated with it. In the 12 cases I have alluded to, there was no history of rheumatic fever in any of them, and in a large number of cases, I have failed to discover anything more than a casual relationship.

*(To be continued.)*

## REMARKS ON SOME INJURIES OF THE BRAIN. (a)

By MICHAEL HILLARY, L.R.C.S.I.

*Proposition:* That injuries to the skull and wounds of the brain depend for their severity on the following facts.

1. On the class of projectile.
2. The velocity with which the projectile is moving when the impaction takes place.
3. Whether the molecular structure of the brain is simply cut or bruised.
4. That the molecular structure of the brain, consisting of its nerve-cells, &c., when struck by any projectile moving at high velocity which simply cuts it, and cleanly removes portions of it, resolves itself into a simple incised wound, and heals with the same facility.
5. A projectile (like a bag of sand) striking the skull breaks up and pulpifies the molecular structure of the brain.
6. A projectile (like a spent bullet) may strike the skull, and although not breaking it, may, if the impact of the blow is carried forward to a vital point, produce death instantaneously by molecular destruction of the tissues in its track.
7. That a blow on the head causing concussion, is simply a shaking of the connections of the nerve-cells with one another.
8. That the amount of injury sustained by the brain from a blow on the skull will depend very much on whether at the time the brain is near to the skull or not, during its pulsating action, or whether fluid is interposed.

I find the amount of injury, and calculate my prognosis of a case from a similar result produced on the most common of objects—a pane of glass. A rifle ball will pass clean through, making a round hole if moving *at high* velocity, and if moving *slowly will smash it* to pieces; so I compare the injury to the molecular structure of the brain. The following cases will illustrate what I have stated.

In the year 1863 I was, while in Canada, called to see a man, æt. about 25, and of fine physique, at one of the saw mills in the neighbourhood, who had been badly injured. An hour previously, while passing under a circular saw revolving at high speed, he raised his head too soon, and the teeth caught the side of his skull just at the temporal fossa, about the coronal suture, and above the zygomatic arch, tearing through the bone, and tearing out quite a large piece of the anterior lobe of the brain. It then tore back the top of the scalp in a flap, opened the skull through the saggital suture, as well as the superior longitudinal sinus. When I saw the man he presented a shocking appearance, but was perfectly rational and sensible. Hæmorrhage had almost stopped. On inquiring, and finding that he had been struck by the saw *on its upward turn*, I judged from that fact and the man's appearance, that there was no danger of compression, and if the inflammation could be kept within bounds he had a chance of recovery.

I shaved away the portion of extruding brain with a scalpel, replaced the scalp, applied ice in bladders to the head, and left.

Next day saw him, and found him no worse than a person after an ordinary severe wound. I decided to remove him from the shanty where he was to his father's house, three miles off, which was accomplished with a hand litter. He was placed in a fine airy room, and nothing further was done, but to keep ice to the head, and give light nourishment. When suppuration commenced, warm water dressings were substituted for the cold ones. Recovery went on with a steady pace, and a month afterwards I was called away to the war in the United States, and left him in charge of my brother, with whom he made a perfect recovery. I saw the same man about four years ago, and he said he felt as well as ever, but could not drink as much whisky as was his wont; there was a depression in which the tops of the fingers would fit in the temporal fossa, and also on the top of the skull, but not so deep there. I ascribe his recovery to the fact of the wound being made with the *large wedge-shaped* teeth of the saw (everything it cut *was removed outside*) and to the *velocity of its movement localising the injury.*

The next case is directly the reverse of the preceding. In the year 1864, when serving with the army of the "James," in Virginia, I was passing along our trenches when there was a lull in hostilities on both sides, and one could safely show himself. As I was walking by a couple of soldiers sitting on the side of the ditch inside the trench, and whose heads were bent *below the level of the parapet*, one of them fell over dead, and the other picked up a bullet that fell upon the ground after hitting his comrade. I heard *no shot*, so it must have been a long way off. The men were *under cover for a direct shot*, and the trajectory of the ball must have described a *considerable curve* to hit the man that was killed. I examined the man's head, but there was no wound, only a mark where the ball struck him just behind the mastoid process, over the occipital and below the superior curved line. I was rather astonished at so apparently trivial an injury producing such a fatal result, and did not think of it again, until at one of our numerous engagements, a soldier came to me in the field hospital, suffering great pain in his foot—he had removed his shoe and hobbled along on his heel. He showed me the shoe, and said he was struck on the sole of it with a ball from a case (or canister, old name) shot as he was retreating, *the shot not going* through, but making a complete half impression, the size of the old musket ball. On looking at the sole of the foot I found it indented in exactly a similar way; the pain was very severe, more than if there was a perfect wound. I had to send him away to the rear as we were in action, and of course lost sight of him, as he did not belong to my battery; but I have not the slightest doubt the whole *dent of the bullet sloughed out*, as I had always seen as a similar result from spent balls striking other fleshy parts of the body. The case was valuable to me as a solution of the cause of death in my last narrated case. It appeared to me that although neither the skin nor skull was broken, the pulpy brain mass in the track of the ball's impact was molecularly destroyed, and that track extended to the medulla oblongata, and divided it as completely physiologically as a knife would, in pithing an animal.

From observations of other gun-shot wounds of the head I found cases with depression when the injuries were received *at close quarters*, and when the *balls skimmed* over the skull at their *highest speed*, do fairly well on elevation,

(a) This paper was taken as read at the last meeting of the Surgical Society of Ireland, there being no time to bring it forward in the ordinary way.

but depression, resulting *from a long shot*, were almost *all fatal*. The reason I ascribe for their favourable result in *close quarter* cases is, that the destruction is *local* and *complete*, the molecular particles of the brain have not time, I may say, to take *extended disintegration;* in a *long or spent shot they* have, and the injury is diffused, perhaps *to a vital point*. I think, further, if the antiseptic precautions that are undertaken in ovariotomy operations were extended to these cases, the result would be equally brilliant.

The class of injuries from sand bags and other blunt projectiles, can be easily understood as to their fatality, from their method of destroying and pulpifying brain tissue. I may refer to Coles' statement, where he says, in his "Field Practice in India," that the English cavalry soldier in his encounter with the Sikh or Afghan cavalry, often received a clean incised wound, *cutting right into the brain*, from their keen blades, but was able to live long enough to return a deadly blow, killing his antagonist instantly, with his *blunt sabre*. I think it very likely if the English soldier could have been placed under favourable circumstances immediately, he would recover, and that the probabilities were, that hæmorrhage killed him, and not the amount of brain injury.

What I have stated is to show that in those peculiarly puzzling head injuries we may gain considerable assistance in our prognosis and treatment, by having an approximate knowledge of the velocity of the body producing the injury to the brain, and the direction and class of projectile that has inflicted it.

# Clinical Records.

## MEATH HOSPITAL, AND COUNTY DUBLIN INFIRMARY.

*Brief Notes of Cases of Operation.*

UNDER THE CARE OF

Mr. LAMBERT H. ORMSBY, F.R.C.S.

(For the following notes we are indebted to MR. MACNAMARA WILLIAMSON, Resident Pupil).

OPERATION I.—*Removal of Sequestra—the Result of Specific Necrosis of Tibia.*—John B., a stout young man, æt. 20, was admitted for necrosis of tibia on April 21st, 1879.

*History.*—Had contracted syphilis about two years previously. Six months ago was suffering from specific periostitis of tibia. Operation performed on April 23rd. Esmarch's bandage applied. An incision about three inches long was made over the anterior portion of the diseased tibia. The gouge was then very freely used, and, with the aid of bone forceps, several small sequestra were removed. The patient was fully etherised. Since the operation the patient has been entirely free from nocturnal pain, which was constant before.

Mr. Ormsby alluded to this point in his clinique on the case; mentioning that exacerbations of nocturnal pain in syphilitic disease of bone, was a marked characteristic of the affection.

OPERATION II.—*Removal of Sequestrum from Tibia—the Result of Necrosis caused by Injury.*—Mark M., æt. 50, a countryman, admitted on April 19th, 1879.

*History.*—In appearance this man looked healthy and robust. Two years ago he received a severe blow on the front of his shin, and the front of the leg was more or less tender ever since. Six months ago he received a fresh blow on the same place, and he got a sharp attack of periostitis, which he neglected. When examined with a probe the sequestrum was quite moveable and loose in the bottom of the ulcerated surface. Operation performed on April 23rd by a single incision over the sequestrum. Gouge and bone forceps used, and the sequestrum was removed without much difficulty. The soft parts, as is mostly the case, were very vascular.

Mr. Ormsby remarked that in this case we had necrosis coming on from a traumatic cause, and neglected periostitis. It was also interesting to remark that the patient did not at all complain of increase of pain at night, which was most marked in the preceding case. The patient since the operation has been progressing favourably.

OPERATION III.—*The Effect of the Needles of Leclanché's Battery on Vascular Tumours.*—A. L., a baby, about 9 months, was suffering from a small congenital nævus on the nose. The needles attached to a Leclanché battery were introduced into the centre of the nævus. Hardness was the most immediate effect, and gradually the entire spot seemed to disappear by suppuration. In this nævus it only required two applications of the needles to produce the desired effect.

Mr. Ormsby mentioned a 10-celled Leclanché's Battery was quite powerful enough to cure the majority of capillary and other nævi. Some required one application, some more, according to the size. He also drew attention to a very simple matter, which is very important to be aware of; when withdrawing the needles from such vascular tumours, one of these points frequently bleed very freely, and require sometimes continued pressure, styptics, &c., to stop it, it is also found that the bleeding in the majority of cases comes from the puncture made by the needle in connection with the carbon plate of the battery, and seldom from the puncture of the needle in connection with the zinc plate. The current in the needles can be easily changed by simply reversing the attachments at the battery; in this way, both needle points are completely seared by the galvanic action, and no bleeding takes place.

OPERATION IV.—*Excision of Hypertrophied Tonsils by Means of Luer's Guillotine.*—J. M., a strong healthy girl, æt. 19, was admitted into the Meath Hospital suffering from enlarged tonsils, which gave her a great deal of trouble when swallowing, particularly when she had a cold. Medical treatment and local caustic applications had frequently been adopted with very little effect. Operation performed with Luer's guillotine. Both tonsils were completely removed; the hæmorrhage resulting was very slight, and the girl left the hospital ten days after the operation perfectly well. Mr. Ormsby drew the attention of the class to this case, mentioning the ease by which the tonsils could be removed by the form of guillotine he used. In case, however, that the surgeon had not the guillotine at hand, a hernia knife and a hook were useful means for removing portions of the tonsil.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 9TH.

Dr. GREENHOW, President, in the Chair.

Mr. BRYANT

ON A CASE IN WHICH A BILIARY CALCULUS WAS REMOVED BY OPERATION FROM THE GALL BLADDER, AND A CURE RESULTED.

It occurred in a single woman, æt. 53, who was admitted into Guy's Hospital under Mr. Bryant's care in July, 1878, with two discharging sinuses of three years' standing, following an abscess, which had been previously forming for two. At first the sinus was laid open, and pus alone escaped; but subsequently, as bile flowed in quantities from the wound, an exploratory operation was performed, and at a depth of two inches a biliary calculus, one inch long, turned out of the gall bladder. Everything went on well after the operation, and although bile continued to escape from the wound for about two weeks, the parts quite healed in about four months, and the

patient left the hospital cured. The author brought the case before the Society as an encouragement to surgeons to apply their art in later or allied cases, for he was well prepared to support the suggestion of Dr. Thudichum, made twenty years ago, "that gall stones might be removed from the gall bladder through the abdominal walls;" and he pointed out that under certain circumstances the operation was justifiable, when the sinuses by their presence were setting up inflammatory and suppurative changes about the gall bladder, without any obstruction to the bile ducts, as well as in that more serious class of cases in which the cystic or common bile duct was obstructed, and dropsy of the gall bladder, with jaundice, complicated the case, as shown by the cases of Dr. M. Sims and Mr. G. Brown.

Mr. HULKE said there was no shadow of doubt as to the propriety of the treatment in Mr. Bryant's case. He simply rose to say that the whole question had been exhaustively treated in an early number of the *Memoires de Chirurgie* of about the year 1706. In a case there discussed, the stone was withdrawn by the forceps, and the author drew an analogy between it and the operation of lithotomy.

Dr. ALLEN STURGE

ON A CASE OF SPONDYLITIS DEFORMANS.

The patient, a man, æt. 26, was an artificial flower maker, who had been under his care at the Royal Free Hospital. The mother suffered very much from rheumatism. One brother had severe chronic rheumatism, and another was said to be very subject to gout. The patient's health had been good before the present illness; there was no distinct history of syphilis. Prior to his illness he had been a strong, upright man, and a rapid runner. The present condition began eight years ago, with pain in the back, which had never since quite left him. Gradually the back became stiff, both in the cervical and dorsal regions. When he came under care the spinal column was remarkably fixed throughout. The lumbar and dorsal regions together formed a curve of large radius, with the convexity backwards (spinal lordosis); and the spine, as a whole, was on a plane, posterior to that of the sacrum, producing a projection forwards of the abdomen, the legs being carried back in a corresponding degree to catch the centre of gravity of the body. There was no special tenderness of the spine at any part. In bending forwards, the spine, as a whole, remained quite stiff, and flexion appeared to be almost entirely confined to the lower two or three lumbar vertebræ. The cervical part of his spinal column was very stiff. Power of flexion of the head forwards and backwards was very limited, and lateral movement of the head towards the shoulders was almost abolished. Power of rotation, though imperfect, was less impaired than the other movement. The thorax was very rigid; breathing was almost wholly abdominal. On drawing a deep breath there was a slight movement of expansion, but scarcely any of elevation. Dr. Sturge remarked that this condition was one of very rare occurrence, and would appear to be rheumatoid in its nature. The post-mortem changes were described a good many years ago by Professor R. W. Smith, of Dublin, and more recently by Dr. von Shaden, of Altona. They were like those met with in rheumatoid arthritis of other parts of the body, viz., absorption of the articular cartilages, nodular growths on the articular surfaces of the bones, and anchylosis of adjacent vertebræ, to which must be added absorption of the intervertebral cartilage. It might coincide with rheumatoid affections elsewhere, but in many cases it was confined to the spine, or to the spine and costo-sternal articulation. Todd had seen a case in a man aged 25, and Eulenberg had met with it in a girl of 12 years old. As a rule, however, bony anchylosis of the vertebræ occurred in old people; but it was doubtful whether the disease in young persons could be looked upon as identical with that which occurred in old people.

Mr. BRYANT remarked that Dr. Fagge had brought before the Pathological Society about two years ago a case of the kind, in which the joints between the vertebræ, and those between the ribs and the vertebræ were anchylosed, so that the patient, having bronchitis, and not being able to cough or breathe, died asphyxiated. Dr. Fagge had not in that case discovered the anchylosis during life, and there was not in that case the deformity found in Dr. Sturge's case.

Mr. BARTER inquired whether in these cases there was fusion between the bones of the spine, or whether there was simply a locking of the bones, due to bony outgrowths. Fusion in such cases was rare. Was there complete bony union, so that on section one could not find the line of division between the vertebræ?

Mr. HEATH did not think fusion between the vertebræ was so very uncommon, as a result of rheumatic arthritis; but such cases did not lead to the deformity present in Dr. Sturge's case. He thought a photograph exhibiting that patient's deformity should be added to the case, as such deformity was rarely met with, except as a result of ordinary angular curvature.

Dr. STURGE, in reply, was sorry that he had overlooked Dr. Fagge's case in examining the Pathological Society's *Transactions*. He would endeavour to obtain a photograph of his patient, though the man was now in prison.

Mr. HULKE

ON A CASE OF SUTURAL JUNCTION OF THE ULNAR NERVE FIFTEEN WEEKS AFTER ITS COMPLETE SEVERANCE BY A ROOFING-SLATE: EARLY RESTORATION OF FUNCTION.

He said the procedure was a rare one, but where practised had already given most satisfactory results, and held out the promise of restoration to many an otherwise crippled limb. His case was interesting from the long interval that elapsed after the injury before the operation was performed, and for the speedy restoration of commencing nerve function, which was only three or four weeks after the operation. The patient, a blacksmith, æt. 53, was struck by a slate from a roof in a hurricane across the inner side and front of the elbow. The wound thereby produced healed slowly, and was painful from the first, the pain assuming a neuralgic character. The forearm and arm wasted; the man's health suffered; and he was quite unable to do any work. Fifteen weeks afterwards all parts supplied by the ulnar nerve in the hand were numbed and cold, and the scar in front of the elbow was exquisitely tender. The patient was then chloroformed, and an Esmarch's bandage put on. The ulnar nerve was exposed at the elbow, and found to be completely divided, and the two ends widely separated. The upper end was bulbously swollen, and dragged out of its course by the shrinking scar; the lower end was shrivelled. In both ends were minute particles of slate embedded. Both ends were removed by clean transverse sections, and were then found to be three-quarters of an inch apart. In order to bring them together the upper end was stretched, and drawn down, and joined as closely as possible to the lower one by four silk sutures passed through the sheath. Absolute contact was not attainable. The operation was done, and the wound afterwards dressed antiseptically. The neuralgia ceased at once, and did not recur, and in less than six weeks the patient returned home. The sensitiveness which had begun to return about a month after the operation rapidly increased, so that upon leaving the hospital the man went at once to his work.

Mr. MARSH said that on Wednesday last an operation had been performed by Mr. Savory at St. Bartholomew's Hospital, which was very similar to that of Mr. Hulke. Mr. Savory had found the upper end of the nerve bulbous and the lower end wasted, and the ends separated, and had used catgut sutures to join them. He did not think, however, that Mr. Savory had adopted the ingenious expedient of Mr. Hulke, of stretching the upper end, in order to approximate the ends. Mr. Wheelhouse, at Leeds, had had a similar case in which the sciatic nerve had been severed. Surgery was advancing rapidly, for only ten years ago, he (Mr. Marsh) had seen the case of a child with paralysis of the limb from division of the sciatic nerve, and that child had been left without operation, as it was not known that relief was possible.

Dr. GLOVER inquired what was the distance between the ends of the nerve after the operation?

Dr. ALTHAUS said there were on record several cases of recent division of nerves in which, after operation, innervation had recurred; but he did not think there was another case reported in which, fifteen weeks after injury, such an operation had resulted in recovery of nervous power. If the ends of a divided nerve were brought within a quarter of an inch of one another, true nerve fibres formed between them, and a return of innervation occurred; if the ends

were left separated more than a quarter of an inch a union of simply fibrous tissue resulted. If a quarter of an inch of a nerve trunk were removed, innervation returned within eight or ten days.

Mr. HEATH said that after division of a nerve there was often a kind of reflex nerve action in the parts supplied by it, so that they seemed to have their nervous functions carried on by adjoining nerves—as with the ulnar and median. Some years ago he had divided the ulnar nerve in opening a sinus near the elbow; he had immediately put in a silk stitch through each half of the nerve, and had thus united them. He had heard no more of the stitch; and the patient who, when well, left the hospital, had previously recovered much nerve power. He was not a bit the worse for the stitch in his nerve, and had not since been heard of.

Mr. G. BROWN said that Mr. Wheelhouse's case was remarkable because the operation was done so long after the injury—two years, he thought—and the separation between the two divided ends was two inches. The man had originally come to the Leeds Infirmary to have amputation of the leg performed, as the limb was perfectly useless from its paralysed condition.

Mr. MORRIS, in answer to an inquiry, was informed that the silk through the nerve in Mr. Heath's case caused no nervous symptoms, such as neuralgia.

Mr. BRYANT asked what portion of the nerve had been divided. There were several cases of the kind on record, where, the injury having been done for months and even years, the operation had been very successful.

Mr. WALSHAM inquired whether the trophic, as well as the sensory branches of the nerve, were restored.

Mr. HULKE, in reply to Dr. Glover, said that the ends of the nerve after the operation were not absolutely touching, but were as nearly as possible together without actual contact. To Dr. Althaus he said that other cases with a longer interval than his own between the injury and the operation, had been recorded. He had himself in excising pieces of nerve for frontal tic been sometimes quite annoyed at the rapidity and thoroughness with which nerves, from which an eighth of an inch of the trunk had been excised, united, so that their sensitiveness, and with it the tic returned. Then he had cut out half an inch, and the sensitiveness had not returned after six months. But in another case, where nearly half an inch was excised, sensitiveness did return. To Mr. Heath Mr. Hulke replied that the ulnar side of the ring finger before the operation was numbed, and after the operation had re-acquired sensitiveness, so that it did not appear that any adjoining nerves had in his case taken on themselves the functions of branches of the ulnar nerve-twigs in the fingers. Altogether, Mr. Hulke thought that he himself had removed three-fourths of an inch of the nerve at the time of the operation. As to the trophic condition of the skin, he could say nothing about it. The patient has long since left the hospital, and was now at work.

### Mr. A. T. NORTON

#### ON A CASE OF PAPILLOMA OF THE BLADDER—EXCISION—DEATH.

M. C., æt. 34, was admitted into St. Mary's Hospital suffering from the effects of long-continued hæmorrhage from the bladder. The urine contained in addition large quantities of mucus and phosphates. She frequently passed pieces of phosphate of lime the size of a No. 3 shot. There was continual desire to pass water, and after doing so she said the bladder always seemed full. Pure blood escaped after the water, and the pain was excessive. Mr. Norton, on examination, found no calculus, but the bladder was thick in the region of the trigona. A tumour of the bladder was diagnosed. The patient was put under the influence of chloroform, and the bladder examined by inserting the finger through the urethra. In the floor of the bladder was a tumour one inch square, not much raised above the mucous membrane, but occupying the trigona, and about half-an-inch from the sphincter. The tumour was coated with phosphatic calculus. It was evident that the tumour must be removed, and the patient submitted to the risks attendant upon a severe operation, or she must be left to endure the tortures brought about by the contraction of the bladder upon the growth after micturition, and with the certainty of an early death from hæmorrhage, or from blood poisoning. It was impossible to remove the growth through the urethra, and it was decided to cut the mass away by opening the vagina. It was considered that the growth could not be cleared without cutting through the urethra, and the operation was performed as follows:—The spring scissors were inserted, one blade into the bladder nearly up to the tumour, and the other into the vagina, and closed; the front wall of the vagina was then incised centrally to within half-an-inch of the uterus and the vaginal wall, which was found to be not incorporated in the growth, was dissected from the bladder; the growth was then seized with the vulsellum forceps and drawn forwards, and was then excised by the scissors and removed. Bleeding was arrested by actual cautery, and the lateral flaps of the vagina approximated by sutures; to prevent further hæmorrhage a catheter was inserted, and the bladder compressed by plugging the vagina; no hæmorrhage of importance took place. The temperature remained below normal, and the pulse rose to 120. Severe vomiting was persistent until the tenth day after the operation, notwithstanding subcutaneous injection of morphia and five-grain doses of quinine administered frequently by the stomach. After the tenth day she was considered out of danger, was making good progress, took food well, and was cheerful. On the twelfth day after operation, when apparently in health, she vomited, and shortly afterwards fell asleep, in which sleep she died from syncope. *Post-mortem.*—Heart healthy, left side empty; slight clot black, half discoloured; greater part of blood in vessels fluid; wound green and sloughing upon surface, but healthy immediately beneath. Phosphatic deposit upon wound and also in orifices of ureters. Mucous membrane of bladder congested, but of normal consistence. Pelvic fascia and peritoneum uninjured. No thrombosis of vesical or pelvic or iliac veins, and no pelvic cellulitis nor peritonitis. From post-mortem it appears that she died from syncope, and at a time when she was recovering from the complications of the operation. By examination of the wound it was evident that so far as the peritoneum was concerned, a tumour nearly twice the length and twice the breadth could have been removed, but the ureters would be included in such an operation. Whether or not including the ureters in such an operation would add to the severity of the operation cannot be proved, but it is probable that the urine would escape without injury to the parts around. A microscopical examination showed the tumour to be a papilloma. Since writing the above case Mr. Norton had operated upon a second case of tumour of bladder, now in the hospital, but which had completely recovered from the effects of the operation.

Mr. HEATH, in answer to an inquiry, learned that the piece of tumour removed was about an inch across, and was a papilloma. He asked whether it involved the mucous layer of the bladder only, or if it implicated the muscular coat as well?

Mr. KNOWSLEY THORNTON had recently had under his care a case of the kind in an old lady. Having dilated the urethra, he passed his finger into the bladder, and found the growth was small and soft, and situated just above the left ureter. With his nail he had scraped away sufficient to put under the microscope, and it proved to be a round-celled sarcoma. He thought it might be removed by one of three operations, viz.: *per vaginam*, by the supra-pubic method, or through the peritoneum; and that the first method would be much less dangerous than either of the other two. Though, if one could be quite sure that the urine would not be putrid, there would not be much risk in operating through the peritoneum. Usually, however, the urine was decomposed, and even in the specimen of tumour which he had removed with the nail there were bacteria in numbers.

Mr. MORRIS asked what was the quantity of blood lost by Mr. Norton's patient, and whether he had removed the whole thickness of the wall of the bladder. A patient in the Middlesex Hospital, æt. 56, and who had often had hæmorrhage from the bladder, was chloroformed, and had the urethra dilated. A long growth was then seized, and taken away by the écraseur, and all the immediate symptoms were relieved, though she died eventually of hydronephrosis. The tumour had acted as a plug to the ureters, and prevented the free passage of urine from the kidneys to the bladder.

Mr. HULKE inquired what was the object of splitting up the urethra as well as the bladder, and after the urethra,

bladder and anterior wall of the vagina had been split up, how was the tumour dealt with? The vomiting had continued much longer than the vomiting from chloroform would have lasted. After the removal of the diseased part the actual cautery was applied, and the parts were then drawn together by suture, was it not probable that the ureters were thus dragged, and the passage of urine interfered with until the sutures were removed? And was not that traction upon the ureters probably the cause of the sickness?

Dr. GLOVER asked if there was any disease in the neighbourhood of the bladder. He related the case of a patient passing blood *per urethram*, with probably cancerous disease of the bladder, there sudden hæmorrhage ensued, and the patient died. There was no disease of the neighbouring parts, and the growth was not encrusted with urinary salts.

Mr. MORRANT BAKER wished to know the character of the growth in Mr. Norton's second—the successful—case.

Mr. BRYANT asked why Mr. Norton had not had recourse to dilatation of the urethra for the operation itself as well as for the diagnosis. Fifteen years ago he (Mr. Bryant) had removed a growth from the bladder of a female patient with the *écraseur*, and the patient was still quite well eight years afterwards. In two other cases he could isolate the growth, and could, he believed, have removed it through the urethra. Such an operation was much less severe than the serious one performed by Mr. Norton.

Mr. MARSH inquired to what degree it was right to dilate the urethra. Beyond a certain point incontinence of urine followed large dilatation. No stone, for instance, larger than an acorn should be so removed. The Society seemed to think that cutting through the vesico-vaginal septum was a serious operation, but he had done it twice or three times in adults, and once in a child, for stone, without any serious results.

Mr. BRYANT thought that with rapid dilatation there were no bad after-effects, but that after slow dilatation incontinence resulted.

Mr. NORTON, in reply, said that he first cut down into the vagina and dissected off the vagina from the bladder. He had then seized the bladder, and with spring scissors had removed the growth. The operation was necessary because of the incessant torture into which the patient was thrown by the constant micturition and hæmorrhage. He had not considered it a very serious thing to cut through the urethra if requisite, as he had before made one from cellular tissue, and could always rely on making the cut surfaces subsequently unite. In reply to Dr. Glover he said if the disease were killing the patient one must do the operation, and consider the disease itself before the constitution of the patient. He said that if he had attacked the disease from the urethra he would have failed, for such an operation was impracticable. As regarded the composition of the tumour from his second patient, it was being prepared for examination under the microscope.

## THE RELATIONSHIP BETWEEN CROUP AND DIPHTHERIA.

AT the monthly meeting of the Metropolitan Counties Branch of the Medical Association, Northern District, held at the Holloway Hall, on April 24th, Dr. TIMMS in the chair, a discussion was introduced by Dr. MORELL MACKENZIE, on this important subject.

He said that the general character of croup and diphtheria is the same, and that the differences in the phenomena are only such as may fairly be attributed to difference of site. He first discussed the question of constitutional disease in general, and pointed out the extreme difficulty in many cases of determining whether a disease was local or constitutional. He then briefly referred to the subject of type of disease, maintaining that the theories as to types were very unreliable as a basis of distinction. Passing on to more specific matters, he referred to post diphtheritic paralysis, albuminuria, and infection. As regards albuminuria, Dr. Mackenzie remarked that it was sometimes present in croup as well as in diphtheria, and it was so often a temporary condition in many diseases that it could not be made a ground of distinction between any two affections. Paralysis, he remarked, sometimes occurred in croup as well as in diphtheria, but that true croup was so commonly fatal that there was seldom an opportunity for observing sequelæ. With regard to the non-contagiousness of croup, he referred to cases reported by Rhüle and Bohn, in which contagion followed cases which were regarded as undoubted examples of croup.

Dr. HENTY remarked that he had seen and treated many cases of croup, in early practice, on the medical advice laid down by the authorities of the day—bleeding by leeches, tartarised antimony, and emetics of ipecacuanha, and most of them did well; but he remembered in 1852 a severe visitation occurred in an agricultural district of East Kent, when great mortality took place in children from one to three years of age, when different treatment was necessary. The children were suddenly attacked, and as suddenly died from asphyxia, and he thought the east wind which prevailed was the exciting cause, but possibly some zymotic influence prevailed. He did not examine for diphtheritic membrane, which might have existed, believing that the false membrane was the product of inflammation, as in the cases called in the present day infantile acute laryngitis. He had seen many cases of laryngismus stridulus which only resembled them in the sudden spasmodic attacks, and which mostly recovered. As an old practitioner, he was glad to learn modern views as to the identity of the disease, which probably were correct, if the anatomical characters of the exudation were the same, as no doubt they were.

Dr. COUPLAND drew attention to the perfect anatomical similarity between cases of membranous laryngitis, with or without concomitant faucial exudation, which in many cases was present in very small degree, and in others quite absent. It was impossible to exclude the diphtheritic poison in any given case. He asked for an explanation of the rarity with which, in the diphtheria of adults, the membranous inflammation extends from the pharynx to the larynx, as compared with the comparative frequency of such extension in children.

Mr. PARKER said he agreed with those who advocated the etiological identity of all forms of membranous laryngitis. He thought the question was something more than a mere professional difference of opinion, for it would be impossible to treat one's cases well unless correct views as to causation were previously formulated and laid down. Thus so long as croup was thought to result from cold, while diphtheria was acknowledged to be due to some specific poison, different plans of treatment would be adopted; while precautions which it was desirable to take in all cases, might and frequently would be omitted, to the detriment of one's patients, no less than of professional reputation. He could not see anything improbable in the identity of these cases, for the links of communication were obvious and plentiful. He compared contagion to a grain of seed. Seeds were known to differ in their vitality; and, furthermore, soil was known to vary in its power of growing seed. These differences in seed and soil—patients' constitution and the nature of the contagion—could account for all the apparent differences between individual cases, differences which had originally led to the idea of there being two separate diseases.

Dr. DOWSE did not agree with those who considered croup and diphtheria the same disease. After an experience of several epidemics during the past twenty years, he came to the conclusion that diphtheria was not allied to acute inflammatory affections of the throat. On the other hand, he felt sure that at no distant date it would be found that diphtheria was of zymotic origin, and that the poison or germs which gave rise to diphtheria were allied to, if not identical with, those which engendered scarlatina. He contended that so long as we were content to base our opinions upon the anatomical characteristics, and upon the site and course of the exudative material in the throat, so long should we fail to comprehend the nature of the disease which we knew as diphtheria; and he held that the poison of diphtheria, whatever it may be, did not of necessity attack the throat, inasmuch that no false membranes were produced in a great number of cases, but the sequelæ of disturbance in the automatic and volitional activity of the nervous centres was in every case a marked feature. The cyanosis, rapid action of the heart, and respiration, upon the slightest exertion, long before asphyxia could result from closure of the glottis by exudation, showed clearly what a specific effect the poison had upon the pneumogastric nerve and cerebro-spinal centres. The whole train of symptoms were so essentially distinct from those of any catarrhal inflammation of the throat, that he wondered how

it was possible for men who had had experience to confound them together.

Dr. Godwin Timms observed that on the opponents of a received opinion lay the burthen of showing the reason of their dissent. Forty years ago diphtheria was unknown to the London practitioner. About five years later he began to meet with a new—to him—kind of sore throat (with different appearances, symptoms, and required treatment), which, in the severer forms, resulted in occlusion of the trachea by exudation. This exudation, which he considered only an accident of the disease, he is now called upon to receive as a pathogenetic sign of diseases, among which croup is to be numbered. It is difficult to comply with this, when he calls to mind, 1. The sudden onset of croup in healthy children, of from two to four years of age, in inclement seasons. 2. The short course and rapid termination. 3. The absence of contagiousness from the severest cases. 4. The recoveries free from sequelæ. 5. The treatment. And on the other hand, 1. The blood poisoning in diphtheria. 2. The vital depression. 3. The fœtid exudations. 4. The active contagiousness. 5. The lingering course, remarkable sequelæ, and opposite treatment. For these considerations, in opposition to the majority of speakers, he expressed his conviction that the diseases, croup and diphtheria, were distinct diseases.

Dr. Semple being called upon by the chairman, offered a few observations on the relations existing between diphtheria and croup, and expressed his regret that the word croup was used in such an indefinite manner that it was difficult to understand what it really meant. The word in itself had hardly any meaning at all, and was only a common colloquial expression still used in Scotland to denote any harsh or stridulous breathing; but it was applied in medicine to three diseases which are certainly quite different from one another, namely, laryngo-tracheal diphtheria, infantile laryngitis, and laryngismus stridulus. The word "croup" was used by Dr. Home towards the end of the last century to denote a disease attended with a false membrane in the windpipe, and the word was adopted by Dr. Cullen and Dr. Cheyne in the same sense, and it was also adopted by many French writers at the commencement of the present century, who, however, confounded under the same name the three different diseases just mentioned. In this state of confusion into which the word had fallen, Bretonneau adopted it to denote the disease he witnessed at and around the town of Tours, in France, but he cleared away a great part of the then existing anomalies by applying the word "diphtheria" to the croup of Home, and eliminating infantile laryngitis and laryngismus stridulus altogether from the category. Those who doubt whether the tracheal diphtheria of Bretonneau is the same as the croup of Home, must suppose that the former author did not understand what he wrote, for he distinctly expresses himself to that effect in every part of his memoirs. Those who agree that croup and diphtheria are quite different diseases, are perfectly right if they mean that infantile laryngitis is different from tracheal diphtheria, but he (Dr. Semple) could not admit that there were two distinct *membranous* diseases of the larynx and trachea.

# Department of Lunacy.

## MR. DILLWYN'S LUNACY BILL.

The Lunacy Amendment Bill of Mr. Dillwyn, now before the House of Commons, is of itself peculiar. It contains in all seventeen sections, and with the exception of one of these, it is worthless as an addition to our present lunacy law. The result of a long Parliamentary sitting of the Lunacy Committee has given rise to this Bill, but which does not, however, reflect much credit on the framers of its various clauses. It commences by a section in which the justices are empowered to purchase private asylums; but this is not compulsory, and the proprietors of the private asylums can suit their own convenience in this matter. If a private asylum is purchased, it becomes immediately converted into a public one, and is to be governed as such according as the existing lunacy law directs. Private asylums are to be under the jurisdiction of the justices and not of the Commissioners in Lunacy. Before a patient can be received into a private asylum he must be certified by two medical men, and an order for his admission must be signed by a justice of the peace, who, however, is not obliged to personally examine the alleged lunatic. In a case of sudden and violent attack of insanity, a person can be received into an asylum upon one certificate called an "emergency certificate," without any order being obtained previous to his reception. In such a case, however, a second medical certificate and a justice's order must be given within forty-eight hours from the time of the admission. There is one clause which refers to the admission of voluntary patients into asylums which is likely to do good service; a provision is here made by which lunacy certificates need not be signed except when absolutely necessary. One of the chief objections at the present day to placing patients in asylums is a general antipathy to lunacy certificates and the fear of being "branded" as a person of unsound mind to the detriment of future generations should the patient recover his reason sufficiently well to be liberated from restraint and supervision. By this clause it appears to us that it will not be illegal for the proprietor to receive into his establishment patients who may be stated to be on the borderland of insanity. Notice of this must be given to the Commissioners within three days from the reception. There is one extraordinary section enabling any one to apply for permission to send two medical men to examine a person confined in a private asylum. If the Commissioners think proper to grant this request, the medical men visit the patient on two separate occasions, seven days intervening between the visits, and if they consider the case to be a proper one for discharge, he is set at liberty. The person who signed the order has notice of this, but no provision is made for him to take any steps to protest against such interference. This clause is most unsatisfactory in many respects, and is likely to be followed by endless complications. Attendants can be licensed to take the legal care of lunatics in private houses. This is most objectionable; it reminds us of the treatment of lunatics in the olden time, when attendants were entrusted with the responsibility of taking care of the insane, and when they knew that they were free from supervision they would lock the hapless lunatic in his room and repair to the nearest pot-house. Human nature is the same now as it was in those days to which we refer.

The proposed Act may be summed up as inadequate and useless for the purpose for which it was intended, and as there is no possible chance of such an Act passing, it is to be regretted that the work done by the Lunacy Committee has been in vain.

## A CASE OF ORGANIC DEMENTIA OF TWO YEARS' STANDING GREATLY BENEFITED BY HYOSCYAMINE.

By BEVAN LEWIS, L.R.C.P. Lond.,
West Riding Asylum, Wakefield.

L. Q., æt. 40, married, and a schoolmistress by occupation, was admitted on the 24th of January last. Two

years ago patient had a "stroke," in which she was unconscious for half a day, and upon recovery found that she had lost the use of the left side of the body; that there was facial paralysis, and speech troubles. She had suffered frequently since this period from severe supra-orbital neuralgia. She had never perfectly regained the use of her limbs, and her speech had been affected up to the present time. About a fortnight prior to admission she became rambling, incoherent, and alternately depressed and excited. She developed delusions of a suspicious nature with regard to members of her family, and declared they wished to poison her. Hallucinations of sight and hearing were also present, and she constantly addressed imaginary persons, who she stated watched her through openings in the walls of her room. There was no family history of neuroses. She had been a steady, temperate, industrious woman. Upon admission patient was very restless, excited, and suspicious. She comprehended all that was said, but failed in her replies to maintain the drift of conversation, becoming rambling and vacant. There was considerable dementia, evidenced by loss of memory for recent events, and by her replies to questions. She talked continuously and very incoherently to herself in excited tones. There was slight emotional disturbance displayed when talking of her home. She acknowledged having had a stroke, and pointed to the left side of the face as having been paralysed. There was great amnæsic aphasia; thus, when shown a hat she failed to call it by its name. She was next shown a key, and immediately called it a "hat key." There was much tremor present from combined debility and excitement. The pupils were equal but sluggish in reaction. Expression fatuous. Tongue protruded straight and steadily. Respiratory and circulatory systems appeared normal.

January 30th—She is somewhat feeble, tottering in her gait. Her mental condition is one of advanced dementia, and she exhibits in her habits, expression, and behaviour, a great similarity to a general paralytic. Her aphasic condition, when most marked, is, however, evidently amnæsic, and there is as yet no decided ataxia. On the other hand, her expression is one of fatuous rapture. Her articulation is somewhat impaired, although but slightly. Her habits are degraded; locomotion very unsteady. The pupils are equal.

February 9th.—Very restless, and decidedly more troublesome during the past few days. She refuses her food on the ground of its being poisoned.

12th.—Yesterday she had 1-6th of a grain of hyoscyamine, with the result of diminishing her restlessness. She still entertains delusions of suspicion against nurses and medical attendants, and refuses food.

26th.—Has had 1-6th of a grain of hyoscyamine daily up to the 18th inst., and now is much improved. She speaks cheerfully and distinctly, and states that the past few weeks have been quite a blank to her.

March 16th.—She now presents no mental anomaly. She is cheerful, chatty, and industrious; perfectly rational, and gives no evidence of motor disturbance. According to her own account, the sequence of symptoms of her paralytic seizure was as follows:—Left hemiplegia and facial paralysis, with prior loss of consciousness, and no convulsion. Then gradual recovery, speech troubles, great confusion of memory, which remained up to her admission here. The arm regained power last.

26th.—Discharged recovered.

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'SALUS POPULI SUPREMA LEX.'

WEDNESDAY, MAY 14, 1879.

## THE WEATHER AND ITS EFFECTS UPON THE HEALTH.

THE severity of the long winter through which we have just passed, the present inclemency of the weather,

the great prevalence of north-easterly winds, and the long absence of continuous sunshine, are circumstances which give more than usual interest to the Registrar-General's quarterly return.

The winter of 1878-79 will, says the Registrar-General, long be remembered as one of unusual length and severity, although the frosts that prevailed were not of the same intensity as many that have occurred during the past twenty years. The cold during the long severe frost in January and February, 1855, was much more intense than any recorded last winter. The mean temperature of the three winter months of 1878-79, was, however, lower than in 1854-5, and if the month of November were also taken into account, the deficiency of temperature during the past winter would appear still more strongly marked. The mean temperature of the quarter was 37°·1, and was 2°·8 below the average for the corresponding period in 38 years. The number of hours of bright sunshine, measured during the quarter at Greenwich Observatory, was 137·5, and the month of January was so unusually sunless that only 14·8 hours of sunshine were recorded. Moreover, the quantity of rain which fell was as remarkable as the lowness of the temperature. The measured rainfall in the quarter was 7·0 inches, being 2·0 inches above the average amount in the corresponding quarter in 64 years. Since 1815 there has been but one instance of so heavy a fall of rain as that which occurred in February, when the rainfall amounted to 3·8 inches.

Notwithstanding, however, the severity of the weather during the first quarter of the year, the death-rate was not so high as might have been expected. It was certainly above the average, but it was lower than the rate prevailing in the winter of 1870, and much lower than in the winter of 1875. During the last quarter the registered number of deaths was equal to an annual rate of 25·2 per 1,000 of the estimated population. This death-rate exceeded the average rate in the 10 preceding corresponding quarters by 1·1 per 1,000, while the excess upon the average rate in the first quarter of the 40 years 1838-77, was only 0·4 per 1,000. In those 40 years the rate of mortality, mainly governed by temperature, ranged from 21·6 in 1846, to 29·1 in 1855. We are also informed that the cold of the past winter was less fatal than the cold of the first quarters of 1870 and 1875; that the cold was more fatal among our female than among our male population; that the excess of mortality due to cold is invariably greater among rural than among urban populations, and that nearly the whole of the excess in the English death-rate last quarter occurred among elderly persons over 60 years of age. The excess of mortality from cold in the country is ascribed to the far higher proportion of elderly persons in rural populations. With regard to the mortality among elderly persons, the death-rate last quarter among persons over 60 years of age was equal to 103·8 per 1,000, showing a marked excess upon those that prevailed in the three corresponding quarters, and exceeding by no less than 17·9 per 1,000 the average rate in the first quarters of the nine years 1870-8. But the death-rate of infants under one year of age, being equal to 151 per 1,000 births, against 138 and 149 in the two preceding corresponding quarters. Taking twenty of the largest English towns, including London, the lowest rates were 20·3 and 21·3 in Portsmouth and Brighton. The highest rates in Salford (31·5), Liverpool (32·9), and Manchester. The death-rate was also unusually low in Hastings (17·5), and Middlesbrough (18·2).

It must not, however, be supposed that the effects of extreme and varying ranges of temperature are shown merely by the mortality for the quarter during which such ranges of temperature were prevalent. Many of those who for instance fall victims to the severity of the weather in January or February, do not actually die till April or May. They would thus swell the mortality of the quarter following that on which they contracted the fatal disease—a quarter which might be remarkable for its mildness and its relatively low death-rate. We, therefore, think it probable that if the mortality of the month of April or May following a severe winter were, over a series of years, compared with the mortality of the same months following a mild winter, we should find that the death-rate in the first case greatly exceeded that which obtained in the other.

Nor are the effects of remarkably cold, hot, wet, or unseasonable weather, upon the health to be exactly guaged by the mortality to which it may give rise. Unfortunately there are always a number of people who are so constituted as to be morbidly sensitive to extreme cold or heat, to sudden changes of temperature, to very wet weather, or to the prevalence of particular winds. The idiosyncrasy of the human body in this respect is almost as remarkable as that of the stomach with regard to food. We know one patient who revels in a north-easterly wind, and thus finds pleasure in that which is to most Englishmen particularly offensive. We know another who is never so well as when the weather is very wet and sultry. One man does not mind how cold, and another how hot, the weather is, while to most people plenty of bright sunshine is most congenial. There are some who will find most satisfaction in a leaden sky. Dr. Johnson was, therefore, wrong in ridiculing Bozzy for his frequently complaining of the effect of the wet weather upon his health and spirits. The feelings which give rise to such complaints are by no means so imaginary or conventional as the great lexicographer supposed them to be, although doubtless they become much exaggerated through want of exercise of body or occupation of mind. Lastly, there are various functional derangements of the system, or local affections which may be traced to the effect of very high or very low ranges of temperature upon the human frame. These may be of a temporary and comparatively harmless character, or they may make a permanent impression upon the system that is not strongly manifested until long after the occurrence of the circumstances to which they owed their origin. Here, however, we must draw our remarks to a conclusion, only observing that Nature has fortunately so constituted man that he is able to live with impunity in all climates and in all seasons, however severe or changeable they may be. Those who are very old or very young, who lead inactive lives, or whose minds are not fully occupied, are the chief sufferers from the inclemency of the weather.

## THE MEDICAL BENEVOLENT COLLEGE ELECTIONS.

THE mode of election to the benefits of the Medical Benevolent College has frequently of late engaged the attention of the governors. It has been often urged that the system at present in vogue is more likely to defeat than promote the objects of the charity. It must be quite apparent to every one that the expenses attendant upon the canvassing system, especially of so large a body as that of the Medical Benevolent College, is an intolerable evil; for whilst it entails a large expense upon the friends of candidates, it certainly holds out a better chance of success to the more wealthy than it does to the more needy and deserving. Not an election occurs but this truism is painfully exemplified. At the last election an only child, whose friends were manifestly wealthier and more influential than those of other candidates, was elected on a first application, and at the head of the poll, to the exclusion of another left at the head of the unsuccessful candidates whose third and last application it was, and who was the son of a poor widow with four children totally unprovided for. With a view of preventing the constant occurrence of abuses of this kind, and it is hoped of securing the advantages of the College for all alike, a large and influential committee of governors has been formed, who, during the past month issued its views, together with the experiences of those who had already undergone the hardships and expense of a personal canvass. It is proposed by the committee in question, as a remedy for the disappointment involved under the canvassing system, "that the claims of the several candidates be investigated by a committee appointed by the council prior to each election. That a classified list, indicating the more urgent and deserving cases be prepared, and sent with each polling-paper, containing, as heretofore, the names of all the candidates." Already very nearly 3,000 governors and subscribers have answered in favour of this proposal, which we venture to think will be the means of securing the election of the most deserving of the candidates, whilst it will virtually abolish the worry and annoyances of the canvassing system. In a charity like the Medical Benevolent College, it should be quite unnecessary to parade the misfortunes of the family of a deceased brother before the public. In our other charities the greatest regard is given to this point, and, therefore, both the "British Medical Benevolent Fund" and the "Society for the Relief of Widows and Orphans of Medical Men" administer their funds in a quiet and unostentatious manner. The proposed change should recommend itself to those who have at all thought of the subject, and who are ready to acknowledge that our charities exist for the *beneficiares*, and not for those who support them. It is an exceedingly narrow-minded view to take of charity, to demand the exercise of a petty piece of patronage in return for every guinea subscribed. We cannot believe that this is the view entertained by the majority of our medical brethren. It is, therefore, a matter of considerable importance to the welfare of the Medical Benevolent College, and still more to those who are called upon to endure the burdens imposed by the present system, that the great body of the subscribers should not only express an opinion upon the question, but should also attend at the annual meeting on the 29th inst. and support the actions of the committee of governors. At the present moment it is desired that the whole of the governors and subscribers should express an opinion upon the proposed change in the mode of election, and we urge upon those who have not yet signed either form No. 1 or No. 2 of the circular already supplied to them to do so without delay, and return the same to Mr. Jabez Hogg, the Honorary Secretary of the Committee.

# Notes on Current Topics.

### The New Medical Students' Register for 1879,

which contains a list of all medical students duly registered during the year 1878, has just been issued from the Medical Council office.

As in the "Medical Register," to which we have already called attention, so likewise in this Register, there are, we are glad to see, many improvements on former editions. In the body of the work the names and dates are now arranged and punctuated as in the Medical Register, and full information is appended as to the place and date of commencement of medical study, as certified by a master, or a teacher, or an official in a medical school or hospital. Besides these improvements, there is now prefixed to the work a careful introduction, compiled by its Editor, the Registrar, wherein is set forth in full a list of the examining bodies whose examinations fulfil the conditions of the Medical Council as regards preliminary education; a list of the places of medical study in England, Scotland, and Ireland: both lists being furnished with recognised abbreviations, for the sake of securing perspicuity and uniformity in the contractions used; a synopsis of the various recommendations and regulations of the Medical Council in regard to all matters connected with the preliminary education, the registration, and the final examination, of medical students; and a summary of the number of medical students registered during each year, in each of the three divisions of the United Kingdom, from the commencement of students' registration in 1865 down to the present time.

All these features of the Register are new, and greatly add to the value of a work which ought not to have run through a dozen editions, as it has done, in its former slipshod fashion.

The summary of the numbers registered is curious, as showing how gradually the yearly total has increased up to the present numbers. In 1865 there were registered in England 313, in Scotland 61, and in Ireland 208; but in the past year the English students amounted to 881, the Scotch to 500, and the Irish to 353; while the whole number of students registered, from 1865 to 1878, has been in England 8,319, in Scotland 4,719, and in Ireland 4,034—making a total of 17,072.

Under the old *régime* at the Medical Council office, the Register appeared many months after date, and was almost useless for reference. We are glad to see that under the

more business-like management of Mr. Miller, the present Registrar, systematic work has taken the place of that happy-go-lucky style which, for so many years, was characteristic of the office.

## A Russian System of Sewage.

THE *Vratschebniya Vedomasti* gives the following curious account of a method of sewage which is practiced in some towns and villages on the Balkan. The inhabitants dig a canal, which is supplied with water from some stream, and direct its course towards their town. This canal is generally closed by a dam, or the water is used for irrigation purposes, but from time to time, when it is thought necessary, the dam is opened and the water overflows the streets ; the inhabitants then throw into the rushing torrent all the filth and dirt which has accumulated in their courtyards and houses, and even in their cesspools. It is remarkable that, in those places where this method of sewage is practised, the people look very strong and well, and malaria, as well as epidemics, are unknown.

## Cremation.

THE Philadelphia *Medical Reporter* refers to the opposition to cremation in England in very emphatic terms. It says—

That the *bourgeois*, the Philistines, should have set themselves against the method, would not have surprised us. The wilful ignorance and senseless prejudice of that class, in every country, is great; but that the leading medical journals should oppose it is a sad sign of how small the English mind is, even in its better examples. The *Lancet* condemns the experiment in unmeasured terms ; it hopes that "nothing so imbecile as an adoption of the heathen practice of burning the dead will be tolerated in England." It goes on to say : "Time changes many things, but we question whether it has yet so completely obliterated the sense of decency as to enable the people of this country to tolerate the notion of burning their dead," and it actually calls upon the government to put a stop to the undertaking.

After this outburst of folly from a once leading and prominent medical journal, need we be surprised that the English public are rapidly putting a veto on vivisection, on taking casts of criminals' heads, on physiological experiments, and are preparing to do so on the use of unclaimed bodies for anatomical purposes ? We need not be surprised at it, nor shall we have half so much cause to regret it as we thought we had ; for if such stuff as above quoted is acceptable to English medical men, they are scientific men no longer.

## Bogus Diplomas.

THE Philadelphia correspondent of the Boston *Med. Journ.* writes :—There are in this city several institutions which have been doing a good business by granting medical and other degrees *in absentia*. This diploma-selling has become notorious, and has had the effect of casting discredit abroad upon Philadelphia colleges in general, to the great injury particularly of the University of Pennsylvania, whose name has been closely copied in the titles, "The University of Philadelphia," and "The American University." Legislative committees have repeatedly investigated the charges, and indeed a resolution was finally passed revoking their charters, but the supreme court of the State decided that the legislature had no right to rescind these charters, as this can only be done through the courts. Within the last week *quo warranto* proceedings have been instituted, therefore, in our courts, and there is now a determination to accomplish something decisive that shall at last uproot this evil. The present mayor of Philadelphia has done much to abate this nuisance by publishing circulars describing the character of these institutions, which are sent out in response to inquiries that are being constantly received from England and the Continent particularly.

## The Case of Mr. Millerchip.

AT a numerously attended meeting of the Council of the Poor-law Medical Officers' Association, held last week in London, Dr. Joseph Rogers, the President, in the chair, the following resolution was passed—"That this Association learns with regret, that notwithstanding the undoubted and unanswered grounds for reversing the sentence passed on Mr. Millerchip, the Home Secretary has not seen fit to revise the harsh sentence passed on him by Lord Justice Coleridge ; and in such a case in which the solicitor and counsel concerned present new facts in mitigation, and in which the jury had very strongly recommended the accused to mercy, so severe and uncorrected a sentence, cannot but be construed as a refusal of that mercy which ought always to accompany justice. That this is not the first instance in which Lord Justice Coleridge has shown marks of undue severity and prejudice in dealing with charges against members of the medical profession, and that this Council considers that in such cases where the main element of representation to the Home Secretary was that the judge had shown unnecessary harshness, and had not given effect to the recommendation of the jury, it is undesirable that reference to him should be made, and that his opinion should a second time control the sentence against which appeal is made."

## Roman Doctors and their Fees.

SOME time ago there was an animated discussion about physicians' fees. What will the lucky English physician or even general practitioner say to the miserable remuneration of the Italian doctors ? Dr. Ulysses Malusardi, a surgeon and physician employed in the Hospital Della Consolazione, was lately summoned to give evidence before a Roman court in a criminal case, and was detained during the trial from 9.30 a.m. to 3.15 p.m. For this attendance of nearly six hours the doctor was paid the sum of 3 lire, about half-a-crown in English money—a most inadequate remuneration for a professional man. Foreigners, however, pay much higher fees to Roman doctors, often as much as ten or twelve francs a visit. According to recent statistics, says the *Globe*, Rome contains 682 persons exercising the various branches of the healing art, namely, 183 physicians and surgeons, 142 physicians, 66 surgeons, 74 apothecaries, 23 veterinary doctors, 145 midwives, 20 dentists, and 29 phlebotomists. The presence of so many professional bleeders is rather a significant fact, and shows that the lancet is not, as it is with us, repudiated by the Italian physicians. In fact, venesection must be largely practised, for there are many more phlebotomists than dentists.

## Habitual Drunkard's Bill.

THIS Bill, of which we were amongst the first to approve, has just been read a second time in the House of Lords. It has now every chance of becoming law, inasmuch as it is now shorn of most of those provisions which, in its original form, appeared so objectionable as to preclude its having any chance of receiving the sanction of the legislature. If, however, the compulsory clauses of the original bill did not afford sufficient safeguards against any abuse to which they might have been subject, the present bill is, perhaps, as Lord Selborne remarked, "rather too cautious"—so cautious, so permissive, and so experimental, that its very mildness may defeat the object for which it was framed. Certain retreats for the reception of habitual drunkards will be licensed after due inquiry into their fitness for treating dipsomania, and they will be placed under vigilant supervision. The sufferer may be taken there if he, of his own free will, apply for admission, his application to be in writing, and his signature thereto to be attested by two magistrates. He may state the period during which he desires to be detained, and, provided that period does not exceed twelve calendar months, he must remain in the asylum until it is ended, unless, of course, he be discharged cured.

Such being the character of the Bill, there was much truth in Lord Aberdare's remark that drunkenness, enormous as it was, principally affected the lower classes, and yet the present bill would not touch them. A few respectable dipsomaniacs may be persuaded, or even wish, to enter one of these retreats. But it is difficult to conceive how the drunken navvy is to be coaxed, or where the funds are to be found to support him, in one of the proposed retreats. One of the daily papers says that if the Bill do no good, it cannot possibly do any harm—a remark that is not calculated to awaken very sanguine expectations with regard to the satisfactory working of the Bill.

## The Proposed Coroners' Bill.

IN the 30th clause of the proposed Bill "to consolidate and amend the law relating to coroners," it is intended to continue the practice of requiring medical officers of public charities to give evidence at inquests without fee. Against this clause a memorial has been presented to the members of Parliament for the borough of Liverpool, signed by all the hospital physicians, surgeons, and general practitioners of that town, in which they very properly represent the practice as unjust, both to medical officers and to the charities. They urge that as the important services required of them are for the public benefit, such services ought to be adequately acknowledged from the public purse; while the time occupied in giving evidence at inquests is time that could be otherwise devoted to the charities. We do not quite see the force of this last complaint, for how could the payment of a fee to a medical officer compensate the patients for the temporary loss of his services? Defective, however, as the wording of this memorial may be, it cannot be doubted that medical officers of public institutions are perfectly justified in demanding some pecuniary acknowledgment of the trouble and loss of time which attendance at coroners' courts necessarily entails; nor would it be politic of the Government to withhold all remuneration for the important services rendered by medical officers under the circumstances. Compulsory and gratuitous service of any kind is never so satisfactory and reliable as that which is adequately remunerated; and, therefore, Parliament, by continuing the objectionable practice, would be not only doing an act of injustice to the medical officer, but would be acting contrary to the interests of the public, and in opposition to the object for which inquests are held.

## Development of the Anglo-Saxon Race.

IN the number of the *Revue Positiviste*, which has just appeared, says the Paris correspondent of the *Daily Telegraph*, M. Littré has given a rapid glance at the probable development of the races which now divide the world between them. The first thing that attracts attention is the enormous expansion of the English race and language, and whatever may be the future reserved to Canada, India, and Australia in their relations with the metropolis, the English element will remain a living one in all these countries, as it is in the United States.

At first sight this announcement may seem to have little connection with medical politics, but a little reflection will show that the greater the extension of the English-speaking population of the globe the greater scope there will be for the practice of our profession, the greater will be our opportunities of spreading one, and, perhaps, not the least of the blessings of civilisation, and the greater the incentive to advance the knowledge of that service which has for its object the prevention, as well as the cure, of disease.

## The Approaching Election of Council of the Irish College of Surgeons.

THE first Monday in June—fixed by Charter for this election—approaches, and with it brings rumours as to the coming Council. Dr. Mapother, the existing Vice-President, of course ascends the Presidential Chair, which will be vacated by Mr. Smyly; Dr. McClintock seeks the Vice-Presidency; and in the event of Dr. Chaplin, of Kildare, who had announced his intention to compete for that honour, deciding to postpone his candidature, Dr. McClintock will, no doubt, be unopposed. For seats upon the Council, all the existing members will, so far as we know, offer themselves for re-election, and Mr. Smyly, the out-going President, will, no doubt, resume his seat as a Councillor. By the election of Dr. H. G. Croly to the Examinership in Surgery, a Councillor's seat is unoccupied, and for admission to the executive body of the College the following Fellows have already offered themselves: Dr. Wheeler, an ex-Examiner and former Councillor; Mr. Baker; and Mr. Swanzy, Ophthalmic Professor in the College. No doubt there will be many other competitors.

THE Council of the Royal College of Physicians recommend Charles Darwin, Esq., F.R.S., as Baly Medalist for 1879.

## The Examinerships in the Irish College of Surgeons.

THE first Tuesday in May is the day for the election of Examiners, and on Tuesday last the election took place. The whole of the members of the three Courts of Examiners in Surgery, Midwifery, and in General Education offered themselves for re-election. The result was, that in the Surgical Court Dr. Wheeler was replaced by Mr. H. G. Croly, who had formerly occupied the same position, and who had just resigned his office of Councillor to enable him to seek the Examinership. The Courts for the ensuing year, are—

*Examiners to examine Candidates for Letters Testimonial and Fellowship*—B. Wills Richardson, Edward A. Stoker, Edward O'Grady, William H. O'Leary, M.P., Henry Gray Croly, William Thomson, Robert S. Swan, and William Frazer.

*Midwifery*—Henry Croly, John R. Kirkpatrick, and William J. Smyly.

*General Education*—Frank J. Davys, Michael J. Malone, and Robert Morton.

## Extraordinary Gluttony.

IT is not often we hear of extraordinary instances of gluttony; and such cases are only deserving of notice in so far as they show the quantity of food that can be taken at one time into the human stomach. In some of the daily papers an account is given of a gastronomical feat recently performed by two Hayti negroes, who were passing through Paris. They betted 1,000 frs. that they would eat without stopping six hours, and won easily, sitting down to table at noon, and not rising before half-past six. In the long interval they succeeded in consuming eight soles *au gratin*, twelve lamb cutlets, a joint of roast veal weighing eight pounds, three kilogrammes of asparagus, and an omelette of twelve eggs, besides a Dutch cheese, twelve pounds of bread, and fifteen bottles of wine. This story reminds us of similar cases of gluttony narrated by Dr. Carpenter in his "Human Physiology." One Esquimaux, says Captain Parry in his "Arctic Voyages," devoured in 24 hours, no less than 35 lbs. of various kinds of food. The half-breed *voyaguers* of Canada, and the wandering Cossacks in Siberia, habitually consume a quantity of animal food which would be soon fatal to anyone unused to it. The former are spoken of as very discontented, when put on a short allowance of 8 lbs. of meat a day; their usual consumption being from 12 to 20 lbs. We also recollect reading in one of the numbers of the old *Saturday Magazine*, an account of a Hindoo who could eat the whole of an uncooked sheep at a time. There must have been some trickery about this latter feat; but the other cases are well authenticated, and show the extraordinary capacity of the stomach in certain individuals, and in certain conditions of the system.

## Resignation of Dr. Acland.

AFTER a service of thirty-one years Dr. Acland has resigned his post of physician to the Radcliffe Infirmary, which is held in conjunction with the Lichfield Professorship of Clinical Medicine. As there is at present no medical school at Oxford the latter office was a sinecure.

A MEETING of the Executive Committee of the General Medical Council is summoned on Friday, the 23rd inst.

## Danger of Injecting the Uterus with Perchloride of Iron.

AT a recent meeting of the Obstetrical Society of London, Dr. Cory showed the uterus of a woman who had died from the effects of this operation. A solution of perchloride of iron (1 part to 10 or 12 of water) was injected, by means of a Higginson's syringe through the ordinary vaginal tube. The woman became suddenly collapsed, and died almost before the tube could be removed. The fluid appeared to have entered the peritoneal cavity through the left Fallopian tube. In reference to this case Dr. Barnes said that the patient appeared to have died from shock. That the mere contact of iron solution with the peritoneum was not necessarily fatal or dangerous was certain. He also referred to a mode of applying this styptic by means of swabbing, or by using a tube perforated at the end, and containing sponges saturated with the solution which oozed out under the pressure of a piston.

## Waterproof Paper—A New Surgical Dressing.

IN a communication to the Philadelphia *Medical Reporter* Dr. Keen, of St. Mary's Hospital, in that city, after a series of experiments on oiled silk and other membranes supposed to be impervious to water, speaks strongly in favour of a waterproof paper prepared by Seabury and Johnson, of New York, with some preparation of india rubber. It resists damp and any moderate heat, and is not more than a twentieth the cost of oiled silk.

## Surgeon-Major Reynolds.

IN some of our recent issues we referred at length to the distinguished and heroic services of the above gentleman on the occasion of the conflict between a handful of our army pitted against three thousand Zulus, on the memorable night of the 22nd of January, at Rorke's Drift. Not alone do medical men, but all who have read or heard of the trying incidents at that eventful battle, when the heroic services of Dr. Reynolds were witnessed, feel proud of him as an Irishman and a brave soldier. We are now happy in announcing that the King and Queen's College of Physicians in Ireland, on the proposition of Sir D. Corrigan—who referred to Dr. Reynolds's services in the South African war and at Rorke's Drift—unanimously conferred on him the Fellowship *honoris causa* of their College. We cannot but admire the promptness with which the College has presented to a most deserving recipient its most cherished prize, and which is never bestowed unless under notable circumstances. We anticipate that other honours await Dr. Reynolds, and that he will receive the Victoria Cross at the termination of the war.

IT is generally understood that Dr. John Harley will be elected to the post of Physician at St. Thomas's Hospital, vice Dr. Murchison, deceased. Dr. Harley is at present Senior Assistant Physician and Lecturer on General Anatomy and Physiology to the Hospital.

## Society for Relief of Widows and Orphans of Medical Men.

THE Annual General Meeting of this Society was held on Wednesday April 30th, in the rooms of the Royal Medico-Chirurgical Society, kindly lent for the occasion. The chair was taken by the President, Sir George Burrows, Bart., and there was a large attendance. The Secretary read a summary of the proceedings of the Society for the year 1878, from which it appeared that a sum of £3,199 had been received available for the payment of grants and expenses, and a sum of £3,084 had been expended. The total grants to the widows and orphans had had been £2,896 and the expenses of the year £188. A legacy of £500 and a composition fee of 11 guineas had been invested. Thirteen new members had been elected; seven had died, and five resigned. The total number of members at the end of the year was 386. Two widows and two orphans had ceased to receive grants, and two orphans had been taken on; there were fifty-eight widows and eleven orphans receiving ordinary grants, and three orphans on the Copeland fund on the books of the Society, December 31st.

Dr. Stiff, Mr. Sheehy, Dr. Brodie, Dr. Hare, Mr. Holden, and Mr. Heath were elected in place of the six senior directors, who retired by rotation.

Dr. Andrew Clark, having presented £100 to the Society, was, on the recommendation of the Court of Directors elected an Honorary Member. A vote of thanks to the editors of the medical journals for their kind advocacy of the interests of the Society was proposed and carried.

The meeting was made special to consider certain alterations in the bye-laws of the Society proposed by Mr. Charles Hawkins, V.P. The alterations proposed and approved of chiefly related to the general meetings of the Society, and to the publishing by the Court of Directors of an annual report. A cordial vote of thanks to the President for his kindness in presiding at the meeting, and for the great interest shown by him in everything connected with the well-being of the Society, was carried unanimously.

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THE rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 37, Bombay 37; Madras 34; Paris 30; Geneva 29; Brussels 38; Amsterdam 27; Rotterdam 26; The Hague 32; Copenhagen 32; Stockholm 32; St. Petersburgh 53; Berlin 77, Hamburg 28, Munich 42, Vienna 36, Buda-Pesth 45; Rome 23, Naples 33, Turin 29, Venice 24; Alexandria 32; and New York 29 per 1,000 of the populations. Small-pox caused 42 deaths in St. Petersburgh and 24 in Paris.

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THE death-rate last week in the large towns from the seven principal zymotic diseases averaged 3·0 per 1,000. Whooping-cough showed the largest proportional fatality in Brighton and Sheffield; and scarlet fever in Salford, Newcastle-upon-Tyne, and Nottingham. The deaths from measles were most numerous in Newcastle-upon-Tyne, Salford, and Norwich. There were 72 deaths from whooping-cough in London. Small-pox caused 10 more deaths in London, 6 in Dublin, but not one in any of the other large towns.

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CLEOPATRA'S NEEDLE is now being covered with an enamel solution, to protect it from the destructive effects of the London climate and its smoke. This solution, made by the Indestructible Paint Company, is proved to have excellent preservative powers for stone, brick, wood, iron, &c., and has already been used on the Houses of Parliament, St. Paul's Cathedral, and other public buildings. Mr. Erasmus Wilson's noble present to the nation has during the past few days been the subject of litigation in our law courts on the question of salvage.

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THE rates of mortality per 1,000 last week in the principal cities and large towns of the United Kingdom were—Bristol 17, Portsmouth 18, Leeds 19, Edinburgh 20, Sunderland 20, Nottingham 21, Glasgow 21, Oldham 22, Brighton 22, Sheffield 22, Hull 23, Bradford 23, Wolverhampton 24, London 24, Liverpool 24, Salford 24, Norwich 24, Leicester 25, Birmingham 25, Plymouth 27, Newcastle-upon-Tyne 28, Manchester 28, and the highest rate in Dublin 31.

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WE hear that Surgeon-Major W. T. Harding, of the Army Medical Department, in charge of the Station Hospital at Beggar's Bush Barracks, is about to retire on half-pay. He joined the service on the 13th May, 1853, became Surgeon on the 28th of January, 1862, and Surgeon-Major on the 23rd of December, 1872.

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A TELEGRAM from the Governor of Astrachan announces that several cases of spotted typhus have appeared in Astrachan, and that the necessary precautions have been taken to prevent the disease spreading.

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# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE SMITHSTON ASYLUM, GREENOCK.—Dr. Sibbald, one of her Majesty's Commissioners in Lunacy, has in company with the chief parochial officials connected with Greenock, inspected the new Asylum at Smithston, and granted the license for the removal of the lunatics from the old institution in Captain Street to the new premises.

ABERDEEN UNIVERSITY.—The summer session of the Faculty of Medicine, opened on the 5th inst, with the usual introductory addresses from the various professors, the chief event of the day being the assumption of office by Dr. J. Crossar Ewart, the recently-appointed Professor of Natural History, in room of the late Professor James Nicol. The young professor was accorded a most cordial welcome. He was introduced by the Rev. Principal Pirrie, who said that he had the best authority for saying that Dr. Ewart was among the first—probably the very first—of students of biological science. Dr. Ewart, at the close of the introductory address, which may be said to have been purely a class lecture, made suitable allusion to his predecessor, who, he said, had done much to make Scotland a classic field for students of natural science.

THE ROYAL SOCIETY OF EDINBURGH.—The eleventh ordinary meeting of the Royal Society of Edinburgh was held on the 5th inst., Dr. John H. Balfour, and afterwards Sir Wyville Thompson, presiding. Professor Thomas R. Braser read a paper on the "Pituri Narcotica of Australia," proceeding on experiments which he had himself made on a specimen of pituri extract which had been recently given him by Dr. Bancroft. He had been successful in obtaining from this extract a principle which was alkaloidal, having characters similar to those of conia and of nicotia, the principle of tobacco. Thus it produced almost exactly the same physiological action as did nicotia, the only difference which he had discovered being that it caused irritation and contraction of the pupil, followed by dilatation, whereas nicotia produced only irritation and contraction without any subsequent dilatation. The resemblance between the chemical characters of the two substances, he found, to be equally striking. The two principles, therefore, bore a very close relation to, if, indeed, they were not identical with each other. The botanical description of the plant, to the completeness of which, however, a specimen of the fruit was wanting, showed that the pituri plant was that known as *Duboisia Hopwoodii*, and its botanical, taken along with its physiological and chemical characters, made it certain that the pituri plant was properly classed along with the allied belladonna and similar plents in the natural order of the *Solanaceæ*. Sir Robert Christison pointed out that one great importance of the communication lay in the fact that it afforded a proof of the concordance of physiological action with botanical character. Dr. R. H. Traquair explained to the Society the points of a long paper which he exhibited on the structure and the affinities of the platysouridæ, a family of extinct and fossil fishes, which is common to the carboniferous and permian formation. Dr. Traquair's argument was, that the members of the group of Platysouridæ are peculiarly specialised forms of the Paleoniscidæ, and constitute a separate family, having their nearest relations in the last-named group. Sir Wyville Thomson stated that, in his opinion, Dr. Traquair had made out an excellent case for his family and its relations. A note of the probability that marriage entered into by a man above the age of forty would be prolific, was read by Mr. T. B. Sprague, M.A. The purpose of the paper was stated to be to provide reliable data on which actuarial calculations as to the value of successions might be entered into in the cases of men who should marry after the age of forty. The result of Mr. Sprague's investigations was to show that the percentage of unfruitful marriages after that age steadily increased in proportion with the age of the husband.

DR. CLOUSTON ON MENTAL DISEASES—UNIVERSITY OF EDINBURGH.—On the afternoon of May 5th, Dr. Clouston, of the Royal Edinburgh Asylum, began a course of lectures on "Mental Diseases" in the Practice of Physic Class-Room in the Edinburgh University. There was a good attendance of students. Dr. Clouston was accompanied to the platform by Principal Sir Alexander Grant, Professors Maclagan, Rutherford, Grainger, Stewart, Dr. Arthur Mitchell, and Dr. Sibbald. On the same day Dr. Dickson, the newly appointed Professor of Botany, gave his inaugural lecture in the Clinical Class-Room of the University at 4 o'clock in the afternoon.

REASON *versus* THEOLOGY IN SCOTLAND.—The fierce gladiatorial displays at present exhibited in Scotland between the promptings of reason, and the carping narrowness and [illegible] of theological superstition possess interest to the psychological student. The disciples of the "Prince of Peace," when questions arise involving difference of opinion as to the interpretation or value of a dogma seemed to be afflicted with their brethren of humanity with equal frailties, and to be distracted with equal passions, to say the least of it. To what extent asylums have been peopled, the fairest mundane prospects blighted, and domestic felicity embittered by the Calvanistic acerbity of Scotch religion, and its offspring in other countries, is well known to the psychological expert. A bad stomach, a torpid liver, and a genuine Scotch sermon on predestination, duly seasoned with the brimstone condiment for which this country is so famous, all conspire to form the most favourable starting point for mental alienation. A certain section of the Scotch church—the United Presbyterians—evidently at length ashamed of the doctrines of the murderer of Servetus, and of what is politely called here "the eternal damnation of infants," and of "the heathen," the latter comprehending *all* sects outside the pale of the Christion religion, has resolved upon relaxing its standards, or otherwise of checking somewhat the black-balling which leads to Hades—a locality with which the Greeks were familiar, as lying beyond the Cimmerian Bosphorus, but which the Church, for purposes of trade, has transferred to a future state of existence. It now allows, it would appear, so far as it is possible to follow theological ratiocination, that some other than "elect infants," and that *some* of the heathen may be saved. It is difficult in the case of infants, outside the pale of the "elect" ones, to determine how or where the line is to be drawn; while it must be clear enough, so far as the heathen are concerned, that the Zulus and Afghans are entitled to "damnation," and that the Church may safely exclude them by the Heavenly cordon! Contemptible though the reports of meetings of synods, &c., be, the evolution of reason is not without interest to the physician, and it is fervently to be hoped, as one must expect, that it will coincide with healthier brain function, and consequently a greater peace of mind to mankind.

REGISTRAR-GENERAL'S RETURN.—The weekly return of births, deaths, and marriages in the eight principal towns in Scotland for the week ending Saturday, May 3, says:—The death-rate in the eight principal towns during the week ending with Saturday, the 3rd May, 1879, was 22·3 per 1,000 of estimated population. This rate is 3·4 under that for the corresponding week of last year, and 0·9 under that for the previous week of the present year. The number of deaths from whooping-cough has decreased, while that from measles continues the same. The lowest mortality was recorded in Greenock, viz., 18·2, and the highest in Paisley, viz., 43·6. The death-rate from the seven most familiar zymotic diseases was 2·9 per 1,000, exactly the same as for the previous week. The number of deaths from acute diseases of the chest is 19 less than that for the previous week.

CHAIR OF BOTANY IN THE UNIVERSITY OF GLASGOW.—It is stated that Mr. Bayley Balfour has been appointed by the Crown to the Chair of Botany at Glasgow, vacant by the appointment of Professor Dickson to the Chair of Botany in the University of Edinburgh.

THE SWINEY LECTURES.—Professor H. Alleyne Nicholson, St. Andrew's, delivered the first of a course of twelve lectures, under the bequest of the late Dr. George Swiney, in the School of Arts, Chambers Street, Edinburgh, on the 7th inst. The subject of the lecture was the "Geological History of the Vertebrate Animals." There was a large attendance of students.

# Literature.

## MATERIA MEDICA AND PHARMACY FOR THE USE OF MEDICAL AND PHARMACEUTICAL STUDENTS PREPARING FOR EXAMINATION. (a)

It is seldom that the posthumous work of a medical man is published, seldomer still when that work is one intended for students, and treating of a subject so fully written on as materia medica and pharmacy; and there can be no greater evidence of the high esteem in which Dr. Griffiths was held than the appearance of this volume after his death, and its having been edited so carefully by Dr. Duffey.

The author intended to advocate the dissociation of therapeutics from the chemical and other details constituting materia medica, which we believe with him should be completely separated. Materia medica has its proper place in the early part of a student's education; therapeutics should be taught concurrently with medical and surgical practice, and if possible at the bed-side. This volume must therefore, not be judged with other works on materia medica; it is essentially designed for pharmaceutical students, whether they intend to limit their ambition to a diploma from the Pharmaceutical Society or wish to obtain further professional standing

The brief accounts of chemical processes and the descriptions of drugs and pharmaceutic preparations are lucid, and with the aid of a collection of specimens of materia medica, such as that sold by Messrs. Southall, Brothers, and Barclay, of Birmingham, which the author recommends, ought with diligent study to enable a student of average talent to pass a creditable examination. He will soon learn that it is needful to turn to two or three places before he can read all about any given substance; thus calomel appears on p. 57, where its name, pharmacopœial preparations, their strength, doses, and a brief abstract of its action and use are ranged in the columns of a tabulated form. In p. 61 it is described and its chemical characterists detailed, whilst he will have to refer to page 59 for its mode of preparation and an explanation of the reaction which occurs. This is a capital plan for a lecturer or private teacher who requires to group his facts in presenting them to a pupil, but it is questionable whether it is as good for the ignorant student, and certainly it is far less pleasant, than having all the facts presented in a consecutive manner.

One objection to these tables strikes us: take the first of the organic substances, p. 97, order Ranunculaceæ where aconiti and its preparations are described. Under the head of dose, the tincture appears with a dose of five to fifteen minims. Aconitia and unguentum aconiti have short lines drawn. A professor of materia medica well knows this must mean that they are not intended for internal use, but a mere tyro, a student commencing life, might fairly fancy it meant that aconitia was given in a similar dose to the tincture. We would suggest either printing all preparations intended for local employment in red ink or in different type, or in some way carefully differentiating all drugs and preparations intended for internal use from those only applied topically.

To illustrate further what we mean, at p. 145, elder-flower water is said to be "used as a cosmetic and vehicle for lotions;" yet its dose is alleged to be one to two ounces. The matter here is of no practical importance; with aconita it is different altogether.

The typography, entire appearance, and execution of the work is in its favour—it is a creditable specimen of Irish printing. The duties devolving on the editor and deceased author have been discharged with care and cautious supervision, which is evident in every page. The loss of Dr. H. Griffiths to the Irish school was one deeply felt. He promised to occupy a prominent position as a teacher, he had devoted himself with exceptional zeal and ability to become an authority in pharmacy; it is needless to say to what extent he had secured the good wishes and high esteem of his professional brethren. Our ranks have too often to deplore the removal at an early age and unexpectedly of men who are a public loss; few could be worse spared than Dr. Griffiths, and the posthumous appearance of his work deepens our regret that he is no longer toiling in our midst.

We can recommend this book to the student of pharmacy as a good handbook of materia medica.

(a) "Materia Medica and Pharmacy for the use of Medical and Pharmaceutical Students preparing for Examination." By W. Handsel Griffiths, Ph.D., &c. Edited and in part written by George F. Duffey, M.D., Physician to Mercer's Hospital. Dublin: Fannin and Co.; London: Baillière, Tindall and Co.

# Correspondence.

## CROUP AND DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Now that the much vexed question of the identity or non-identity of croup and diphtheria is being seriously discussed at the Royal Medical and Chirurgical Society, it is to be hoped that the distinguished body of men engaged in the controversy will not desist from their labours till something definite and conclusive be arrived at. As in multitude of council there is safety, so in earnest debate, however conflicting the views of the speakers may be, truth is sure to be eliminated from error. It is interesting so far to note the general drift of professional opinion on the questions involved. The majority of the fellows incline to the belief that both diseases, though simulating each other in some general or special characters, are yet to be classified under separate and distinct nosological heads. Some of them, however, while holding these tenets, yet obscure their faith (unconsciously, I trust), by ambiguous language, and indulge in such vague generalities as to leave it in doubt to which party they really belong. Should these gentlemen not suffer themselves to be led astray by specious theories, and should only transport themselves in spirit to the bedsides of their patients, they would not fail, I am certain, to recognise broad clinical distinctions between both diseases. There they would see that there is as great a difference between simple inflammatory catarrhal croup, whether accompanied or not by membranous exudation, and diphtheria, as there is between the edible mushroom and the toadstool. The one is benign, at least in the sense of belonging to the ordinary phlegmasiac, and being combatted successfully by the means usually employed against that class, the other is malignant. The one is local, non-contagious; the other constitutional and communicable. The one runs a course, "short, sharp, and decisive," generally terminating in recovery or death in two or three days; the other not unfrequently lasting as many weeks. In the one, convalescence is rapid, and free from troublesome sequelæ; in the other recovery is a work of slow growth, and not seldom embarrassed by grave after effects. The membranes formed in both diseases present well-defined histological characters, showing a further pathological difference between them. In the one (croup) the membrane is brittle, inodorous, easily detached from the adjacent structures, and consists principally of albumen; in the other, it is elastic, fœtid, firmly adherent to the subjacent tissues, and is mainly composed of fibrine—"fibrillated fibrine," as Dr. Alonzo Clarke, of New York, has well described it. The therapeutic indications, as I have shown on another occasion, are not the less marked and distinct than the morbid phenomena of both affections.

Of all the forms, laryngismus stridulus (false croup, spasmodic croup, &c.), is perhaps the most formidable in appearance, yet, in reality, the most harmless, yielding as it readily does, to nauseating or emetic doses of ipecacuanha wine, &c. The symptoms of asphyxia which are its most prominent feature, recur at intervals, or in paroxysms, while those of the inflammatory and diphtheritic forms are continuous and persistent, and are the unerring harbingers of speedy death, save in the very few and exceptional cases where tracheotomy has been performed with success.

Hoping that these remarks will not be inopportune at the present moment, and claiming your kind indulgence,

I am, &c.,

Bernard Kelly, M.D.

Rotherhithe, S.E., May 10th, 1879.

## INDIA-RUBBER TRACHEOTOMY TUBES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have heard from two distinct sources during the past week that elastic tracheotomy tubes are being manufactured without a canvas lining between the layers of rubber, and with so weak a connection between the tube and its collar, that these can be pulled asunder on making the slightest traction. A tube thus constructed was placed in my hands by a friend on Friday last.

If the question were one merely of good or bad construction, however, I should not, of course, have troubled you with any communication on the subject, but, as the use of these ill-made tubes would be always dangerous, and might be followed, if one broke while in use, by serious consequences, it seems my duty to ask you kindly to insert this note of warning.

The advisability of testing the strength and elasticity of the tubes may not occur to a surgeon using them for the first time.

I am Sir,

Your obedient servant,

W. MORRANT BAKER.

## MANIA AND NECROSIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following is a case of chronic mania which came under my care on board one of the express steamers from Bombay :—

Whilst at sea, a bad gathering took place on one of the fingers, which led to necrosis of the bone, with mortification of the soft parts. Having previously administered chloroform, I amputated the finger successfully, and to this and the care she received on board ship, I attribute her safe arrival in Liverpool. I consider the case interesting, and worthy of record, inasmuch as she had been given over by the medical men both at Madras and in Bombay.

Appended is a history of the case :—

On the 5th March I received Mrs. S. under my care. She was brought on board suffering from chronic mania. Her general health was bad. She had boils and pimples all over her body. Her hand, too, was quite inflamed. There was necrosis of the ungual phalanx of the middle finger, with mortification of the soft parts, gradually extending up the finger, and the hand was tender and greatly swollen. Several large openings on the dorsal surface of the hand were discharging caseous matter. I may mention there was great difficulty in keeping on poultices and dressings on the hand, as the patient used to remove them as often as they were applied. She took nourishment and medicines badly. She had lost flesh, and was feverish, pulse varying from 100 to 120, and at times used to fall into a state of stupor. Treatment consisted of sedatives, absorbents, and tonics, with nourishment. Stimulants were not much used. Antiseptic poultices and stupes were applied to the hand.

On 11th March, I had a consultation with Surgeon-Major Mackertich (one of the passengers), who very kindly gave me his assistance. We decided that the removal of the finger was the only chance of saving life. Consequently (having no instruments on board except a small pocket case), previously administering chloroform, I proceeded to remove the finger, by the only method at my disposal—viz., disarticulating the metacarpo-phalangeal joint. The operation turned out a great success. By great care and nourishment, the bad symptoms subsided. She became more rational ; eat her food, and slept better at night, &c.; and on the 14th March, for the first time, recognised her husband, and her female nurse. The hand also continued to improve, and heal rapidly. I should remark the after-treatment of the wound was on the antiseptic principle.

On 23rd March she walked out on deck, and seemed wonderfully improved in every respect, not only mentally, but also as regards her gait, hand, and health generally.

She left my care on the 4th April, better in health, wound gradually healing up, mind somewhat improved.

I am, Sir,

Yours obediently,

WALTER CROKER POOLE,
B.A.M.B. Dub. Univ., L.R.C.S.I., L.M., &c.

## THE DISPENSARIES (IRELAND) BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Boards of Guardians, with their usual enlightened ideas, are trying to strangle the beneficent Bill, or its intentions, of Mr. Bruen. In reply to the circular letter of the Local Government Board inquiring what is required in the union, most of them are sending in negative replies. I believe a wrong impression has arisen from the wording of that letter. It states the rates are to be liable for the outlay, but does not state that a percentage is to be deducted as a rent from the salary of the medical officer. Many boards have jumped to the conclusion that the ratepayers are to be at the sole expense, and one board has passed a resolution to petition its county member to oppose the Bill. Another, where a committee of management approved of it on account of a wretched residence, and where the clerk stated he could not, if left to himself, conscientiously say its provisions were not required, was directed by a member of the board to give this *false* reply, stating at the same time, "It was the board's, and not his (the clerk's) answer, that they should be very careful to open anything which might lead to an extravagant outlay, like the pumps, and the pumps were bad enough."

Such are the opinions of sanitary authorities. They state residences are not required where there are none, and where a medical man was obliged to live in a couple of little rooms in a small public house. In another place that there is a very good residence, where even a Local Government Board inspector, who saw it, acknowledged its unsuitability ; and when they had to give in to the imperfections of some of the dispensaries, said they were likely to be repaired. They are always blind to the other side of the matter ; they seem to forget that it would be good management to have their officers residing in a good residence, and medicines kept in a proper place. Their officer ought to be in the best possible health ; not only to be able always efficiently to discharge his duties, but to be able to resist infectious diseases, which he so frequently comes in contact with. They forget that by obliging him to reside in an unsanitary state he is more liable to become ill, and become a burden on the rates for a *locum tenens* ; and while a medical man's opinion is consulted by the highest in the land as to the sanitation of a dwelling, he is left to have no voice as to his own ; but Mr. Bruen's beneficent and wisely-framed Bill does not leave it altogether to guardians to decide, and if passed into law, it is to be hoped their inspectors will see that this Act of Parliament is not attempted to be trampled on or almost annihilated, as the Sanitary Act was also tried to be made a dead letter.

Yours, &c.,

SANITAS.

## ON THE UNITY OF POISON IN SCARLATINA, PUERPERAL FEVER, TYPHOID, DIPHTHERIA, ERYSIPELAS, &c., AND CONCERNING THE ORIGIN OF TYPHOID FEVER AND SCARLATINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In turning over my cases I find two, which, bearing on this subject, I would place on record.

Mrs. B. stated to me that the only manner in which she could account for her having contracted the fever, was that one hot day while walking in the Belgrave Road on her return home from shopping, the dustmen were emptying the dust-bin, and as she passed they were just turning the basket over into the cart. She got a whiff of foul air from some decomposing offal—she thought it was a dead rat or cat—and "the horrid smell never left her nose, nor its taste her mouth, till her convalescence from the fever."

The next patient was a lady, who, finding a most unpleasant smell about the front of her house which could not be accounted for, searched everywhere till she came to the dust-bin, on opening the door of which the foul emanations from a decomposed rabbit met her, and were so offensive that she vomited, immediately sickened, and was for a long time laid low with typhoid, from which she made a tardy convalescence.

A little time since I attended some patients in a house wherein an elder member was suffering with typhoid, the younger members being all down with scarlatina, which had shown itself first. From carefully examining into the history

of this outbreak, I gathered that the drains had previously emitted most offensive effluvia. I could find no clue to any other source of origin for these two affections, and the people themselves were persuaded that their illness was due to the one cause—the foul drainage emanations.

Such examples as these, coupled with the cases I have already published, and also those given to the profession by Dr. John Harley, go far to prove that scarlet and typhoid fevers originate from the same contagium—may be, in fact, the same poison developed differently in different persons of different constitutions and circumstances, by which differences, as well as by the largeness of the dose of poison absorbed, typhoid is determined in one case, scarlet fever in another.

Many such cases could be brought forward, both from the case-books of other medical men and from my own, but these I consider to be sufficient.

I remain, yours, &c.,

G. DE GORREQUER GRIFFITH.

9 Lupus Street, Belgravia, London, 25th April, 1879.

## PRISON SURGEONCIES IN IRELAND.

IT will be in the minds of our readers from our frequent references to the subject, that the portion of prison surgeons in Ireland has become very unsatisfactory since the gaol system passed into the hands of the Prisons' Board which was constituted by the recent Act. Under the 27th section of that Act it seemed to the surgeons that all their rights, privileges, and immunities were protected and preserved, and they, therefore, permitted the Act to pass without active remonstrance. No sooner was the Bill law than the Prisons' Board set to work to increase very seriously the surgeon's duties, and as a first step dismissed all the apothecaries and ordered the surgeon to do the work of dispensing. It would have been in the power of the board to modify the duties of its officers, but not to impose new functions; but they not only added to and increased the work of the surgeons but they did so without making any promise as to the amount of increased pay.

Most of the provincial prison surgeons were, *ipso facto*, the surgeons of the County infirmaries, and they protested warmly against these proceedings. Thereupon the opinion of Mr. Purcell, Q.C. was taken by the Irish Medical Asssociation, and was distinctly that the surgeons of prisons were not bound to do the additional work, and could not be dismissed for refusing it.

This decision applied to regularly appointed gaol surgeons, and it is as yet unchallenged, but the County infirmary surgeons held their prison offices by law as an appendage of their infirmary surgeoncy, and the Prisons' Board at once availed itself of that fact to repudiate the rights of these gentlemen and to declare that it did not regard them as prison officers at all or as being in the least protected by the Act. "If," said the Board, "these gentlemen chose to continue to do their duty after the passing of the Act that was their own affair. We did not acknowledge them, and we shall deal as we please with them." Within the past week the question has culminated in consequence of a circular letter addressed by the Board to these surgeons, which informs them that they have ceased to be prison officers and may if they please present themselves for re-election on such terms as the Board sees fit to dictate. Thus challenged, the County Infirmary Surgeons, we are glad to learn, have put themselves firmly on the defensive, and they have already taken steps which, we think and hope, will put the Prisons Board in a dilemma. They have enlisted the sympathy of an influential member of Parliament to bring the case before the House of Commons, have sought the advice of the most eminent Counsel as to their *locus standi* under the 27th clause, and have addressed to the Lord Lieut. an emphatic remonstrance.

We do not profess to interpret the law, though our belief is that the letter of the statute protects the infirmary surgeons, but we feel equal to expressing an opinion respecting the proceedings of the Irish Prisons Board.

Legal or not, it is an outrage on fair dealing, an insult to surgeons of the highest rank, and a discreditable ebullition of despotism and sharp practice, for any board thus to attempt to avail themselves of a legal quibble to oust from their offices, the servants of their department whom they have hoodwinked by the deceptive phraseology of their law.

The transaction is but on a piece with the autocracy which has been adopted in some of the public departments in Ireland. It involves the administration of the Prisons Department in discredit, and we warn the official who is responsible for it, that the attempt to cover injustice by legality will not succeed, and that, if it should, it will cover the administration of the department with disrepute.

# Medico-Parliamentary.

### ARMY MEDICAL DEPARTMENT IN SOUTH AFRICA.

Colonel STANLEY.—In answer to the question of Dr. Ward, I have to say that I think it is premature to consider what honours should be given in regard to the present campaign; and this applies to the Medical Department as well as to the combatant branch of the service. With respect to the defence of Rorke's Drift, an exception was made in the case of Surgeon Reynolds, who has been promoted to the position of Surgeon Major, a promotion like that of Lieutenants Chard and Bromhead, which was special.

### THE CONTAGIOUS DISEASES ACTS.

IN reply to Sir Harcourt Johnstone, Colonel LOYD-LINDSAY said that the Government proposed to at once appoint a select committee to inquire into the operation of the Contagious Diseases Acts. The committee would consist of fifteen members, ten to be nominated in the usual way, and five to be added by the committee of selection, the object being to secure an entirely impartial tribunal.

### PROFESSOR GALLOWAY AND THE COLLEGE OF SCIENCE.

Dr. PLAYFAIR has given notice that he will ask, on Thursday next, whether it was true that Professor Galloway had been dismissed his post as Professor of Chemistry in the College of Science, Dublin, after 23 years' service; and whether the Vice-President of the Council objected to lay the papers on the table explaining the grounds for such dismissal.

# Obituary.

## SURGEON-MAJOR PATRICK J. CLARKE.

WE regret to notice the death of the above-named Army Medical Officer, which took place on last Thursday, at Dinapore, E.I. Having been apprenticed to Mr. W. Colles, he became a Licentiate, and afterwards Fellow of the Royal College of Surgeons in Ireland, and was much respected in Dublin, where he had acted as Recruiting Surgeon from 1872 to 1876. Hart's Army List records that he "served with the Royal Engineers at the destruction of the docks and forts in Sebastopool (Crimean and Turkish Medals). Served at the siege at Lucknow, and in the subsequent operations in Oude (Medal)." In August, 1876, he was refused promotion by the present Director-General of the Army Medical Department on grounds which appear to have been vexatious and unwarrantable. The case has been brought under notice of the House of Commons, by Mr. Weldon, who will revert to the matter on a future occasion.

# Medical News.

**Royal College of Physicians of London.**—The following Members were admitted Fellows of the College on May 9th :—

Bagshawe, Frederick, M.D. Camb., St. Leonards.
Edis, Arthur Wellesley, M.D. Lond., 22 Wimpole St.
Greenfield, W. Smith, M.D. Lond., 15 Palace Road,
Gowers, W. Richard, M.D. Lond., 50 Queen Anne St., W.
Irvine, James Pearson, M.D. Lond., 3 Mansfield St., W.
Mackenzie, Stephen, M.D. Aberd., 26 Finsbury Sq., E.C.
Squire, William, M.D. St. Andrews, 6 Orchard St., W.
Stevens, Henry, M.D. Lond., Sutton, Surrey.
Taylor, Frederic, M.D. Lond., 15 St. Thomas St., S.E.
Williams, John, M.D. Lond., 28 Harley St., W.

**Royal Colleges of Physicians and Surgeons, Edinburgh :**—The following gentlemen passed their final examination, and were admitted L.R.C.P. Edin., and M.R.C.S. Edin :—G. Holt, Hull, C. Williamson, Leith, T. R. Horton, Melbourne, T. O. Wiley, Dublin, S. Gilbert, Wincanton, J. Barr, Manchester, H. Wylie, Kincardine-on-Forth, J. T. Hague, Lancashire, T. R. Allinson, Hulme, Manchester, N. Williamson, New York, H. J. Rice, Mountmellick, J. P. Elliot, Bellingham, J. A. Aris, Holland, J. S. Hooker, Bedford, O. S. Wraith, Lancashire, A. J. Brodie, London, A. M. Gibson, Perth, Canada, C. A. Stewart, Hobart Town, E. I. Read, Stoke, Devonport, O. Williams, Anglesey, P. C. Boyd, Hobart Town, J. F. Arlidge, London, W. J. Notley, Shipdham, E. L. Smith, Tipperary, H. J. Clements, Dingle, P. Mulvany, co. Meath, G. S. Ward, Radstone, Brackley, J. G. Hardy, Durham, G. W. Ellis, Shropshire, T. F. MacNeece, co. Tyrone, J. S. Wray, co. Tyrone, A. W. Oakes, New South Wales, F. H. Daly, Dublin, B. W. Horsford, Cork, A. G. Mackenzie, Strathspey, J. V. Monty, Mauritius, C. J. Harris, Cork, R. Wilson, Buckie, H. S. Lyons, Australia.

**Royal College of Surgeons, Edinburgh.**—Mr. John Griffiths, Wales, passed his first professional examination, and the following gentlemen passed their final examination at the April sittings, and were admitted Licentiates of the College :—H. M. Brachin, Pennyslvania, H. R. Powell, South Sea Islands, E. W. F. Stiven, Mooradabad, Bengal, T. E. Underhill, Staffordshire, H. F. M. Pope, West Malling, Kent, A. W. Scatliff, London, E. Williams, Mold.

**College of Physicians in Ireland.**—At the April examinations the following obtained the licenses in Medicine and Midwifery :—

MEDICINE.—James Robert Barton, Henry Lewis Battersby, Robert Howard, William A. Mahony, Harry Molony, John William Mullen, Andrew Dillon Peyton, Charles Rorke, Henry Arthur Wall, Robert Warnock.

MIDWIFERY.—Henry Lewis Battersby, Robert Howard, William A. Mahony, John W. Mullen, Charles Rorke.

**South London School of Pharmacy.**—The prizes for the 2nd B. course were presented on Saturday, the 3rd inst, by the Secretary, Mr. W. Baxter, to the following successful competitors :—Senior Chemistry : medal, Mr. Newbigin ; certificate, Mr. Lemmon. Junior Chemistry : medal, Mr. Scammell ; certificate, Mr. Stevens. Botany : medal, Mr. Betts ; certificate, Mr. Dutton. Materia Medica : medal, Mr. Cook ; certificate, Mr. Stedman. Pharmacy and Practical Dispensing : medal, Mr. Stevens ; certificate, Mr. Cook.

## NOTICES TO CORRESPONDENTS.

### NEW TRACTORS FOR MIDWIFERY FORCEPS.

In our last issue, page 378, Dr. Alexander Duke, Assistant Physician to the Rotundo Hospital, Dublin, figured and described a new tractor which had been designed by him and used with signal success in hospital practice. By a printer's error Dr. Duke's name was omitted, for which we beg to offer our apologies.

DR. DE GORREQUER GRIFFITH.—We cannot insert letters that have appeared in other journals.

DR. J. B. B.—Many thanks for the information.

MR. H. A. R.—An obvious mistake which the parties concerned would doubtless be glad to rectify.

DR. TILT'S paper on "The Right Understanding of the Change of Life" shall appear, if possible, in our next.

DR. BYRD, Quincy, U.S.A.—We have directed our publisher to send you the missing Nos. Your communication on "Dilatation of the Rectum in Hæmorrhoids" shall appear shortly.

MR. E. CONNOR.—We regret to be unable to assist our correspondent as it is our rule never to give medical advice editorially.

INQUIRER.—A letter addressed to Dr. Farquharson, Brook Street, London, W., will ensure the receipt of a schedule.

### SIR HENRY THOMPSON AND NEWSPAPER CRITICS.

IN our last number, under the head of "Literary Notes and Gossip," we mentioned that a portrait and biographical sketch of Sir Henry Thompson appeared in the May number of a magazine called *House and Home*, which would "probably astonish no one more than Sir Henry himself." That our conjecture was correct, we learn from a letter addressed to us by that gentleman who says that he is continually solicited by journals and magazines of all classes for biographical notes, which he firmly refuses. All notices in whatever shape, therefore, appear not only without his permission, but against his wish, and cause him much annoyance.

A CAPITAL IDEA.—A medical man in very large practice, and much respected for his personal worth as well as his professional skill, lately received an anonymous letter, containing £100, and a slip of paper on which was written, "St. Mark, chap. vi., verse 31st." The text referred to is this : "And He said unto them, Come ye yourselves apart into a desert place, and rest awhile ; for there were many coming and going, and they had no leisure so much as to eat." A more happy instance of Christian consideration could not be conceived. It is not uncommon for ministers to receive from their people the means of taking a holiday, at least in free churches, where the State is not supposed to support the clergy. In America, for example, a pastor's trip to Europe is frequently franked by the generous and considerate members of churches ; but for other classes of overworked professional men this thoughtful kindness is so rarely shown that the case of the doctor is worthy of special notice. Many a man is worn out prematurely for lack of the means to "Rest awhile."—*Leisure Hour* for May.

HARVEIAN SOCIETY OF LONDON.—On Thursday, May 15, at 8½ p.m., Dr. Alfred Meadows, "On Ovarian Menorrhagia." Mr. Edmund Owen, "Cases of Cleft Palate treated by Operation." Mr. Knowsley Thornton, "The Antiseptic Method in relation to Drainage of the Peritoneum in Abdominal Surgery."

### VACANCIES.

Birmingham General Dispensary.—Resident Surgeon at the Aston Branch. Salary, £170. Applications to the Secretary before May 21.
Liverpool Dispensaries.—Assistant House Surgeon. Salary, £108. Applications to the Secretary, 34 Moorfields, Liverpool, before May 26.
Manchester Township.—Resident Assistant Medical Officer to the Workhouse. Salary, £140. Applications to the Clerk before May 22.
Naas Union, Clane and Timahoe Dispensary.—Medical Officer. Salary, £125, with fees.
Oldcastle Union, Ballyjamesduff Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, May 23.
Portsmouth Lunatic Asylum.—Medical Superintendent and Assistant Medical Officer. Salary of the former to commence at £450 ; of the latter at £120, with board. Applications to the Town Clerk before May 26.
Rathdown Union, Powerscourt Dispensary.—Medical Officer. Salary, £110, with fees.
Royal College of Surgeon, Ireland.—Curator of the Museum. Salary, £250. Election, June 5.
Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence provided, no salary. (See Advt.)
Tullamore Union, Clara Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Sanitary Officer. Election, May 30.
Waterford Union, Ulid Dispensary.—Medical Officer. Salary, £120, with fees, and £20 as Sanitary Offieer. Election, May 22.
Wolverhampton General Hospital.—House Physician, also a House Surgeon. Salary, £100, with board, in each case. Applications to the Chairman of the Medical Committee before June 2.
University of London.—Examinership in Medicine. Salary, £120. Applications to the Registrar. Election, June 18.

# Births.

MARTIN.—On April 27, at Ballybay, co. Monaghan, the wife of B. R. Martin, of a daughter, prematurely, stillborn.
THOMSON.—On April 29th, at 34 Harcourt Street, Dublin, the wife of William Thomson, A.B., F.R.C.S.I., of a son.
MARSHALL.—On May 2, at Bradford, Yorkshire the wife of T. Harrison Marshall, M.R.C.S. Eng., &c., of triplets, two sons and a daughter, who survived their birth a few hours.
DAVYS.—On May 5, at Swords, co. Dublin, the wife of F. J. Davys, F.R.C.S., of a daughter.
MACALISTER.—On May 3, at 15 Palmerston Road, Rathmines, the wife of Alexander Macalister, M.D., T.C.D., of a son.
O'NEILL.—On May 5, at Athy, co. Kildare, the wife of P. L. O'Neill, L.R.C.S.E., of a son.
BOILEAU.—On May 5, at Overdale, near Southampton, the wife of Surgeon-Major J. J. Boileau, M.D., F.R.C.S., of a daughter.

# Deaths.

BRIGGS.—On April 30, at Shaw Heath, Stockport, William Briggs, M.R.C.S.E., aged 60.
BROWN.—On April 27, at Rochester, Frederick James Brown, M.D., aged 55.
CHAMBERS.—On May 3, at Brighton, Charles Hall Chambers, M.R.C.S.E., Staff-Surgeon, R.N., retired.
CUMMING.—On May 9, at 18 Ainslie Place, Edinburgh, James Cumming, M.D., F.R.C.P.
GAYTON.—On April 30, at Church Street, Spitalfields, William Gayton, Surgeon (in practice before August, 1815), aged 82.
GRIFFITHS.—On May 1, at Torquay, Francis Thomas Griffiths, M.D., late of Sheffield.
JAMES.—On April 30, at Park Row, Bristol, Joshua James, M.R.C.S.E., aged about 38.
LAMING.—On May 3, at Arundel, Richard Laming, M.R.C.S.E., aged 79.
LANE.—On April 28, at Grosmont, James Lane, M.R.C.S.E., aged 87.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 21, 1879.


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## Original Communications.

### ON THE NATURE AND TREATMENT OF THE CHIEF SYMPTOMS OF CHOREA. (a)


By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children.



(*Concluded from page* 381.)


Of 66 cases of chorea observed by Dr. West 16 were accompanied or preceded by rheumatic symptoms, and in 11 of these was a systolic bruit, persisting after convalescence in 10. In one of the 16 cases rheumatic symptoms and heart disease followed in the course of the chorea; in all the other cases the rheumatism preceded it. In 9 cases, although there was no rheumatism present, nor any history of rheumatism, the heart was the seat of valvular affection when the patients came under observation.

A case of chorea is related by Dr. Althaus (Clinical Society, Jan. 11, 1878), where it came on from masturbation at fifteen years of age, and after lasting for six years it became complicated with epilepsy. Arsenic, bromide of potassium, and various nerve tonics and sedatives failed. Hydrate of chloral checked the restlessness and general convulsion till the patient got into the habit of taking immoderate doses, and at last died in 1874. In obscure cases of chorea, the possibility of masturbation in both sexes should not be overlooked.

As to the pathology of the disease there are two theories extant; one where the disease is attributable to embolism, and the other where it is set down to hyperæmia. Both have found able advocates. Dr. Dickinson is opposed to the embolic theory, and it appears to me inconsistent with the history and clinical features of the disorder. Of seven fatal cases in which Dr. Dickinson made *post-mortem* examinations, he found no plug of fibrine in any of the arteries. Of twenty-two fatal cases which he examined, the frequency of mitral endocarditis was noticeable. (a) He believes the disease to consist in hyperæmia of the nervous centres, particularly the corpora striata and thalami optici, and that congestion in the cervical, dorsal, and lumbar portions of the spinal cord is frequently to be detected. Dr. Broadbent has seen "one fatal case of rheumatic chorea with delirium, in which there was plugging of minute vessels of the brain with decolorised clots." (b) Dr. Hughlings Jackson has met with emboli in the small arteries, and others have seen them in the corpora striata. (c) The slow manner in which the disease so frequently creeps on and returns from time to time at uncertain intervals, the occasional sudden disappearance of the disorder, and the seizures being often general instead of one-sided, are not consistent with the theory of embolism. Dr. Handfield Jones observes "that there seems no more reason for requiring a demonstrable lesion in chorea than in many cases of insanity or delirium tremens, between which and chorea a considerable analogy certainly exists." (d)

Now with regard to *treatment*, rest in bed is the first and most important step to observe in the treatment of chorea. In many cases drugs exert only a secondary influence, rest, warmth, and proper food being all that are required; but the class is by no means small in which iron, quinine, arsenic, phosphorus, and strychnia fail as remedial agents. I have given sixteen drachms of the succus conii in twenty-four hours, to a girl ten years of age, without producing dimness of vision or dilatation of the pupil; indeed, the patient was no more affected than if she had taken water only.

*Chloral hydrate* has been recommended in large doses in violent chorea. (e) The principle of treatment was to

(a) Read before the Harveian Society, May 1, 1879.

(a) "On the Pathology of Chorea."—*Med. Chir. Trans.* 1875
(b) *Lancet*, Oct. 16, 1875, p. 560.
(c) *Ibid.*
(d) "On Functional Nervous Disorders," p. 355. 1870.
(e) *Practitioner*, March, 1877, p. 173. By Robert Bridges,

give thirty grains, and to repeat the dose, or half of it, if the patient did not obtain ten hours' sound sleep in the twenty-four. On waking, a second dose was given in proportion to the ascertained effect, but always less than the first. On waking again another dose less than the second, and so on till the amount of sleep had been obtained, when the chloral was discontinued till the next night. Of two patients so treated, aged eighteen and twenty, one was completely cured in one day, and the other on the fourth day. In a case of acute chorea in a girl of nine, I found that five grains given every night produced tranquil sleep, and it was unnecessary to continue the drug beyond a week. In another case, a girl thirteen years of age, suffering from most severe chorea, began to take ten grains every four hours on admission, as she was much exhausted, and the mother stated she had not slept for a week. In the first twenty-four hours after commencing the drug she did not obtain more than two hours' sleep; then it was given every two hours. After following this treatment for another twenty-four hours, my report says, the effect of the chloral has been to induce sleep for ten minutes at a time, but the least noise woke her. The effect has also been to raise a small weak pulse from 60 to 72 and 76 per minute, and the respirations to 20. Towards the close of the day her sleep became so sound that the eyelids could be moved upwards and downwards for some seconds before reflex action was excited; then she would screw up the eyelids, and relapse into sound and heavy sleep for an hour. The remedy was gradually discontinued as natural sleep returned, and the cure was completed by large doses of sulphate of zinc.

There can be no question whatever that hydrate of chloral is a valuable remedy in some cases of chorea, particularly in those where vascular excitement is present and the pulse is good. Dr. Althaus considers that the theory of chorea is explained by active hyperæmia of the corpora striata and the parts surrounding the fissure of Sylvius, and that the beneficial action of hydrate of chloral is to be attributed to the anæmia which it produces in these structures. Its danger as a depressant is nothing compared to the repose and rest which it ensures to the nervous system, lessening as it does in suitable doses the extreme agitation of the limbs, and the violence of the choreic movements. Sleep so obtained gives the necessary time for repair to the over-excited parts, and will be found to succeed when morphia yields no result.

Dr. Drummond, of Newcastle-on-Tyne, cured an obstinate case of chorea, in a girl seven years of age, by the subcutaneous injection of curara. He commenced with an aqueous solution of gr. 1-40 for two days, increasing the dose on the third day to gr. 1-20, and the next day to gr. 1-10, on the fifth day to gr. 1-8, and on the sixth day gr. 1-5, by which time the patient had recovered complete power over the voluntary muscles. Two days later gr. 1-4 was administered, and there was no return (*Brit. Med. Journal*, June 15, 1878, p. 857.) In a chronic case of chorea which was admitted into the Samaritan Hospital, under my care, in October, 1878, I determined to try the effect of curara. The patient was a girl eleven years of age, and had been under my care on three previous occasions with the same disease. There was incessant agitation of the arms and legs, and it was necessary to keep her in bed. The heart's action was rather excited and thumping, and there was a soft systolic bruit over the apex. After taking hypophosphite of soda and iron, as well as cod-liver oil, she was not manifestly better, and any excitement or conversation would make her very fidgety and increase the muscular movements.

On the 15th of October I injected into the right forearm gr. 1-60 of curara with the following effect:—

16th.—Ten a.m., no effect; 11 a.m., gr. 1-40 injected; 2.30 p.m., no change, pulse 72, gr. 1-30 injected; 6.45, since the injection she has been much quieter and is lying perfectly still, with complete command over the the limbs; pulse 80, inclined to sleep.

17th.—She passed an excellent night, and slept better than she had done for some time past, but agitation w returning in the arms, and I now injected gr. 1-20 at 10.45; at 6.45, as there was no further improvment, I injected gr. 1-10.

20th.—No injection used to-day, but after 2 p.m. the limbs became more agitated, and the facial muscles were more active.

21st.—The mouth, hands, and legs were in greater motion. The effect of the curara has been to keep her quiet for twenty-four hours, and then it has passed off.

I must admit that this drug fully answered my expectations, and I should be disposed to employ it again when the agitation is great, because it controlled the movements, and caused neither headache, sickness, nor any unpleasant symptoms. One difficulty is the alarm which the injection causes.

Lastly, I should like to say a few words about sulphate of zinc, and what I have noticed concerning its action. Small doses are sometimes utterly useless, when large doses succeed; and if it is determined to try the remedy at all, it should not be set aside till the latter have had a fair trial. I have given this drug in doses of from one to five grains three times a day, and continued it for a week without producing any effects, and the remedy has so repeatedly disappointed me that for some time I ceased to employ it. This most likely arose from giving it in too small a dose. Sir T. Watson gave it successfully in ten-grain doses three times a day, in a severe case which had resisted other remedies. There can be no doubt that zinc sometimes succeeds where iron and other remedies fail. In prescribing it, the dose should not exceed a grain three times a day to begin with, and should be gradually increased till there is nausea, or an amelioration of the symptoms. In a chronic case which was temporarily relieved by the hypodermic injection of curara, I began with two-grain doses twice a day, increasing the dose daily, till on the ninth day the patient was taking 18 grains. For the first time this controlled the muscular agitation, improved her voice and appearance, and caused no sickness. On the tenth day, she took twenty grains three times a day, and on the twelfth day forty grains twice a day, without causing the least unpleasant symptom. The heart on admission was rather unsteady, with a soft apex bruit, which I attributed to debility, it was now quiet and regular, and the murmur had entirely disappeared. In another similar case no benefit resulted from large doses of sulphate of zinc, and the patient only became slightly sick when taking ninety-six grains daily in three doses.

I must urge, in conclusion, that the more we look at chorea from the neurosal side, the more we realise its origin in anæmia, debility, and all sources of exhaustion, the more successfully shall we be able to control and to cure it. I believe that a blind credulity in its rheumatic origin, of which we still hear so much, is a serious mistake to entertain, because it induces us to overlook a cause of far greater frequency, and leads to a line of treatment which I have satisfied myself on several occasions, has further tended to impoverish the blood and aggravate the irritability of the nervous system.

## SOME OBSERVATIONS ON THE PECULIARITIES OF THE CAPILLARY CIRCULATION OF THE NEGRO. (*a*)

By MICHAEL HILLARY, L.R.C.S.I.

DURING the late civil war in the United States, in which I was engaged as a military surgeon, the greater facility with which wounds healed in the negro troops in comparison with the whites, was a common remark amongst us. Now, I have never heard any reasonable explanation given for this very well known fact, except the extraor-

(*a*) This paper was taken as read at the last meeting of the Surgical Society of Ireland, there being no time to bring it forward in the ordinary way.

dinarily wise one, "That the negroes were so near akin to the brute." The matter remained in abeyance in my mind, until about three years ago, when I went from Canada, in the winter-time, to assume a government appointment in Jamaica. I was on temporary duty in the Public Hospital at the city of Kingston, in that island, and was very much struck with the larger number of ligatures used in the same class of amputation in the latter country as compared with that in the one I had just left. We had been using torsion and hot sponges to repress hæmorrhage there, and I suggested their use to our chief medical officer, Dr. Steventon, but he said his experience had told him there was nothing for it in the negro but to tie every spouting vessel visible, and even then there was great oozing and welling up of blood. The explanation I got was, that it was the heat, but I tried some simple operations myself in the comparatively cool climate of the Coffee Mountains, and I found the same trouble in stopping the hæmorrhage as they did on the seaboard. Still the matter was inexplicable to me until I was reading the reason given for the loss of temperature caused by the imbibition of alcohol, that it was due to the rapid action of the heart sending the blood through the extremities at such an increased rate as to cause its cooling. This gave me the key to the fact, that had been staring me and others in the face so long, and that is that the circulation, although not diverging from the general distribution met with in the white races is, in the negro, and probably other dark races, more branching and capillary, and less trunkal than with us; this would give the negro the great advantage of having his blood cooled and supplying the free perspiration with which he is endowed, as well as saving his heart the necessity of increased action. To accomplish it, of course the blood will be more slow in his capillaries; this will explain also the cause of the greater vascularity of his wounds and the facility with which they heal. We have only to refer to wounds on our own face or heads to confirm this, being more vascular and we also perspire more freely there than in other parts of the body.

Now this vascularity of the negro, along with his black skin, will account for his immunity from sunstroke, and will also tend to enlighten our knowledge of the pathology of elephantiasis, and its frequency amongst tropical natives. I might also, in conclusion say, that from observations of operations in extreme climates I am inclined to believe that the circulation will be found modified as we go from the Tropics to the Poles, and that the circulation in the Esquimaux is just the reverse of the Negro, we, in the temperate zone holding a middle point, and further, that the pulmonary organs act in an inverse ratio, being more active in the Arctic regions and least so in the Tropics.

## ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON HEARING, RESPIRATION, AND PHONATION; AND THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris,
Translated by H. Macnaughton Jones, M.D., &c., Professor, Queen's University, Ireland.

(*Continued from page* 364.)

### The Manner in which Adenoid Tumours Influence the Ear.

In what manner do adenoid tumours of the naso-pharynx act on the ear, in the numerous cases in which they cause aural affections? It would appear that their influence may be exerted in two different ways; first, by keeping up an irritation in the pharynx, which easily extends to the middle ear; secondly, by mechanically obstructing the entrance to the Eustachian tubes. With regard to the first mode of action, any inflammation whether acute or chronic, which commences in the pharynx, often extends to the mucous membrane of the Eustachian tubes, and even, at length, to that of the tympanic cavity. The same may be said of the inflammation which always accompanies adenoid tumours in this region; its deleterious action may affect the ear, in the earlier stages of the affection, as well as in a more advanced one.

In the cases where the morbid growths have attained their maximum development, their influence may be also exerted, according to their second mode of action, that is to say, by interfering with the orifice of the Eustachian tubes, in such a manner as to prevent the renewing of the air contained in the cavity of the tympanum and the mastoid cells. Arising from that there would be a diminution in the volume of air, by the process which we have described under the name of *quasi-respiratory* change. (*a*) For the theory, hitherto universally admitted, we have substituted a new one, based on physics and physiology, which has also been confirmed by the results of two new methods of treatment arising from this hypothesis.

We must refer the reader to our treatise for a sketch of the consequences of this destruction, and the manner in which to remedy them.

Besides that, the obstruction of the tube by very large morbid growths may prevent the discharge of the fluid effusions secreted in the middle ear, in cases of inflammation; the retention of these secretions will lead to perforation of the membrana tympani, or even to disorders of a still more serious nature. See Case I, where an abscess was formed in the interior of the mastoid process.

### Prognosis of Aural Affections which arise from Adenoid Tumours.

The *prognosis* of aural affections, arising from adenoid excrescences of the pharynx is *in general, very favourable;* this is an important point; they offer, we consider, more probability of a successful result than the analogous aural affections which proceed from other causes. This result is evidently due to the fact, that in these cases we can successfully attack the root of the mischief itself, which it is often impossible to do in other groups of aural affections.

The first essential of success is always to remove, as soon as possible, the cytogenic tumours, which cause, or at least which maintain, the aural troubles. If we operate sufficiently early, we shall usually obtain a complete and permanent recovery; but this successful result will be more problematical if we delay too long to interfere *manu armata.* Even if we operate at the earliest opportunity, it is undoubtedly necessary, at the same time, to attend to the aural affection, guided by the principles which are entailed from the nature of each case, and the degree of development of to which it has attained.

### Views of Authors on the Deleterious Effects of Respiration by the Mouth on the Middle Ear.

We must not leave this subject without referring to the ideas brought forward by many authors, as to the injurious action exercised on the health, and particularly on the condition of the ears, by buccal respiration, one of the most important results of the adenoid affection.

We will first allude to the well-known work of Mr. G. Catlin (*a*); this author, artist and traveller, lived for a long time amongst the Red Indians of North America, and has described them in an extremely curious book. He has laid special stress on the fatal habit of breathing by the mouth, which he calls *malo inferno*, or "the most destructive of habits." Amongst two millions of Indians

(*a*) See our memoir: "De l'Echange des gaz dans la caisse d tympan; considérations physiologiques et applications thérapeutiques." By Dr. Lœwenburg. Published in *Progrès Médical*, February 14th, 1877.

(*a*) Catlin: "History of the North American Indians."

whom Catlin examined, he did not find one individual who breathed by the mouth, nor a single deaf one, with the exception of three or four deaf mutes.

Not one, among 150 chiefs, with whom he conversed, could remember, during the last ten years, a single comrade deaf, or even with defective hearing. Catlin attributes this to a practice of the Indian mothers, who close their children's mouths each time that they breathe through them. (See also Niemeyer, *loc. cit.*, p. 29.)

The conclusions of Mr. Catlin, who does not belong to the medical profession, must not be accepted without reserve, though we admit, even for a moment, the important part which this author attributes to buccal respiration, in the production of affections of the ear causing deafness; it is not the less true that there exists, particularly in childhood, many other causes of aural affections. Nevertheless, we refer to the conclusions of this author, because he deserves the credit of having first directed general attention towards this important subject.

Dr. Cassells lays especial stress on the prejudicial effect of buccal respiration on the integrity of the ear, and thus on the accuracy of the hearing power. When we perform the experiment associated with the name of the regretted aurist, Toynbee, and which consists of swallowing with the nose closed, the air contained in the naso-pharynx is rarified; the effect of this extends to the membrana tympani, through the Eustachian tubes, since the pressure of the external atmosphere now predominating over the intra-tympani pressure drives the membrane outwards. (*a*)

The consequent diminution of the hearing power continues until equilibrium is re-established by swallowing with the nose, because then the interior of the cavity is in communication with the surrounding atmosphere, through the tubes and the nasal fossa, and, therefore, the equilibrium is easily obtained. But when the nose is permanently closed it is no longer possible to re-establish the equilibrium; each act of deglutition can only augment the disorder, which finally becomes completely established.

This influence of deglutition on persons having the nose constantly closed, on which M. Lucæ, of Berlin, (*b*) has laid great stress, is theoretically plausible; nevertheless, we are of opinion that the conditions necessary to cause this could only exist in cases where there was an absolutely hermetic closure of all the nasal passages; but according to our observations, the cases in which the passage of even the finest current of air by the nose is absolutely impossible are extremely rare, and are only those of nasal or naso-pharyngeal polypus, unusually developed. In most cases, even the most advanced, of pharyngeal adenoid tumours, the nose is so much obstructed as not to leave a sufficient channel for the volume of air necessary to respiration, but the obstruction is not complete; and since only a very small channel of communication is required to re-establish at once the equilibrium of pressure between these two cavities filled with air, any passage, however small, will be sufficient to avoid the unpleasant results mentioned above.

It seems to us that this process has been confused with that of the exchange of gas by diffusion, for which, indeed, a much longer time is necessary than for the re-establishment of the equilibrium of pressure.

*En résumé*, we think, for our part, that the suction produced by the repetition of the act of swallowing, can only be prejudicial to the ear in those cases which are extremely rare, of hermetical occlusion of the two nasal fossa.

### Diagnosis of Adenoid Tumours of the Pharynx.

We have already said that the symptoms we have described must not be considered as conclusive, although they render the presence of adenoid tumours very probable; the definite and certain diagnosis must be based only on *direct proof* of these pathological productions. This certainly can be gained in two ways: by the rhinoscopic examination and by digital exploration. We shall commence by discussing the first of these two methods.

1. *Rhinoscopic Examination.*—The rhinoscope constitutes, so to speak, the counterpart of the laryngoscope; both these special instruments consist of a small mirror, which is introduced into the back of the throat to illuminate certain concealed parts, and to show the reflection of these parts in the same mirror; but in the use of the rhinoscope the polished surface of the mirror, instead of being turned downwards, as is necessary for the larynx, is directed upwards, and it thus projects the rays of a lamp, or of the sun, towards the naso-pharynx and the posterior orifices of the nasal fossa, the reflection of which is being studied. A detailed account of this method will be found in special treatises, as also in our Memoir, published in 1865, (*a*) which contains some of our own views; for instance, those as to the course of the rays of of light, &c., &c. We shall here only borrow some observations which we believe may assist in diffusing a knowledge of this excellent method of examination.

Though some authors consider it *extremely* difficult, and in certain cases even impossible, we are enabled to affirm, on the contrary, that it often succeeds at the first trial, that it is really very difficult to execute in other cases, but that we have never found it decidedly impossible in any of the numerous cases in which we have tried it. It is true that an unusual amount of patience is in some cases required on the part of both doctor and patient, but the result will amply compensate for the trouble which has been taken and the time employed.

The principal difficulties will arise from two organs—the tongue and the soft palate. Many patients do not know how to flatten the tongue so as to prevent it from diminishing a space, already so limited, a troublesome peculiarity which we find more frequent in women than in men.

If we attempt in these cases to depress the organ with a tongue-depressor it will frequently forcibly resist, and the muscular contractions will engage the pharynx, and sometimes even other parts of the digestive tract. Under these circumstances we show the patient before a mirror in what position he should place his tongue, and we make him practice depressing it until he succeeds sufficiently for the examination.

The second difficulty is still more serious: in order for it to be possible to project the rays of light from below upwards, from the buccal pharynx to the posterior nares,

(*a*) We will avail ourselves of this opportunity to acknowledge publicly the prior claims of an author who has not received the justice which he deserved. The first who advanced correct views on the phenomena which take place in the naso-pharynx during deglutition, was M. Maissiat, whose degree thesis (of the year 1838) contains an excellent description of this physiological act. He supports his opinion by argument, but also by ingenious experiments, for which he first used a mano-metric glass-tube, hermetically adjusted to one nostril, while the other was closed. He thus proved suction inwards during the repetition of the act of deglutition, which was seen by the inward movement of a drop of coloured liquid, closing the opening of the mano-metric tube. Although a *résumé* of this account is found in the physiology of Longet, the classical manual most widely circulated for many years, the conclusive experiments of M. Maissiat have, so to speak, remained unnoticed, so much so, that in 1853 Toynbee ("On the Muscles which Open the Eustachian Tube" in "Proceedings" of the Royal Society, 1853) supposed that there was, on the contrary, at the moment in question, increase of pressure and a reflux current of air directed back towards the middle ear. It required the assistance of our friend M. Politzer, to re-establish the facts that M. Maissiat had laid down; he also proved them by the aid of a mano-metric tube, which he this time inserted into the external meatus, following the example of M. Fick. He thus ascertained the concavity of the membrana tympani from the influence of the rarefying of the air in the middle ear which takes place during the repetition of the act of deglutition, when the nose and mouth are closed. This diminution of the pressure is only a result of what takes place at the same time in the naso-pharynx, and which may act under these special conditions on the gaseous contents of the cavity, through the canal of the Eustachian tube, which is considerably dilated at that moment.

(*b*) *Archives d'Otologie*, 1869, p. 188, and following,

(*a*) *Loc. cit.*, pp. 105, 106.

the soft palate must be lowered, or else it will intercept the communication between these two cavities ; but in many persons, the least contact of the exploring mirror with the base of the tongue, and still more with the soft palate, excites active movements of contraction, during which it becomes absolutely necessary to cease the examination, lest we may even bring on vomiting.

Other persons, by merely opening the mouth, raise the soft palate so as to interfere completely with the rhinoscopic examination. It is, in order to avoid this last inconvenience, that Czermak advised making the patient pronounce a nasal vowel, the emission of which would prevent the elevation of the soft palate. We prefer, to this frequently ineffectual expedient, another, to which we shall devote a few remarks.

We cannot direct the patient to lower the soft palate, for he does not possess isolated and conscious control over this organ. We, therefore, make him perform a complex movement, with which he is familiar, and which enables us to avail ourselves of the action of the pharyngeal valve. We simply tell him to breathe, or blow the nose, an action which is only possible when the communication between the buccal pharynx and the naso-pharynx is open—in a word, when the soft palate is depressed. Under these circumstances, the tongue being arched, and the soft palate relaxed, by both, the pharynx is, in a manner, shut off from the mouth. But when the operator, while the patient is attempting to execute the desired movement, forcibly depresses the tongue, there remains only the relaxation of the soft palate, which can be thus obtained in a great number of cases. It is evident that then it is *impossible to breathe only by the nose;* but this is of no consequence, the object is attained, the examination can be made. (*a*)

It is often very useful, before proceeding with the rhinoscopic examination, to employ the naso-pharyngeal douche (see below) to remove the secreted masses which encumber, in great numbers of cases, the pharynx and nasal fossa.

Once the rhinoscopic image is obtained, the diagnosis is made immediately ; nothing is more striking than these strange protuberances, which disfigure the ordinary aspect of the naso-pharynx. Thus we were greatly surprised at the first cases in which we saw them, all the more so as at that time, the study of adenoid tumours of this region was, so to speak, in its infancy, having had its origin in the observations of Czermak, Türck, and M. Semeleder.

Besides these positive results, the rhinoscope sometimes gives us negative ones, which are by no means valueless ; we have, for example, lately observed two young people, in whom the symptoms, on the part of the nose and the throat, gave reason to suspect the presence of adenoid tumours, up to the time when the pharyngeal mirror, which was extremely easily applied in both cases, showed that there was no trace of them.

In certain cases of marked glandular quinsy at the back of the throat, where we might expect to find this condition extending above the level of the floor of the nasal cavity, the rhinoscope has shown us that the upper pharynx was exempt in a normal condition, and that the symptoms observed must be attributed to other causes.

Wendt, of Leipsig, ascertained in a case of this nature that there was even atrophy of the pharyngeal tonsil. (*a*)

*Digital Examination.*—Certain authors have lately introduced digital exploration, as if it were a newly discovered method of examination of the naso-pharynx ; this assertion is incredible, since the most superficial study of surgical literature will show that this method has often been employed in other cases to study naso-pharyngeal polypus (see the principal works on surgery ; M. Gosselin, "Clin. Chirurgical," p. 99, &c.)

The method of palpation is as follows :—The index finger, bent, with the dorsal surface downwards, is introduced into the mouth, and hooked round the soft palate. Having reached the naso-pharyngeal cavity, the soft point of the finger explores successively the posterior openings of the nasal fossa, the lateral and superior surfaces of the pharynx, the entrances to the Eustachian tubes, and the postero-superior surface of the soft palate. Here we must practice the "*cito tuto et jucunde*," of the ancients, especially rapidity and gentleness, in order to insure the absence of pain and nausea. Much delicacy and lightness of touch are necessary, especially when we are examining a soft palate, which is easily irritated and much enlarged. This latter difficulty, although, according to our observations, less frequent than some authors believe, in addition to the reflex movements caused by the contact of the finger with these sensitive parts, often interferes with digital examination.

Some authors have believed that it would facilitate this method of examination if the patients breathed by the mouth ; but in obeying this injunction they could not fail to instinctively raise the soft palate in order to prevent the air from passing by the nose, and they thus add a further serious obstacle to the introduction of the finger. We prefer, in accordance with what we have explained in treating of the rhinoscope, to direct the patient to breathe by the nose, at the same time keeping the mouth open, while we then carry it round the soft palate. In attempting to accomplish this the patient is obliged to depress the organ, and this enables us to pass the finger at the proper moment.

We must add some further details of importance. The nail of the exploring finger should be cut closely, and carefully filed, to remove all the edge, which would cause great pain to the patient. Notwithstanding this precaution, traces of blood are almost always seen on the soft part of the finger ; they are due to the great vascularity of these morbid growths, and are even considered as characteristic in the diagnosis of these tumours. We have, however, proved the absence of this sign in indisputable cases of this affection.

It has been proposed to direct the patient to bend the head forward in order that the soft palate, in accordance with the laws of gravity, may fall further forwards. This method, intended to facilitate rhinoscopic examination, has been tried by us for digital exploration also, but we soon perceived that in neither of these cases did it attain the object proposed, and for this reason—that the head, when bent forwards, is brought nearer to the anterior surface of the vertebral column, and

(*a*) We purposely make use of this power of depressing the soft palate in order to facilitate certain operations performed on the middle ear and naso-pharynx.

When the soft palate is raised, during catheterisation of the Eustachian tube, it strikes against the beak of the sound, at the moment when the instrument is being rotated, before it is engaged in the gutteral orifice of the canal. This contact often provokes reflex contractions of the constricting muscles of the pharynx, and thus renders the operation very painful, and sometimes even impossible. We then direct the patient to blow or breathe by the nose, when the difficulty is obviated because thus the soft palate is depressed. Similarly, when in a case of impermeability of one side of the nose, we are obliged to introduce the catheter by the opposite nares—for instance, to pass it by the left nasal fossa, in order to catheterise the right tube—the contact of the instrument often excites reflex contractions, analagous to those which we have been describing. It is then impossible to turn the beak of the sound, in order to disengage it, and draw it away, when the operation is finished. It has been recommended to use force under the circumstances, but we have always found it useless.

In every case we have succeeded in disengaging the instrument with ease, by simply telling the patient to breathe by the nose ; this lowers the soft palate, and relaxes the contracted pharynx as if by magic.

Let us add that it is generally necessary to avoid, as much as possible, contact with the posterior and superior surface of the soft palate, except it is absolutely necessary for operative manipulations.

When a bent sponge or caustic holder is introduced by the mouth, in order to touch a portion of the naso-pharynx—for instance, the entrance to the tubes—the elevation of the soft palate forms an insurmountable obstacle ; here also, we generally obtain a free passage by making the patient attempt nasal respiration.

(*a*) Wendt : "Krankheiten der Nasenrachenhœple," in Ziemssen, "Handbuch der Speciellen Pathologie und Therapie," p. 253, 1874.

that thus the dimensions of the naso-pharynx are considerably diminished from before backwards in the antero-posterior diameter. We believe it to be better to direct the patient to incline the thorax forwards and the head backwards; by this means we get the widest space between the soft palate and the back of the throat; at the same time we secure the greatest distance from the surfaces of the cervical vertebræ, thus gaining as much space as the anatomical relations of these latter with the cranium will allow.

*Comparison of these two methods with one another.*—*Digital examination* enables us to judge of the condition of the posterior superior walls and the lateral regions of the pharynx—a result which it is more difficult to obtain by the rhinoscope, for optical reasons easy to understand. Besides this, the finger gives us the parts in their relative position, as they really are, while, when reflected in the pharyngeal mirror, they necessarily appear fore-shortened, grouped in relation to one another otherwise than as they are in reality. Palpation also shows us whether the morbid growths are soft or hard—an important distinction when considering the method of treatment to be adopted. This method of examination is the more valuable since it almost always succeeds at the first trial, and, consequently, gives immediate results, which sometimes would not be obtained for a long time with the rhinoscope.

Whilst digital examination enables us to ascertain the presence or absence of the tumours, their site, their dimensions, their shape, and often their insertion, the *rhinoscopic* mirror, on the contrary, shows, the condition of the mucous membrane, its colour, and the nature of its secretion; with its asssistance we can also examine deeply into the nasal fossa. Moreover we learn from it with greater certainty than by palpation, the existence of small tumours.

*Conclusion.*—These two methods complete and corroborate each other. We should then, so far as it is possible, combine them in the examination of the patient; the time employed and patience exercised will be more than recompensed by the accuracy of the diagnosis, and the possibility thus acquired of radically curing the affection.

We have still to devote a few lines to another method of diagnosis—the inspection of the superior pharynx by the nasal fossa. According to M. Zaufal and M. Michel, who have advocated it of late years, independently of one another, it enables us to recognise the presence of adenoid tumours. M. Zaufal (*a*) inserts full-sized specula, eleven centimetres in length, into the nasal fossa, until the extremity reaches the pharyngeal cavity almost as high as the entrance to the Eustachian tubes. There are instruments of different calibres, for larger or smaller nasal passages. This method, in certain cases, enables us to examine the entrance of the tube and a greater or less extent of the mucous membrane of the naso-pharynx.

We may add that it is sometimes possible to suspect—almost to diagnose—the existence of adenoid tumours *during catheterisation of the Eustachian tube*, when the beak of the sound meets with a large and resisting obstacle in regions which should normally be free (compare our observations, *loc. cit.*, p. 117—119), but it must not be forgotten that certainty is never acquired except by pharyngoscopic examination, or by palpation.

## PERICHONDRITIS OCCURRING IN CONNECTION WITH THE RIBS.

By H. P. POTTER, M.D.,
Surgical Registrar to St. Thomas's Hospital.

An affection which I believe to be a form of perichondritis may implicate the cartilages of the ribs. Several cases, some seven or eight, which have lately come under observation bear the following characteristics: The disease occurs usually in females about twenty years of age; the swelling which is hard affects one side only, more generally the left, and not extending beyond the cartilages; associated with pain and tenderness, the former being rarely localised, but diffused both forwards and backwards, following the course of the intercostal nerves. In the early stage there is some œdematous swelling of the integuments, which upon pressure are always exceedingly sensitive. It is the subacute form with which patients usually present themselves, the amount of pain, however, having no relation to the duration of the disease; absence of history of any injury or other assignable cause, uncomplicated with hysteria, and not yielding readily to treatment. Mr. MacKellar has kindly shown me some examples of this morbid condition which he has lately noticed, and the symptoms of which closely coincide with my observances. The patients have been treated with the iodide of potassium, quinine, &c., occasionally with very indifferent results. It would be interesting to know whether any of your readers have met with an affection similar to that which I have briefly described, and the results as to relief afforded. It has occurred to me that in those in whom drugs and local anti-inflammatory treatment are of no avail, recourse might be had to deep incision of the swelling.

( ) Zaufal, in various papers inserted in the *Archives d'Otologie*, and in the *Prager Medicin Wochenschrift*.

# Clinical Records.

## HOPITAL DU MIDI, PARIS.

### *Amblyopia, symptomatic of Cerebral Syphilisation.*

By M. CHARLES MAURIAC,
Physician to the Hospital.

Visual disturbance, with alteration of the optic nerves, sometimes arises, either in the course of syphilitic encephalopathia, or after its apparent cure. The study of these visual lesions has been the object of some remarkable works, amongst which must be mentioned in the first place, those of Hughlings Jackson. At the present day, owing to the interest excited by researches into cerebral localisation, their clinical importance seems to be increased, for no one can deny the narrow correlation which exists between optic neuritis and morbid intracranial productions.

But though there are many obscure points to elucidate, yet we should not any longer content ourselves with a vague diagnosis or prognosis. We must interpret the phenomena from their pathogenic point of view, trace them to their immediate cause, and determine in a precise manner, by the aid of pathological physiology, all the morbid circumstances which explain their existence.

Amongst diseases of the brain, those which depend on syphilis are, with cerebral tuberculosis, the most varied and fitted for this kind of investigation. In some previous papers I have endeavoured to solve some of these problems, I again return to the subject with a new case of syphilis of the brain, followed by amblyopic disturbance.

I.—The patient, æt. 21, contracted at Evreux, about the middle of the month of August, 1872, a syphilitic chancre, which had an incubation of about a month. The chancre and the first consecutive complications were slight, and there was no particular indication to excite suspicions of ulterior determination to the brain.

At the beginning of 1873 he had some mucous and superficial erythemato-papulous syphilides. He was taking each day two pilules of the sublimate, of one centigramme each: but not content with this dose, he took five or six in the 24 hours, for many months. In March, he had already consumed 500. He took very little care of himself, and indulged in frequent excesses with women.

In April, he felt himself very fatigued. About this period he suffered from vomiting and dreadful pain in the head. His physician believed it was ordinary me-

ningitis, and applied to his head, leeches, ice, and Milan flies.

Amongst other symptoms he had insomnia, with loss of memory and vertigo, without paralysis or convulsions.

This state lasted for three weeks, when one day, as he was walking along the Boulevard Mont-Parnasse, he was suddenly struck, without losing consciousness or falling, with complete aphasia, with paresis of the face, of the arm, and leg, on right side. The passers-by took him for a drunken man : he was led to his house, and 24 hours afterwards was brought to the Hopital Necker.

From the moment he was attacked, up to some hours whilst in the hospital, he did not lose consciousness for a single instant—he saw, heard, observed everything which passed around him, without being able to utter a single word. But after 24 to 36 hours, complete coma ensued, interrupted from time to time by delirium, which necessitated the of the strait-waistcoat. Leeches were applied, and the syrup of Gibert was given him. The state of unconsciousness, the alternation of coma and excitation, with aphasia and right hemiplegia persisted for three weeks. Then a sensible amelioration took place, and went on without interruption. The power of movement returned in the upper extremity, then in the right lower extremity. The aphasia persisted for a long time after the disappearance of the hemiplegia ; it only disappeared, little by little, as memory returned. He was obliged to learn afresh to read and write.

*Treatment.*—The syrup of Gibert and iodide of potassium was continued.

Speech became clear in the month of July, 1874—the second year of syphilisation, the sixteenth month of head symptoms. He had not recovered his full intellectual integrity—he was obliged to become a cab driver.

II.—Two years afterwards, about the middle of the year 1876 (the fourth year of syphilisation) his sight became weak, the pupils dilated and became stationary. I then received him under my care. At the bottom of the pharynx and on the left side of the isthmus, deep tertiary ulcerations were seen. His physiognomy presented a strange appearance, on account of the dilatation of the pupils. His intelligence was far from being brilliant. There was no embarrassment of speech, memory pretty good, no nervous trouble, nothing on the side of the heart or large vessels ; general health satisfactory.

Returning to the previous history ; the aphasia and right hemiplegia had been very precocious, as they had supervened in the seventh or eighth month of syphilisation, after being preceded by three weeks of pseudo-meningitic prodromata.

Thanks to the specific treatment, his cerebral state was sufficiently satisfactory, for the most urgent symptoms had disappeared. This case may be cited as a typical example of one of the most known forms of symmetrical encephalopathia. I have proved in my memoir on "Precocious Syphilitic Affections of the Nerve Centres," that the synthoma, aphasia and right hemiplegia, predominate amongst the other manifestations of cerebral syphilis. This case may be added to those already published.

Before proceeding to the ocular derangement, which is the principal object of this paper, I desire to point out that the patient had taken sublimate to excess, for some months preceding the attack.

Had the long continued ingestion of this salt, in large doses, any influence in the production of head symptoms ? Without rendering it completely responsible for the encephalopathia, may we not suspect it was not a stranger to it ? I put these questions, because in the statistics of Dr. Julliez, on the "Etiology of Tertiary Syphilis," we see that patients treated by mercury were more frequently attacked by cerebral complications, than those who did not absorb this medicine. We must not for that incriminate, or still less condemn a remedy which has rendered such precious services. But, perhaps it would be well to use it with great care. We may affirm that, if it has not been instrumental in producing the encephalopathia, yet it was not efficacious to prevent it.

III.—This patient had become, little by little, amaurotic. Although the disturbance of speech and motion had not returned, though there was no fresh attack of encephalopathia, yet there could be no doubt that syphilis was the direct cause of this new complication.

But in what did the alteration of the eyes consist ?

One of our most learned ophthalmists, M. Maurice Perrin (Professor, Val-de-Grace), examined the patient with the ophthalmoscope. His notes I subjoin—

*State of Vision of M. L——.*

*Visual acuity.*—Right eye, 1-30 ; left eye, 1-10.

*Field of Vision.*—Right eye : central scotoma, the effect of which renders peripheric vision clearer than central vision. Diminution of frontal and jugal angles. Left eye : visual field normal ; no central scotoma.

*Optometric State.*—The two eyes are hypermetropic, the right to a greater degree than the left.

*State of Sense of Colour.*—Both eyes dyschromatopic.

*Ophthalmoscopic Examination—*

*Right Eye.*—The optic papilla is in process of atrophy. It presents in the centre a vast physiological excavation, with considerable enlargement of the central artery. The arteries are diminished in size, the veins, on the contrary, are large, of a deeper colour and sinuous. No appreciable alteration of the muscular region.

*Left Eye.*—Same ophthalmoscopic appearance.

(*To be continued.*)

# Special.

## SKETCH OF A MORE POPULAR AND ECONOMIC ORGANISATION OF THE ARMY MEDICAL DEPARTMENT,

AND THE MORE IN ACCORD WITH THE WISHES OF THE ARMY THAN THAT PROPOSED BY THE WAR OFFICE COMMITTEE, WHILE AT THE SAME TIME EMBODYING THE BEST OF THEIR RECOMMENDATIONS, AND THOSE GENERALLY APPROVED OF BY THE MEDICAL PROFESSION.

*Mode of Government.*—Army Medical Board to be abolished, and a single responsible chief substituted under the sole control of his Royal Highness the Commander-in-Chief at the Horse Guards.

*Title.*—More military, as "Royal Medical Staff Corps," shown in the Army List among the corps, not the Departments of the War Office.

*Organisation.*—As in the German army, the most highly organised and administered for the purposes of war—*i. e.*, modified regimental. Each battalion of infantry, corps of cavalry, and brigade of artillery, being in charge of a medical officer available for duty in, or charge of, stationary hospitals. For these special duties 190 of the reduced establishment proposed by the Committee would be required—viz. :

| | |
|---|---|
| Battalions of infantry ... ... | 138 |
| Regiments of cavalry ... ... | 28 |
| Brigades of artillery ... ... ... | 24 |

Leaving 600 officers, or more than three-fourths, for brigade depôts, general staff duties, casualties, reliefs, &c.

NOTE.—Each battalion in the German army is in medical charge of an officer, styled a "staff and regimental surgeon," who treats his sick in sedentary or "garrison" hospitals. The *personnel* and equipment of these hospitals are localised. The name of the medical officer appears in the

regimental cadre and gazettes. He accompanies his corps into action, and is mounted.

*Advantages claimed—*

(*a*) Would not interfere with reduction to establishment proposed by War Office Committee, as a means of covering the cost of improvements in rates of pay and retirement.

(*b*) Regiments would be organised during peace in their medical *personnel* as they are to be by regulation on the outbreak of war, with the additional advantage that the medical officers would have a general knowledge of officers and men, a desideratum advocated by Sir John Pringle, Fergusson, Jackson, Hennen, Guthrie, Sir James McGrigor, Currie, Gordon, Mouat, and other experienced surgeons of the British army.

(*c*) Would keep intact, and tend to propagate the soldierly spirit in the medical staff, and that gentlemanly tone and feeling which has been characteristic of its regimental service in time past.

(*d*) Would accord with the desire of regimental officers and men without impairing the independence of action and consequent greater usefulness of the department.

(*e*) For all practical purposes would settle mess questions—soldier servants, and grooms—as battalion medical officers would be honorary members of regimental messes, have soldier servants, and as mounted officers, be entitled to a groom from the ranks.

(*f*) Would not interfere, or infringe upon, the system and regulations for the localisation of *personnel* and equipment in stationary hospitals, or the command of the medical staff corps, admitted on all sides as a necessity to insure the best adaptation of means to ends. (*Vide* recent series of resolutions passed by eminent Continental military surgeons at Paris Congress.)

(*g*) Would tend to make the service more popular in the schools, especially if appointments to battalions were brought prominently before the public in the Gazettes as formerly, and medical officers of the Indian Staff Corps, without losing their individuality, appear in the Indian Gazettes when appointed to change of corps, and are shown in their cadres. (*Vide* Harte.)

(*h*) As being a more common sense arrangement during peace than the present, which for medical purposes divides a corps into three units—one medical officer being in charge of officers, women and children, another of the men, and a third, of the sanitary arrangements—duties best performed by a single officer, and ample to fully occupy his time.

(*i*) Under proper arrangement would not, to any extent, interfere with the roster.

(*j*) Would be more suitable to scattered Indian stations, and less expensive for its government, who are now obliged to employ highly-paid officers in insignificant charges. (*Vide* Indian Army List.)

*Hospitals.*—On the stationary system in regard to equipment, nursing, *personnel*, &c., as at present, the more military term "garrison" being substituted for "station," to be under sole command of medical staff corps, subordinate to general staff only.

*Hospital Corps.*—Designation to be same as medical officers, viz., Royal Medical Staff Corps. Officers of orderlies to act as quartermasters, as at present.

*Uniform.*—Scarlet for all ranks, as a branch of the general staff of the army. Helmet, as being more suitable and convenient, replacing the cocked hat. One set of belts, as in Engineers. The horse appointments trimmed with gold lace, with distinguishing badges in gold, as in other departments.

*Relative Rank.*—As proposed by committee, and according to date of commission.

*Pay.*—As proposed by committee for administrative officers and medical officers under twenty years' service; leave out brigade surgeons, and style all surgeon-majors of twenty years and a higher relative rank, senior surgeons-major with following rates of pay :—

| | s. | d. |
|---|---|---|
| 20 years ... ... ... ... | 25 | 0 |
| 25 ,, ... ... ... ... | 27 | 6 |
| 30 ,, ... ... ... ... | 30 | 0 |

*Retired Pay and Gratuities.*—Up to eighteen years' service, as suggested by committee :—

| | s. | d. |
|---|---|---|
| On completing 20 years ... ... ... | 20 | 0 |
| ,, ,, 25 ,, ... ... ... | 25 | 0 |
| ,, ,, 30 ,, ... ... ... | 27 | 6 |

contingent upon services during a declared national emergency.

*Promotion.*—Twelve years surgeon-major, twenty years senior surgeon-major. Administrative ranks by seniority modified by non-selection. Copies of all confidential reports, which are of an adverse nature, to be supplied at once to the officer concerned, as is the practice in the combatant ranks of the army. All officers to have the right of appeal to His Royal Highness the Commander-in-Chief, whose decision is to be final.

*Forage.*—All battalion medical officers to be mounted. Staff medical officers, ranking as field officers, to draw forage for horses actually kept. (*Note.*—The actual cost of forage in the United Kingdom is probably not more than 1s. 6d. per diem, and as medical officers who only really required horses would keep them, the cost of this concession would be small, and some men at least would know how to ride.)

*Servants.*—Soldier servants for battalion medical officers. The usual allowance to staff officers.

*Exchanges.*—As in other branches of the army.

*Fuel and Light.*—Staff or regimental, according to duty.

*Quarters.*—Battalion surgeons, regimental. Other medical officers departmental, or usual allowance.

*Roster.*—To be hung up in the office of the Army Medical Department for the inspection of all officers. (*Note.*—The objections made to this hitherto have been childish.)

*Honours and Good Service Pensions.*—In the same proportion as granted to other scientific corps of the army.

*Leave.*—As recommended by the committtee.

*Militia Surgeoncies.*—To be filled by retired military surgeons. (*Note.*—A militia medical reserve in addition to the general reserve of officers, would be an advantage to the State, as the former would perform active duties during a portion of every year. Sooner or later the militia must become the great reserve of the army, and it should be complete in its medical *personnel*.)

*Mode of Entry.*—By competition, as in other branches of the public service. (*Note.*—When the medical service was honourably treated and fairly administered, it never wanted the best from among the schools.)

*Training of Candidates*—As proposed by committee—it is generally acknowledged that it would be an advantage to have it longer than at present.

*Appointments to Battalions* to be given to the best conducted and most distinguished younger officers as vacancies occurred after their probationary course of study in the Army Medical School. On arrival in India, the corps would revert to the charge of a surgeon-major under whom would continue to serve its staff surgeon. Hospital equipment to be localised in India as at home.

*Field Service*, according to present regulations, which are compatible with the foregoing recommendations.

*Civil Practitioners* to be employed at the smaller stations, a preference being given to retired military surgeons.

*Time of Home Service* never to be less than three years. Officers who have suffered much from tropical disease to be employed by preference in the healthier stations above.

*Rules as to Indian Services* to be officially promulgated in medical regulations.

*General Conclusions.*—A moderate increase of pay to the senior executive ranks according to length of service, a distinct designation to officers ranking as lieutenant-colonels, and more favourable rates of retirement, would be far more popular in the medical department than the creation of a new and nondescript rank whose duties it would be difficult to define. Successful medical officers have not wished for "seconds," nor do they require them. The attaching of the younger officers to regiments for a time would be a great advantage to them in a social and disciplinary point of view, and tend to make the service more popular in the schools, while they would, when doing duty in stationary or garrison hospital, be brought in contact with their seniors in rank and experience, and so gain a better knowledge of the habits and customs of the soldiers in combination, ultimately advantageous to the Government, popular in the army, and likely to be favourably received by the medical profession, without whose cordial support no scheme of organisation can succeed.

Two medical students in London have, during the past few days, committed suicide through nervous excitement consequent upon excessive study in preparing for examinations. One of the deceased was a son of the well known Birmingham surgeon, Mr. Oliver Pemberton, and was a St. Bartholomew's student; the other was Mr. Attwood, a St. Thomas's student, Much sympathy has been drawn forth for the friends of the deceased, by these melancholy occurrences.

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THE

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# The Medical Press and Circular.

'SALUS POPULI SUPREMA LEX.'

WEDNESDAY, MAY 21, 1879.

## THE REGISTRATION OF MEDICAL STUDENTS.

WE referred last week to the issue of the "Students' Register," for 1879, in an improved form and at an unusually early date, and we return to the subject to-day for the purpose of referring to a matter of much importance to medical education, and forcibly illustrative of the abuses which the Medical Reform Bills now before Parliament are intended to remedy. Before doing so, it will be well to place before our readers the following summary of students' entries throughout the kingdom for each year since the Students' Register was first published.

| COUNTRY. | IN 1865 | IN 1866 | IN 1867 | IN 1868 | IN 1869 | IN 1870 | IN 1871 | IN 1872 | IN 1873 | IN 1874 | IN 1875 | IN 1876 | IN 1877 | IN 1878 | From 1865 to 1878 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ENGLAND ... | 313 | 470 | 457 | 483 | 530 | 551 | 563 | 636 | 676 | 635 | 633 | 708 | 783 | 881 | 8,319 |
| SCOTLAND ... | 61 | 321 | 258 | 266 | 317 | 341 | 340 | 324 | 343 | 346 | 414 | 414 | 471 | 500 | 4,719 |
| IRELAND ... | 208 | 157 | 212 | 175 | 317 | 268 | 351 | 357 | 199 | 386 | 264 | 357 | 430 | 353 | 4,034 |
| TOTAL ... | 582 | 948 | 927 | 924 | 1,164 | 1,160 | 1,254 | 1,317 | 1,218 | 1,367 | 1,311 | 1,479 | 1,684 | 1,734 | 17,072 |

An analysis of this table is instructive in several ways. If it be supposed to represent truthfully the numbers of students actually engaged in learning medicine, it would prove—

(*a*). That the average number of students educated in England is equivalent to the total of Scotland and Ireland taken together ;

(*b*). That Scotland outruns Ireland in the number of its students by nearly one-fourth ;

(*c*). That in both England and Scotland there has been a steady increase in the "out-put" of students for the thirteen years under consideration, and

(*d*). That in Ireland there has been rather a falling away than an enthusiasm for admission to our profession.

We desire to warn those who might be led to adopt these figures as representing the true state of affairs, and to make deductions from them, that, in regard to Ireland at least, the figures are entirely illusory and inaccurate, and that, in that division of the Kingdom, there is no registration of students worthy of the name.

The General Medical Council, as most of our readers know, made a regulation long since, that—

"No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study, and a 'recommendation'" that

"The several qualifying bodies are recommended not to admit to the final examination for a qualification under the Medical Acts, any candidate (not exempted from registration) whose name has not been entered in the Medical Students' Register at least forty-five months previously."

It is as well to say at once, that in Ireland these decrees are systematically set at nought, and that many of the medical schools not only ignore, but discourage student registration. Thus, it happens that not more than 288 students, on an average, appear as having been educated in Ireland each year for the last fourteen years ; whereas, we know that two of the Dublin schools exceed that number of students each year. We believe we should not much exceed the real number of Irish medical students, if we estimated these at 1,200 in actual study in each year, or an average of 400 new entrants who should be registered.

The causes of this disregard of the Medical Council's recommendations must be stated plainly, if we are to hope for a change for the better. To register a student at the commencement of his study, is to fix a date from which to count his period of education—to do so would ensure that he should enter at his school at the proper period—it would show whether he really spent in study the four years which he is supposed to give to the learning of his profession ; and, furthermore, the enrolment of his name would tell at what school he was entered, would identify that school with his subsequent failure or success, and would inform the profession as to which institution was doing the best work in the way of medical education. Thus we submit that student registration is a very important part of the supervision system "recommended" by the General Medical Council, and that the Council has sacrificed much of the efficiency of the medico-educational system because it has confined itself to "recommendations," and has flinched from enforcing its orders. As we have said, student registration is avowedly set at nought in Ireland. It is worth while to inquire the reason for the unwillingness of schools to comply with the recommendation and the result of their refusal to do so. We have pointed out that to register a student at the commencement of his study is to fix a date from which to count his period of education, to ensure that he should enter at his school at the proper period, and to secure that he shall really spend in study the four years which the regulations allot to him. It is exactly because a considerable number of students do *not* enter at the proper time, and do *not* study for four, or even three, years, and because certain medical schools make a profit by accepting entrants at irregular times, and granting them certificates for courses never attended, that the proprietors of those schools omit, or refuse to register, the student.

In Ireland the medical session commences nominally on the 1st of October in each year, but actually, the schools cannot be said to be open until the first week in November, when the Introductories are delivered. The student is, however, allowed, by the rules, nearly a month's "days of grace" after this date, within which to enter for his course of study, so that, practically, a large proportion of the class does not get to work until the first week in December, when a fifth of the course of lectures has been already delivered. Laxity of rule, however, favours the idle student still further, for it is notorious that certain Dublin schools will accept entries up to Christmas, and even in the third week in January, when the student returns from his holidays; and report says that, not unfrequently, late comers, who are known by the *soubriquet* of "March hares," are enrolled close upon the beginning of April. Such gentlemen no doubt receive certificates that they have "diligently attended" the courses of lectures which began in the previous November, and the three weeks remaining of the winter lecture session stands in their case for six months of study. It is also sometimes permitted for such students to present themselves for the February examinations "on current certificate"—*i.e.*, on the representation that they are in attendance on courses of lectures which will not be completed until the succeeding May—so that a "March hare" may complete his curriculum, and obtain his diploma upon a period of study, extending from the March of any year until the February twelvemonth succeeding—*i.e.*, in a few months over two years.

But there is another reason why certain Irish schools refuse to register their students. They know that such registration would inform the profession and the public as to the number of students enrolled by them, and would lay bare the naked truth as to the share of these schools in medical education, and it seems to be their desire to keep these matters as secret as possible. The only records kept in Dublin of the number of entrants at each school is that kept by the Anatomical Committee, which conclave consists of delegates from the various schools, and is entrusted with the providing and distribution of subjects for dissection. To this Committee each school applies for its supply, making a return to them of the number of dissecting students, and paying £1 1s. for each. It has been hinted that such returns often represent the number of dissectors as being much higher than it really is, by which means the school gets

credit for doing a thriving business, and obtains an abundant supply of subjects. Be this as it may, the Anatomical Committee refuses to give any information —such as is made public in England—as to the number of students entered; and, therefore, no one but the members of the Committee is able to form a judgment as to which school is doing the largest educational work, or is most deserving of confidence.

It is unnecessary for us to add comment to this statement. We have narrated our "round, unvarnished tale," not at all for the purpose of depreciating the Irish system (which, for aught we know, may have a parallel elsewhere), but in order to show how the medical education of our country and the efficiency of the practitioner have been wrecked upon the pusillanimity of the General Medical Council, which has shown by its decrees that it knows well the necessity for safeguards, yet fears to enforce them.

## USES OF IPECACUANHA IN UTERINE HÆMORRHAGE, AND DURING PARTURITION.

We have long considered the many therapeutic virtues of ipecacuanha to be less widely known than they ought to be. Every one knows that this drug is an emetic and expectorant, but few are so well acquainted with its contra-stimulant, diaphoretic, cholagogue, purgative, and anti-hæmorrhagic properties. The wonderful effect of large doses of ipecacuanha as a cholagogue purgative, and in the treatment of dysentery and certain diseases of the liver, has been well demonstrated by Dr. Maclean, whose experience of this drug in India has been very great. But of its anti-hæmorrhagic and oxytocic properties the profession generally have but little knowledge. We were, therefore, struck with an able article which appeared recently in the *New York Medical Journal* from the pen of Dr. John H. Carriger, of Tennessee, on the influence of ipecacuanha in increasing the expulsive contractions of the uterus, in facilitating the dilatation of a rigid os, and in arresting uterine hæmorrhage. Its power of checking hæmorrhages, especially from the womb, has been acknowledged by many writers on materia medica and therapeutics. Dr. W. Chapman ("Elements of Therapeutics," Philadelphia, 1821), says that the powers of small doses of ipecacuanha are frequently astonishing in checking uterine hæmorrhage. Dr. Osborne, of Dublin, states that the treatment of menorrhagia by emetic doses of ipecacuanha has never yet failed in his hands. Braithwaite (July to January, 1845, p. 136), states that John Higginbottom, in profuse uterine hæmorrhage, succeeded with it when ergot failed. Dr. J. Eberle ("Materia Medica and Therapeutics," Philadelphia, 1842), observes that in uterine hæmorrhages it is more decidedly beneficial than in other hæmorrhages. Mr. Trenor (*Dub. Journ.*, vol. xviii), goes so far as to say that nauseating doses of ipecacuanha were, in numerous cases under his care, attended with marked benefit, the hæmorrhage being arrested, and heat and life restored to patients who were in a state of collapse from excessive loss of blood. Dr. Graves ("Clin. Lect.," vol. iii, p. 141), who observes that Richter was the first to point out the anti-hæmorrhagic effect of ipecacuanha, placed great confidence in nauseating doses of the drug, both in hæmorrhage from the stomach and from the bowels. He did not think this effect was due to its nauseating properties, but to some specific action. Its influence over uterine hæmorrhage and menorrhagia, Dr. Tyler Smith explained in the following manner: "Ipecacuanha," he says, "by its emetic properties, excites contraction of the abdominal muscles and compression of the uterus, which may in turn re-excite some amount of reflex action, but beyond this it appears to have a special action upon the uterus, increasing its contractile power beyond what could be imagined to occur from the merely secondary effects of vomiting."

It is, however, of its utility during parturition that Dr. Carriger has had most experience—an experience extending over several years. He believes that its power over uterine hæmorrhage is due to its power of co-ordinating uterine action and stimulating tonic contraction. He believes that in ipecacuanha we have an oxytocic, potent and safer than ergot for both mother and child, because it stimulates the uterus into a more normal action, and at the same time facilitates dilatation of the rigid os. Dr. Carriger cites several cases in which the administration of two or three grains of the drug was followed by relaxation and dilatation of the os, great increase of the uterine contraction, bearing down pains, and the safe and speedy termination of the labour. In one case, after the exhibition of two grains of the drug, a labour, at first believed to be impossible (owing to some contraction at the brim), was by the natural efforts alone safely terminated in less than four hours. "I might add," he says, "case upon case in which, during the past twenty years, I have thus used ipecacuanha at some period of the labour, in all of which the result has been the same—a great lessening of the sufferings of the patient, and a shortening of the duration of labour." Again he observes that in about thirty minutes after taking the ipecacuanha the restlessness, rollings and tossings, of the patient cease, she becomes quiet, is sensible of the favourable change, the os dilates the child descends, and the case is soon over, and yet the labour does not possess any of the characters of an ergotised labour, the pains being more regular, more natural, and succeeded by intervals of rest. Moreover, in a very large number of cases of rigid and undilated os, where every pain, for hours previously to its administration, had been accompanied by loud outcries, jactitation, irritability of temper, &c., this drug has rarely failed in a few minutes to cause marked change in the condition of the patient, and to conduce to the speedy termination of the labour. It is to its power of causing relaxation and dilatation of the os, that Dr. Carriger is inclined to attribute the influence of ipecacuanha over the sick stomach of pregnancy—an opinion which receives some corroboration from the fact that some obstetricians of the present day have found certain cases of obstinate vomiting to depend upon a morbid condition of that part of the womb.

It may be that Dr. Carriger has been induced to form a higher opinion of the oxytocic action of ipecacuanha than will be warranted by future experience. At the same time the results which he appears to have obtained from the administration of this drug during parturition deserve the careful consideration of all who are anxious to add to our means of lessening the delay, the pains, and the distress which so frequently attend the first stage of tedious labours.

There are occasions when neither chloroform, nor opium, nor chloral, is indicated, or admissible; or when, if admissible, they fail to have the desired effect. Chloroform may render the patient insensible to the pain, but it has little influence in relaxing the os, and rather hackens than shortens the labour. To opium, many objections may be made; while chloral is simply a soporific. Nauseating, or emetic doses of tartar emetic, used to be given in some of the cases for which ipecacuanha is here recommended; but the action of that drug is too violent, too depressing, and too prolonged to make it, in these circumstances, a safe and convenient remedy. Whether or not Dr. Carriger has exaggerated the utility of this drug in cases of tedious labour we shall not presume to say; but at all events it is a question that might be very soon decided. Half-a-dozen practitioners, with large midwifery practices, might settle it in as many months; and it would be certainly worth while giving a fair trial to this alleged efficacy of ipecacuanha as an oxytocic remedy. There cannot be the slightest doubt that hundreds of women are allowed to endure much unnecessary pain and suffering during the first stage of labour through the want of some agent that will at once facilitate dilatation of the os, and increase the expulsive force of the uterus itself. That agent may not be ipecacuanha, but if not, it remains to be found; for none of the drugs above mentioned can be said to have supplied this desideratum.

# Notes on Current Topics.

## The Insane Poor and their Food.

At the late Press Fund dinner, a noble lord said: "That local provincial weekly newspapers afforded some very interesting reading," but he might have added "more especially if you look at reports of proceedings of Boards of Guardians." We have often favoured our readers with some choice extracts illustrating the muddleheadness of the elected representatives who have to deal with our Poor-law system. We have received a copy of the *Halifax Guardian*, Saturday, 17th inst., which affords another instance of the very peculiar ways of the very peculiar people who compose such boards. It well illustrates how the insane poor are treated in workhouse wards, and shows clearly the necessity and wisdom of the Lunacy Commissioners removing all such patients to our public asylums, where they will be under the intelligent management of educated governors, who appreciate the responsible duties resting upon them, and who will also value, to its full extent, the advice of medical men. The facts are very simple. The Medical Officer of the Halifax Union condemned some bacon, or pig's cheek, certifying that it was unfit for human food. This opinion, if given in a court of justice, would have been at once accepted, unless contradicted by some other medical expert. To this case, however, there was no other evidence against the medical officer's opinion, but that of the Master and some members of the Board who for the nonce presumed to put themselves upon an equality with the Medical Officer.

Probab y affected by the pig's cheek, they proceeded in a very pig-headed way to question the certificate of the Medical Officer and to substantiate their own views. The discussion, however, as reported in our local contemporary, confirmed, in our opinion, the views taken by the Medical Officer, that the article in question was quite unfit for consumption, although the resolution passed by the Board is a most singular contradiction, and clearly proves that it was perfectly incompetent to deal with the question. It thus runs: "The Board of Guardians think that the 'ruzed' (sour) portion of the bacon ought to have been cut off before sending it in to be cooked, and they could not endorse the doctor's decision that decomposition had taken place."

We trust the attention of the Local Government Board, and also that of the Lunacy Commissioners, will be drawn to this subject. From the whole tenor of the report it is quite evident that the Halifax Board of Guardians do not like a medical officer who is disposed to do his duty, and the remarks of a Mr. Riley confirm us in this view. He observed "that he always liked to see officers sticking well together." In fact, this gentleman would doubtless like the medical officer to forget his social position and professional standing, and chime in with the master, and have all complaints shelved.

We congratulate the Medical Officer, Dr. Dolan, for preserving his independence and self-respect, and for his zeal on behalf of the insane poor under his charge.

## University of London.

Earl Granville presided last Wednesday at the presentation of prizes and certificates to the successful competitors in the last academical year at the University of London. The noble Earl made an eloquent speech, in the course of which he observed that, however much some people might have been opposed to the granting of degrees to women, he believed there was no one present who would not rejoice that the result of the first examination of women had proved so satisfactory. Six had passed, one was second in the whole list of candidates, and only one failed.

There can be no doubt that the liberal manner in which this University has dealt with the higher education of women will go far towards silencing the great and somewhat injudicious opposition that has been raised both to the granting of Arts degrees to women and to their admission into the medical profession. The argument that women are not intellectually fit for studying and afterwards practising medicine has always been a very weak one, the invalidity of which is now seen on the very first occasion on which the mental qualifications of women have been put to the test of a searching examination.

The death-rate last week in the large towns from the seven principal zymotic diseases averaged 2·6 per 1,000. Whooping-cough showed fatal prevalence in Manchester and Newcastle-upon-Tyne; scarlet fever in Oldham, Newcastle-upon-Tyne, and Hull; and measles in Salford. The deaths from fever, principally enteric, were proportionally most numerous in Portsmouth and Norwich. Small-pox caused 5 deaths in London, 11 in Dublin, but not one in any of the other large towns.

## A Gynæcological Museum for Manchester.

Dr. Thorburn, Professor of Obstetric Medicine in Owens College, has issued an appeal to the profession for the purpose of establishing, if possible, in Manchester, a Museum or collection of Obstetric and Gynæcological instruments, illustrative of their gradual scientific improvement from the earliest periods, as well as of their most recent developments. He asks for any old instruments, the inventors, date, or uses of which can be identified ; the donors will thus confer a great favour on the college, besides ensuring a permanent place of deposit, and a useful public service. Dr. Thorburn also hopes that inventors of modern instruments, or firms of surgical instrument makers, may be induced to present the college with novelties which, by their perpetual exhibition, would be brought under the permanent notice of the profession in the largest extra-metropolitan centre of population in Great Britain.

We are happy to assist by noticing the laudable undertaking.

## A Specimen Medical Act.

The State Legislature of Wisconsin has just passed a Medical Act, which is worth notice now that the "old country" is in violent parturition of the same offspring. The sections of this sample of medical legislation are as follows :—

Section 1.—A person practising in the State must have a diploma, or pass an examination before the State Board of Examiners.

Sec. 2.—The governor shall appoint a board of examiners, of six physicians (four regular and *two homœopathic*), and those six shall choose a seventh.

Sec. 3.—Defines the organisation of the board.

Sec. 4.—The board shall examine diplomas and candidates. Holders of genuine diplomas shall pay 2 dols.; of *spurious diplomas*, 20 dols.

Sec. 5.—Persons not holding diplomas may be entitled to practise after examination.

Sec. 6.—Every such license shall be recorded within thirty days.

Sec. 7.—The Registrar of Deeds shall keep the records.

Sec. 8.—Fee for candidates for examination to be 5 dols.

Sec. 9.—Payment of examining board.

Sec. 10.—Examinations defined.

Sec. 11.—Dishonourable conduct may forfeit certificates.

Sec. 12.—Defines a practitioner of medicine.

Sec. 13.—If any physician practising medicine in this State shall write, or cause to have printed upon any prescription, the words, "No Duplicate," any druggist, apothecary, or vendor of medicines who shall duplicate a prescription so written or printed upon, without the consent of the physician writing the prescription, shall, on conviction thereof, be subject to a fine of 10 dols. for each and every offence, together with costs of suit.

## French Costume under the Revolution.

From the *Union Médicale* we cull the following :—A letter, on the subject of costume, addressed, in the year 1792, to the Société Républicaine des Arts, by Césarine Boissard, was read on this occasion by the President. This citoyenne, being a lover of Nature, demands that the use of all articles of dress stiffened with whalebone, should be proscribed.

Espercieux announces that another citoyenne, mother of a family, is desirous of attiring herself according to the antique mode. He demands, therefore, that delegates should be sent to the manager of the Théatre de la République to ask for a model, in order to procure for the citoyenne the means of cutting the material in a suitable manner. The request was granted.

## Sanitary Conference.

The Conference that has been recently sitting under the auspices of the Society of Arts will undoubtedly give some impetus to the movement now going on to supply the villages and towns of this country with purer water than has hitherto been within their reach. That such water is much needed has been shown, not only by the reports that have lately appeared with respect to the pollution of the Thames and the quality of the water supplied by some of the water-works, but also by the history of certain outbreaks of fever that have occurred in certain rural districts. In the discussion which took place at the Conference, Mr. Bright, of Leamington, said that in that town a perfect river of underground water had been discovered at a depth of 110 feet. Whatever importance may be attached to this fact, it at all events points to a question that has often been mooted, namely, whether we have taken all the advantage we might have done from the large quantity of rain that falls in these islands, and whether we do not ignore the possibility of there being beneath the earth's surface large reservoirs of water which might be utilised for drinking purposes. We think Mr. Homersham, C.E., was justified in contending that the water below ground was enormous in quantity and of good quality, and that boring was efficacious if carried out scientifically. There is, however, much to be said with regard both to the sources of a good water-supply, and to the incidence of rating for this and other sanitary purposes in rural districts, and therefore it is satisfactory to find, from a letter that has been addressed by the Prince of Wales to the Society, that in all probability Government will appoint a Royal Commission to inquire into the subject of a national water supply.

## The Sick at Ekowe.

By the latest mail from the Cape we have full particulars of the relief of Ekowe, and of the position in which the beleaguered garrison were placed during the two months of forced inactivity of the troops on the Tugela. Colonel Pearson reports that the hospital patients were removed daily—those, at least, who could bear removal—to a shelter constructed of boughs of trees, on an eminence near the Fort. This arrangement gave them abundance of fresh air, the hospital itself got purified, and the cleaning could be done more effectually. At first the health of the troops was extremely good, but before the end of February the percentage of sick had largely increased, and when relieved on the 4th April there were nine officers and 100 men on the sick list. Some of these are still seriously ill, and four deaths have occurred since leaving Ekowe. The chief disorders were diarrhœa, dysentery, common, continued, and typhoid fever ; no doubt much of the sickness was attributable to the constant wet weather and the overcrowding in the Fort, the work having been constructed for a much smaller garrison. The large percentage of deaths was probably due to the want of proper medicines and medical comforts. As regards shelter, there was only

room in the fort for a very few tents in addition to those required for hospital purposes, and both officers and men lived under the waggons, over which the waggon sails were spread, propped up with tent poles: thus the waggons being all round the parapets, the troops actually lived at their alarm posts, and could be on the banquettes in a few seconds.

## Chloroform Administered to Children.

In *La France Médicale*, M. de Saint Germain gives a list of 83 boys and 41 girls, varying from ten months up to fifteen years, in whom he had produced anæsthesia by chloroform. The time required to produce anæsthesia varied from 15 seconds to 4 minutes. Among other conclusions are these. Certain conditions, as anæmia or bronchial catarrh, require great care. Anæmic children come very rapidly under its influence, but demand especial care on account of extreme liability to syncope. Sudden movements, especially elevation of the head, are dangerous. Children with bronchial catarrh come very slowly under the anæsthetic, and consequently require a relatively larger quantity of chloroform. Artificial respiration, by rythmical pressure on the thorax, is considered better than electricity or intra-laryngeal sufflation.

Drawing the tongue forcibly out of the mouth is rarely if ever necessary. Cardiac affections do not contra-indicate the use of chloroform in surgical procedures. It is most dangerous in operations in the pharynx or buccal cavity, hare-lip, uranoplasty, &c., &c., on account of hæmorrhage into the trachea. Strong coffee should be given after the anæsthesia passes off to counteract the tendency to profound sleep which often follows chloroform inhalation. No attention whatever should be paid to the condition of the pulse. Attend to the respiration.

## Lectures at the London Hospital.

Arrangements have been made by the staff of the London Hospital for the delivery of short courses of lectures on special subjects, commencing to-day (Wednesday), at 4 p.m. The lecturers are: Dr. Palfrey, Diseases of Women; Dr. Morell Mackenzie, Diseases of the Throat; Dr. Stephen Mackenzie, Physical Diagnosis; Mr. Rivington, Minor Surgery; Mr. Hutchinson, Diseases of the Skin; Mr. Maunder, Physical Examination; Mr. Couper, Diseases of the Eye; Mr. Gardiner Brown, Diseases of the Ear. Members of the profession and students will be admitted to these courses on payment of one guinea. We understand that these arrangements have been made in deference to the wishes of several gentlemen engaged in general practice, who have frequent need of the experience which a large hospital like the London can alone afford.

## The Pest in Russia.

We read in the *Golos*, of April 15th—27th, that the epidemic from which Astrakhan and its environs has suffered so severely, has now totally disappeared. It is even stated, that judging from the official reports, forwarded by the authorities, and by Russian and foreign physicians, the danger has been greatly exaggerated. At Vetlianka, the centre of the disease, 375 persons died during the space of two months; in the surrounding country, isolated cases only have been observed, these, however, have invariably exhibited in full all the symptoms of this terrible disorder. By order of the governor of the province 82 houses have been burned. All furniture, clothing, &c., contained in these houses, have also been destroyed in presence of the authorities.

## Lady Doctors.

We receive the following, dated April 16th—28th, 1879, from St. Petersburgh:—We learn from the *Medical Gazette*, dated April 15th—27th, that the Russian government has no intention of denying to women, who have obtained the title of M.D., the right of practising in competition with men. On the contrary, it has been decided that they shall, for the future, always possess this right. The question concerning the rights of lady doctors in general, will not be decided until the committee appointed for the consideration of this subject, shall have terminated its inquiries.

A fearful epidemic has broken out in the Gori district of the province of Tiflis; it is said to be nearly as deadly as the plague.

Lord Aberdare has consented to become chairman of the Committee of Management of the Hospital for Sick Children in Great Ormond Street, London.

The Prince of Wales has consented to lay the first stone of the new buildings about to be erected in connection with the Norfolk and Norwich Hospital. Tuesday, June 17, is the date fixed for the ceremony.

A grand concert, at which many of the leading *artistes* of the day kindly gave their services, took place last week at Grosvenor House, the residence of His Grace the Duke of Westminster, in aid of the funds of the National Dental Hospital. The concert was well attended, and doubtless proved a pecuniary success for the charity.

A grand fancy bazaar was held last week, on Wednesday, Thursday, and Friday, in the Duke of Wellington's Riding School at Knightsbridge, in aid of the funds of the West London Hospital for Paralysis and Epilepsy. The arrangements were complete, and an ample supply of fancy articles were shown, but the weather we fear must have militated against its success financially.

Fancy bazaars in aid of medical charities seem to be the order of the day, a week scarcely passes now that one is not held in London. Yesterday, one was opened (to be continued to-day and to-morrow), in aid of the funds of the National Consumption Hospital at Ventnor, under the patronage of H.R.H. the Princess of Wales, at the Duke of Wellington's Riding School, which will doubtless bring in a considerable sum.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were—Norwich 13, Brighton 16, Bradford 17, Edinburgh 18, Portsmouth 19, Bristol 19, Hull 20, Birmingham 20, Leicester 21, Nottingham 22, Plymouth 22, Liverpool 22, London 23, Glasgow 24, Sheffield 24, Sunderland 24,

Salford 24, Leeds 24, Manchester 25, Oldham 25, Wolverhampton 27, Newcastle-upon-Tyne 29, and Dublin 32.

THE annual conference on National Water Supply, Sewage, and Health, was held on Thursday and Friday last, in the rooms of the Society of Arts, the Right Hon. James Stansfeld, M.P., in the chair, at which papers were read and discussions held on the following subjects :—1. Methods of securing a sufficient supply of pure water. 2. Evils of impurity, and consequent connection of the question of water supply and sewage. 3. Methods of sewage.

THE rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 35, Bombay 38 ; Paris 29 ; Geneva 25 ; Brussels 30 ; Amsterdam 23 ; Rotterdam 26 ; The Hague 27 ; Copenhagen 26 ; Stockholm 28 ; Christiania 19 ; St. Petersburgh 52 ; Berlin 27, Hamburg 29, Dresden 21, Breslau 29, Munich 44, Vienna 33, Buda-Pesth 42 ; Rome 27, Turin 25, Venice 22 ; Alexandria 34 ; New York 26, Brooklyn 22, Philadelphia 19, and Baltimore 19 per 1,000 of the population.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF GLASGOW.—Dr. Russell, at a meeting of the Town Council, held on the 12th inst., stated that during the fortnight ending 3rd May there were 502 deaths registered, as compared with 529 in the fortnight preceding, representing a death-rate of 23 in place of 24 per 1,000 living. The deaths under 1 year were 102 in place of 97 ; and those of persons aged 60 years and upwards 63 in place of 82, as compared with the fortnight preceding. The deaths from pulmonary diseases were 198 in place of 197, representing a death-rate of 9 per 1,000 living, and constituting 39½ per cent. of the total deaths as against 9 and 37 respectively in the past fortnight. The deaths from fever were 6, viz., 3 from typhus, and 3 from enteric fever. The deaths from infectious diseases of children were 27 in place of 32, viz., 19 from whooping-cough, 5 from scarlet fever, and 3 from measles. The cases of fever registered were 31 in place of 35, viz., 5 from typhus, 23 of enteric fever, and undefined. In addition to these cases of fever, 127 cases of measles, 51 of whooping-cough, 31 of scarlet fever, and 7 of diphtheria, were the occasion of sanitary assistance and supervision at home. There are at present in the hospitals, Belvidere, 42 cases of scarlet fever, 37 of enteric fever, 18 of typhus, 18 of measles, and 10 of whooping-cough, in all 125 cases, as compared with 122 of the previous fortnight.

LEGACIES TO GLASGOW CHARITABLE INSTITUTIONS.—By the will of the late Mr. Charles Kay, the following institutions have received the annexed bequests : Glasgow Royal Infirmary, £100 ; the Western Infirmary, Glasgow, £100 ; The Maternity or Lying-in-Hospital, Glasgow, £100 ; the Glasgow Asylum for the Blind, £150 ; the Glasgow Eye Infirmary, £50.

DISPOSAL OF GLASGOW SEWAGE.—The Health Committee of the Town Council had, on the 15th inst., a long conference with Mr. Bateman as to the disposal of the Glasgow sewage. No plan was fixed upon, the proceedings consisting for the most part of questions answered by Mr. Bateman.

WEST OF SCOTLAND CONVALESCENT SEA-SIDE HOMES, DUNOON.—On behalf of the directors of this institution, the honorary treasurer (Mr. John Gray, secretary to the Union Bank of Scotland) gratefully acknowledges the receipt of £1,170 from the trustees of the late Mr. William Cumming, of Greenbank, Partick. Owing to the large number of convalescents applying for admission, and the directors having had upwards of 2,000 patients to provide for during the past season, increased subscriptions, donations, or bequests are still most urgently required, £10 of income being daily necessary.

DISEASES OF WOMEN AND CHILDREN AT GLASGOW.—The annual meeting of the Glasgow Institution for Diseases of Women and Children was held in the Religious Institution Rooms last week. The report read by Dr. Bell, who is physician to the Institution, is one of the best in this department of literature with which we have come in contact for a long time. *Inter alia* it states, "there were scores of women in Glasgow to-day who were rejoicing in the enjoyment of perfect health, who would in all probability have been still the subjects of intense bodily and mental anguish had it not been for the benevolence of this Society. It was most gratifying to note day by day and week by week the altered looks and ultimate restoration to health of women, who, when they first came to the institution, carried nothing but despair in their countenance, and who were suffering intense bodily pain on the least exertion. Patients had sought the Institution out from many distant parts of Scotland, and even England, and this because they had heard from some of our old patients of the good they had derived. . . . But what was a source of great regret was that many cases of severe disease had been obliged to go away (*sic*) without any treatment at all, and this because they had not been able to provide beds wherein any such patients could be treated. To make up for this to some extent, the doctor had taken in hand a few needy cases at their own houses ; but it was to be regretted that the many calls upon his time would prevent him continuing doing so any longer." An unfortunate contingency, truly, for human suffering carrying "nothing but despair" in its countenance.

EDINBURGH LADIES' ASSOCIATION FOR REPEAL OF CONTAGIOUS ACTS AND STATE REGULATION OF VICE.—The annual meeting of this Association was held on the 13th inst., at 5 St. Andrew's Square, Mrs. Nichol, of Huntley Lodge, presided. A report as to what had been done during the year to further the objects for which the Society exists was read, and satisfaction expressed at the probable appointment of a Parliamentary Committee to inquire into the matter. Several ladies took part in the proceedings.

# Literature.

## HEALTH PRIMERS.

THERE can be no doubt that among the practical sciences which administer to the wants or add to the luxuries of the community, *preventive medicine* is taking a position such as it has never before held. As an illustration of this fact we have only to refer to the excellent series of "Health Primers" that is now issuing from the press of Messrs. Hardwicke and Bogue, and in praise of which we cannot speak in too high terms. We need scarcely remark that they are intended to instruct the public on subjects connected with the preservation of health, and that they are written and edited by authors

whose position and reputation are a guarantee of the able and satisfactory manner in which that object has been carried out. If, indeed, the public could be brought to practise all that these good little books preach, most of our preventible diseases might be, in the course of time, of rare occurrence, and the day might come when there would be only one druggist and one medical man for every ten that now exist.

The primers which we have at present received are respectively on "Premature Death: its Promotion and Prevention," "Alcohol: its Use and Abuse," "Personal Appearances in Health and Disease," "Exercise and Training," "The House and its Surroundings," "Baths and Bathing;" and we understand that several more are in course of publication.

The title of the first-mentioned primer is a very good one, but as the "promotion" of premature death is a a subject on which the public do not need much instruction, we think that the first half of the book might have been a little curtailed, and a few more pages devoted to "prevention." The subject, however, is considered from a general, more than from an individual, point of view, and is supplemented by other parts of the series.

Perhaps there is none of these primers which was so much wanted, and which will therefore be found so generally useful as that on "The House and its Surroundings." So much ignorance exists among the public with regard to the conditions on which a healthy house depends, that we hope this primer will have a large circulation. Everything that concerns a properly constructed and furnished house, from its situation, drainage, and water supply, to the kind of carpet which is advisable in a bed-room, is well and popularly discussed—so well, indeed, that even members of the profession may profitably devote half-an-hour to the perusal of its contents.

Next in importance to this primer may be mentioned those on "Baths and Bathing" and "Exercise and Training." So very beneficial are baths, exercise, and training in the maintenance of health, and in the prevention and cure of chronic disease, that too much attention can scarcely be given to these subjects. In the former of those primers the reader will find a very good account of the "physiological action of baths," the "varieties of baths," of "bathing localities," and of "the use of baths." In the latter we have a chapter on the general principles involved in exercise and training, another chapter or two on the exercise suitable for different ages, sex, and physical conditions, and a very interesting and suggestive account of the principles and practice of "training."

With regard to the primer on "Alcohol: its use and Abuse," we are only afraid it will not reach that class of society where it is most wanted; but we are glad to see that the writer has taken a very "temperate" view of a question on which there has been lately a great difference of opinion.

We must, however, in conclusion, state that, in our opinion, the number of these primers is being extended beyond what was necessary to fulfil the object for which they are written. Besides those above mentioned, there are to be primers on "The Head and its Troubles," "Clothing and Dress," "Water," "Fatigue and Pain," "The Ear and Hearing," "The Eye and Vision," &c.

We doubt whether this plan is a good one either with regard to the interests of the public or of the publisher himself. It is questionable whether the same primers that are written with the intention of instructing the public in the rudiments of sanitary science should, on that account, be multiplied for the sake of taking up subjects of a purely anatomical or physiological character. Can it, moreover, be expected that the public would take the trouble, or be at the expense, of purchasing and reading all these primers *seriatim*? And yet they must do this if they wish to be acquainted with the important facts scattered through them. We would therefore suggest that the last primer issued be one containing a summary, or general view of all the more important facts detailed in the preceding series, so that those who are so inclined may have the opportunity of obtaining for a shilling, and within the compass of fifty or sixty pages a knowledge of the principal points connected with the preservation of health.

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## Short Notices.

(1). "Infectious Diseases in the Army." By Professor Rudolph Virchow. Translated by John James, M.B. London: H. K. Lewis. 1879.

(2). "On the Neglect of Physical Education and Hygiene." By Dr. Roth. London: Baillière, Tindall, and Cox, 20 King William Street, Strand. 1879.

3). "Physiological Therapeutics: A New Theory." By T. W. Poole, M.D. Toronto: The Toronto News Company. 1879.

(4). "The Nature and Diagnosis of Neurasthenia." By George M. Beard, M.D. New York: D. Appleton and Company. 1879.

(1.) Anything from the pen of the veteran Professor Virchow is interesting; and Dr. James has done good service by translating into English the discourse of Virchow on "Infectious Diseases in the Army."

At page 64 we find the following suggestive words:—"At least once in his life every scientific man ought to find himself thoroughly abreast of the present standpoint of his department and of the fundamental sciences, otherwise he becomes superannuated before he has scarcely begun to act on his own responsibility."

Without a knowledge of what is done in France and Germany, it is impossible to keep pace with the scientific medical knowledge of the age, and hence translations become all the more valuable to those who are unacquainted with modern languages.

This address deals with subjects pregnant with particular importance to army medical officers, and Virchow's returns (pp. 10-13) of the mortality of some of our modern wars, as the Crimean, American, and Franco-Prussian, should teach our War-office authorities a useful lesson on the value of trained army medical officers. We anticipate for this pamphlet a wide circulation.

(2). Earnestness is one of the secrets of success, and Dr. Roth has shown unmistakeable signs that he possesses this essential quality, for he has, at considerable expense and trouble, gathered together a vast amount of information and facts to establish the necessity of attending to the physical education of our youthful population.

The title page of Dr. Roth's little book is not only an index to his views, but is a veritable impeachment of the present Ministry. It thus reads:—"On the Neglect of Physical Education and Hygiene, by Parliament and the Educational Department, as the principal cause of the Degeneration of the Physique of the Population, of the excessive Infantile and General Mortality, and of many Diseases and Deformities; with an Abstract of a Report on the present state of Physical Education on the Continent, by Dr. Roth's special Commissioner; and Suggestions relative to the Introduction of these neglected Branches of National Education."

This is a sufficiently comprehensive exposition of the object of the author. Let us briefly see how he carries out his programme.

He opens with an extract from a speech of the present Prime Minister, who is represented to have said at the Free-Trade Hall, Manchester, April 3rd, 1872: "After all, the first considerations of a minister should be the health of the people. . . . If the stature of the race every ten years diminishes, the history of that country will soon be the history of the past." On this passage Dr. Roth observes, "According to the views of the Prime Minister, the history of England will soon be the history of the past." Why? Because Dr. Roth found that the standard of recruits had lowered since 1845. We do not wish to be accused of jingoism, but we must certainly protest against this primary conclusion—based on such insufficient data—from the Prime Minister's words. Because recruits have been admitted at a lower standard into the army, it does not follow that the stature of our race is lowered, for there are other factors to be taken into account in estimating the causes which led to a lowering of the standard—*e.g.*, as the difficulty of inducing the same class to enter the army in 1873 as that which entered in 1845. The unexampled commercial development of England, emigration from Ireland, the unpopularity of the Service, must all be estimated as tending to diminish the supply of available candidates, so that we cannot admit that the Right Hon. B. Disraeli's prognostications have been fulfilled, or that on reasoning, such a deduction as that of Dr. Roth, can be drawn from the words attributed to him. In the Introduction we have a sketch of the aim of the pamphlet, followed by some extracts from speeches, showing how physical education has been neglected by Parliament, by the Educational Department, and by learned societies, with opinions on thorough education, and some data to prove the progressive degeneration of the physique of the population of Great Britain.

Dr. Roth next favours us with the questions submitted to

various Continental Governments, with the answers he received. We have then a report by Mr. Bernard Roth, F.R.C.S., on Physical Education in Continental Schools; and, finally, a review of the present state of scientific physical education in England, and some concluding chapters on the advantages of hygiene, and suggestions. We need hardly say we thoroughly sympathise with the author in the laudable work he is engaged in, and Dr. Roth deserves the success which he is sure to attain. Within the compass of 86 pages, he has contrived to compress an amount of information unequalled of its kind, and upon which no one is more qualified to speak.

We would like to see this pamphlet circulated amongst our members of Parliament, principals of schools, school-board managers, and, in fact, amongst all who have to do with our young growing population.

(3). We cannot do justice in a short notice to this essay, which presents us with a new theory of the inter-relations of nerve force and muscular tissue throughout the body, and with a new theory on the mode of action of that large class of drugs which operate through the medium of the nervous system. It is a thoughtful, well-reasoned and ambitious book, bristling with authorities, and evidently the work of one who has paid great attention to contemporary literature.

Any of our readers who will refer to page 114, "The Alcohol Question," will be convinced of this. Dr. Richardson's views come in for considerate, though severe handling, and Dr. Poole observes in reference to Dr. Richardson's reasoning, "This is not what was to be expected from such a source; while the graver errors referred to, are the more to be regretted in the champion of a noble cause, because they weaken confidence in his other arguments, which, unfortunately, are not wholly free from the taint of a too zealous partisanship," p. 228. We believe the majority of the profession will endorse this verdict. We hope to return to this work again.

(4) Neurasthenia is the term applied by Dr. Beard to that very common disease known under the name of "nervous exhaustion," and this pamphlet is a reprint from a paper read before the New York Neurological Society, the purport of the essay being to study in detail the differential diagnosis of this condition, and of the functional nervous diseases allied to it, and to which it leads. As a contribution to the literature on the subject, the paper is well worthy of perusal.

# Correspondence.

## DANGER OF INJECTING THE UTERUS WITH PERCHLORIDE OF IRON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am one of those practitioners who have always considered that the injection of perchloride of iron into the uterus was a very serious, unwise, and unscientific proceeding, and I am glad to see that you have given due prominence to a fatal case brought before the Obstetrical Society of London. It may be—and I am not inclined to dispute the point—that where death does occur it is due to shock rather than to the perchloride of iron; and swabbing the mucous surfice, as recommended by Dr. Barnes, ought in every instance to be adopted. There are cases on record where the violent injection of cold water has produced death in highly sensitive women (and these are not unfrequently the most prone to vaso-motor influences and hæmorrhages). I have always maintained that if it is necessary to apply perchloride of iron, nitric acid, or any other caustic or styptic to the uterine mucous surface, it is far less dangerous to do so by using strong solutions of these agents by means of a moistened sponge or piece of lint, than to forcibly inject the uterine cavity with any fluid, even if that be water.

I am, Sir,

Your obedient servant.

T. STRETCH DOWSE, M.D., F.R.C.P.E.

Old Burlington Street, London, W.
May 16, 1879.

## THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the risk of being considered a transcendental lover of justice, I side with Dr. M'Clintock and Mr. Stokes in the late debate at Dublin on the Contagious Diseases Acts. I hold that the only fair way to stamp out syphilis (gonorrhœa, alas! will never be stamped out, as long as the race exists) would be to treat men and women alike. I would, therefore, repeal the present Contagious Diseases Acts, and, in their place, have a statute to admit of the prosecution of all persons communicating syphilis—not gonorrhœa nor soft sores—to their neighbours. I am well aware that "the mass of the profession" favours the Contagious Diseases Acts; but the mass of the profession was quite against them twenty years back, and may be so again.

I am, Sir,

Your obedient servant,

C. R. DRYSDALE, M.D.

17 Woburn Place, W.C.
May 17, 1879.

# Medico-Parliamentary.

## HOUSE OF LORDS—THURSDAY, MAY 15TH.

### HABITUAL DRUNKARDS BILL.

THE House went into Committee on this Bill.

Earl BEAUCHAMP moved an amendment, the effect of which would have been to limit the operation of the Act to seven years. He thought it was desirable that at that time Parliament should have an opportunity of considering whether this legislation was to be maintained or extended.

The Earl of SHAFTESBURY said that if the amendment were carried, medical men would not set up establishments of the kind contemplated by the Bill, if there was a risk of the Act expiring at the end of seven years.

On Clause 6, the Archbishop of YORK moved an amendment, "That no licence should be given to any person who was licensed to keep a house for the reception of lunatics."

Agreed to.

The remaining Clauses were agreed to, and the Bill passed through Committee.

## HOUSE OF COMMONS—THURSDAY, MAY 15TH.

### THE DUBLIN COLLEGE OF SCIENCE.

IN reply to Dr. Playfair, Lord G. HAMILTON stated that it was quite true that an intimation had been conveyed to Professor Galloway, Professor of Chemistry in the College of Science, Dublin, that his services would not be required after the close of the present session in the College of Science. As Professor Galloway had been connected with the College of Science for twenty-three years, he could assure the right hon. gentleman that this decision had not been arrived at by the Lord President and himself without careful and anxious consideration; and the only reason he could assign was that it was absolutely necessary for the welfare of the College that such step should be adopted. There would be no objection to lay on the table the papers relative to the matter.

### SLAUGHTER-HOUSES.

In reply to Sir E. Wilmot, Mr. SCLATER-BOOTH observed that the whole of the country was under the direction of urban or rural sanitary authorities. The urban sanitary authorities had power to provide slaughter-houses, and in addition to that they had likewise the power, under the sanction of the Local Government Board, of making rules for the regulation of slaughter-houses, whether public or private, with a view not only to sanitary conditions, but also to prevent cruelty in the slaughter of animals. The Local Government Board have issued a model series of bye-laws for the convenience of sanitary authorities. The rural sanitary authorities might also apply to the Local Government Board to do either of the two things which

were in the power of the urban sanitary authorities. He did not think it would be expedient to proceed further in this matter, and to introduce Government supervision over slaughter-houses.

# Novelties.

## PEPTOLEINE.

THERE is a growing and praiseworthy tendency among pharmaceutists to disguise the taste of drugs, and to make all kinds of nauseous medicines as palatable as possible. Messrs. Burgoyne, Burbridges, and Co., have introduced, under the above name, a preparation of cod-liver oil, of which we have had some experience, and which we can recommend to those who wish to reap all the advantages, without feeling any of the disagreeable affects, of this valuable medicine. It consists of an emulsion made with gum acacia, along with some balsam of Peru and phosphate of soda, and containing 50 per cent. of the oil. It is of an agreeable milky appearance, it mixes well with water or milk, and sits well upon the stomach. The Peruvian balsam and phosphate of soda are very useful adjuvants, and, in our opinion, add much to the value of the preparation. We find that some patients complain that the fishy taste of the oil is not so much disguised as they expected it to be ; but this may be regarded as a failing rather than as a fault, for were the peculiar taste of cod-liver oil completely obliterated, people would think they were taking some inert concoction, and not cod-liver oil at all.

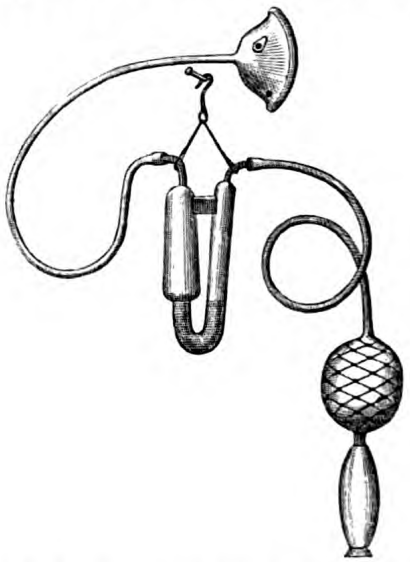
## A SOLUBLE ESSENCE OF GINGER.

AT the meeting of the British Pharmaceutical Conference, held in Dublin last year, the subject of Soluble Essence of Ginger created some interest, and two papers were read upon this preparation by Mr. Thresh and Mr. Procter. These papers gave rise to a considerable discussion, and were probably inspired by the soluble essence made by Mr. Hay, of Hull, who has *produced a soluble essence* which certainly is a clever pharmaceutical preparation. The difficulty in making an essence of ginger which, at the same time that it is soluble in water contains the aroma and also the pungency of the drug, is very great. The aroma is due to a volatile oil, very much changed in quality by distillation, whilst the pungency is due to some active principle which is so associated with the resinous part of the drug, that it is difficult to separate them sufficiently to render the resulting preparation miscible with water. It is probable that the difficulty of preparing a soluble essence has invested this question with more importance than it would otherwise have received. However, this does not detract from the merit of Mr. Hay's formula, which at present has not been discovered by any other chemist. If Mr. Hay's preparation is mixed with cold syrup it makes a syrup of ginger, which although bright at first becomes a little cloudy on standing forty-eight hours, but if it is mixed with boiling syrup, a permanent bright preparation can be obtained superior to the pharmacopœial syrup in appearance and stronger if necessary. Mr. Hay's essence of ginger does not contain any capsicum. He seems to have succeeded in preserving the aroma, and at the same time removing the objectionable resin. We have examined some so-called soluble essences of ginger now in the market, which certainly have not the slightest pretensions to the name soluble, and in one case the so-called ginger essence was largely adulterated with capsicums.

## APPARATUS FOR THE ADMINISTRATION OF ANÆSTHETICS.

DR. TEUFFEL, of Stuttgart, describes, in a recent number of the *Medicinisches Correspondenzblatt die Wurtembergischen ärztlichen Vereins*, a new apparatus for inhaling chloroform and other anæsthetics :—

It consists of an india-rubber mouth-piece, a U-shaped receptacle, hand-bellows, and connecting tube. The mouth-piece, which has a thickened edge, is of the usual shape, intended to enclose the mouth and nose hermetically. In its upper portion it has an opening 14 millimetres (9-16ths in.) wide, which is closed by a very sensitive valve of india-rubber opening outwards ; and near its lower edge it has another opening of half the diameter of the former, likewise provided with a sensitive valve, opening inwards. The mouth-piece is connected with the U-shaped vessel by a rubber tube 50 cm. (20 inches) long, and 1 cm. ($\frac{3}{8}$ inch) wide. The U-shaped receptacle is cm. ($7\frac{3}{4}$ inches) high, and one of its arms, as well as the lower bent, has a diameter of 5 cm. (2 inches), while the



upper part of the second arm (see cut) is dilated in the shape of an inverted cone. Between the two arms of the receptacle a piece of cork is inserted, to make the apparatus less liable to be broken, and a wire hook is likewise attached to it for the purpose of suspending it at any convenient point near the patient. Both arms of the receptacle terminate in narrow curved tubes, for the attachment of the rubber connection. The air-bellows attached to one of the outlets are sufficiently intelligible without special description. When using the apparatus, a quantity of the anæsthetic, say for instance, chloroform, is introduced into the receptacle, sufficient to fill the lower part of the U-shaped tube, as far as the shaded lines indicate, and a small pellet of loose cotton is inserted between the outlet from the dilated arm and the connecting tube. The object of this is to prevent any drops of the liquid being mechanically thrown into the tube when air is blown through the apparatus. A quantity of 60 cubic centimetres (ab. 2 fl. ℥) of chloroform will be sufficient, and will be able to keep up narcosis for two to four hours. At first the mask is loosely placed upon the face of the patient, and a slow current of air driven through the apparatus, which becomes saturated with the chloroform. The patient having gradually become accustomed to the anæsthetic, the mask is applied more closely and finally air-tight, and the air now forced through the apparatus only during the act of inspiration, which is plainly marked by the working of the lower valve in the mask. During exhalation the current is interrupted. Dr. Teuffel states that under the use of this apparatus the stage of excitement is very rapidly passed, the narcosis rapid and complete, and unattended by the usual struggles or other inconveniences. The apparatus is sold at a very moderate price which is amply repaid by the great saving in chloroform.

## THE VACCINATION (IRELAND) AMENDMENT BILL,

WHICH stands for re-committal in the Commons, has made no progress since our last. This Bill was drawn by the Irish Medical Association, submitted by them to the Chief Secretary, and introduced by him, after much badgering, spoiled by the removal of clauses which were of great importance, and by the interpolation of others which were foolish and impracticable. As to the details of the Bill, and of the amendments which Mr. Meldon, on behalf of the Irish Medical Association, now proposes, those of our readers who are Irish Poor-law medical officers are already informed. They are technical changes calculated to improve the machinery of the system, and why they were struck out of the original Bill no one can say, save that the Chief Secretary was desirous of showing that the Bill was his own conception. The original Bill contained clauses which would raise the Irish vaccination fee to the same level as that of England, *i.e.*, half-a-crown, and would introduce into Ireland the award system, which has worked so well in England. The Chief Secretary met these suggestions by fixing the fee for Ireland at 1s. 6d., and striking out the proposal to reward Irish vaccinators for their success as English vaccinators are remunerated. He has since raised the fee to 2s., but Mr. Meldon has an amendment to fix it at 2s. 6d., and Mr. Mitchell Henry another to enact the award system. Such amendments have common justice to recommend them, and we could hardly understand what objection Mr. James Lowther will be able to urge against their adoption.

## DUBLIN CONVALESCENT HOME.

AT the meeting of the Committee, held last week, the cash account showed a total of £1,188. The sub-committee appointed to visit sites mentioned as suitable for a convalescent home, handed in their report. It was resolved that the visiting committee be requested to continue their search for a site for the home, and to report again to the committee to-day.

## DEATH FROM SMOKING A TOBACCO PIPE.

LAST week an inquest was held in the co. Sligo on the body of a boy of fourteen years of age. It was given in evidence that the deceased went into the house of a neighbour and lifted an old or much-used tobacco pipe, which he lighted and smoked for some time, after which he became ill, and was seized with vomiting. He was taken home and put to bed, but the sickness continued till half-past three o'clock the next morning, when he died. The coroner, suspecting that death had resulted from poisoning, adjourned the inquest in order that a post-mortem examination of the stomach and intestines might be made, so as to ascertain the exact cause of death. At a later hour of the evening the jury assembled, and the medical gentlemen said, as the result of their examination, that the boy came by his death from irritation and congestion of the stomach, acting on a heart previously rendered weak by fatty deposit; and considering the evidence given, they believed that the smoking of the pipe would cause the irritation and congestion of the stomach, which resulted in the collapse of the action of the heart.

## THE REGISTRARSHIP OF THE DUBLIN SCHOOL OF PHYSIC.

LAST week the Rev. Dr. Samuel Haughton was presented with an address and piece of plate by the professors, lecturers, and demonstrators of the School of Physic in Ireland, in testimony of his services as medical registrar. The chair was occupied by Dr. Alfred Hudson, Regius Professor of Physic, who, in presenting the address, remarked that previous to the time of Professor Haughton's appointment the school held a very inferior position. Within the past fifteen years it had made rapid progress, and had been raised from comparative insignificance to one which had few rivals. They attributed in a great measure to his influence the warm interest taken by the Board of Trinity College in the school, and the establishment of chemical rooms and museums, and the importance and efficient working of every department.

The Rev. Professor Haughton expressed his acknowledgements, and said it would be wrong if he were to take advantage of their too great kindness and appropriate to himself too large a share of credit for the unquestionably prosperous and flourishing condition which the medical school of this university occupied, He reviewed the past history of the school, pointing out the effects of the labours of Dr. Todd, and alluded to the fact that the justly celebrated Dr. Macartney attracted crowds of students, not only from every part of Ireland, but from England, to benefit by his instructions. It should not be forgotten however, that of those large classes of Macartney's 90 per cent. were content to learn their profession as a trade, and did not cultivate the highest education in arts. Macartney was there from 1813 to 1837, and Dr. Haughton showed how from '63 to '78 the number of pupils who, in addition to learning their profession, attained proficiency in the highest branches of arts, bore more than favourable comparison with Macartney's time—in fact, the proportions were reversed in favour of the students of the past fifteen years. There were between 1,700 and 1,800 persons who enter the profession in these countries annually. Less than 100 are graduates in arts, and more than one-half of those were from Trinity College. They therefore competed with no other school, but were at the head and front.

**College of Physicians in Ireland.**—At the May examinations the following gentlemen, having passed the necessary examinations, obtained the licenses in Medicine and Midwifery:—

MEDICINE.—William Richard Bates, Samuel Eitz Richard Beamish, Wallace Brown Croskery, William Edward Fitz Gerald, William Francis Heffernan, John Crawhall Nichol, Thomas Heazle Park, Jane Elizabeth Waterston.

MIDWIFERY.—Samuel Fitz Richard Beamish, Wallace Brown Croskery, William Edward Fitz Gerald, Thomas Heazle Parke, Benjamin Thomas M'Creery, Jane Elizabeth Waterston.

## NOTICES TO CORRESPONDENTS.

ROYAL MEDICAL BENEVOLENT COLLEGE.—Notice is given in our advertisement columns of the Annual General Meeting to be held on the 29th inst., when certain alterations in the bye-laws will be proposed by Dr. Hare. The election of ten members on the Council will also take place at the same meeting.

NAVAL HYGIENE.—You will be able to obtain the book at any London house. We do not know the price, but it is not an expensive work.

ANALYTICAL.—We cannot recommend any particular analytical chemist in our columns. Yours would not be a difficult matter, the most ordinary analyst could do it. Avoid those who are known to go the round of commercial houses with high promises as to *what they can do*: their fee is always ten times what it should be, and their names, moreover, offer no guarantee to the profession.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of May 7 you published the following article from Mr. Frazer, F.R.C.S.:—

CAUTION IN THE USE OF VASELINE AND SIMILAR PETROLEUM DERIVATIVES

By W. FRAZER, F.R.C.S.

"Recently some persons using Vaseline were affected with eruptions on the face resembling eczema and causing rather persistent scabs; as all the persons thus affected got their remedies from a common source, inquiry was made whether any accidental circumstances could account for this unusual accident; fortunately, the vessel in which the substance was contained was preserved. It had been sent from a wholesale druggist with a covering of red paper, from which the dye was dissolved in great measure by the mineral oil. In fact, the irritation resolved itself into another example of the well-known action of an arsenical colouring matter of the magenta class upon the human skin."

Will you permit me to say that we are the only manufacturers of "Vaseline." The process by which it is made is patented, and is our property, and the word "Vaseline" is registered as our trade mark. In order to protect our article from adulteration with paraffine, wax, or other substances, and to prevent the occurrence of just such an accident as Mr. Frazer reports, we put it up in 1s. 6d. and 5s. 6d. tins, with our name and trade mark stamped thereon. If the wholesale house

had sent their customer one of our 1s. 6d. tins instead of transferring a portion from one of our 5s. 6d. tins to a jar of their own, the circumstance referred to could not have happened.

We are, very respectfully yours,
THE CHESEBROUGH MANUFACTURING COMPANY,
7 Snow Hill, London, E.C.,
May 12, 1879.

MR. J. ADAMS.—We shall be glad to see the case, and report in our columns if of interest. In future communications kindly address the Editor in your division of the kingdom, in order to avoid delay.

NE SUS MINERVA.—The subject of your communication is a proper one, and the system liable to great abuses; but we must adhere to our rule of demanding the name and address of the writer, not necessarily for publication but as evidence of *bonâ fides*.

L.R.C.P.Ed.—You will find the question answered in our "Notices to Correspondents" last week.

CLINICAL SOCIETY OF LONDON.—On Friday, May 23, at 8½ p.m., Dr. Coupland and Mr. Hulke, "A Case of Intussusception associated with Polypoid Tumour; Laparotomy; death.—Dr. Skerritt (of Bristol), "On the Simulation of Ascites in Cases of Intestinal Obstruction."—Dr. Stephen Mackenzie, "Cases illustrating the Communicability and some other points connected with Molluscum Contagiosum."—Dr. Lees, "Two Cases of Paralysis of the Serratus Magnus as a part of Infantile Paralysis."—Mr. Brodhurst, "A Case of Genu Valgum with some Remarks on Subcutaneous Osteotomy."—Mr. George Brown, "Gas in the Peritoneal Cavity in Typhoid Fever relieved by Puncture." Mr. George Brown will also exhibit a Child in whom an Operation for Congenital Hypertrophy of the Tongue has been performed.—Mr. Morrant Baker, "A Case of Amussat's Operation for Artificial Anus."

DR. PATERSON.—1. The degree is not a registrable one in this country. 2. On the strength of your diploma from the College of Physicians of Edinburgh you can assume the title of "Dr.," and use it on your door-plate. 3. You cannot legally put "M.D." after your signature, as such initials imply the attainment of a degree from a university legally recognised in this country.

POSTHUMOUS LARCENY OF MEDICAL TITLES.—Our attention is called to the frequent affixing to the names of deceased medical men of titles which they never possessed. One defunct gentleman has recently been advertised in the daily papers as M.D., F.R.C.S.I., he having been really neither one nor the other. It reminds us of the distich put in the mouth of a dying lady of fashion by Pope:—

"Narcissus! give this cheek a little red,
One would not be quite hideous when one's dead."

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.—The Annual Meeting of this Association will be held at the Freemason's Tavern, Lincoln's Inn Fields, on Tuesday, June 3, at 3 p.m. precisely. The members of the Association will dine together at 6 p.m.; dinner-tickets, exclusive of wine, 7s. 6d. The Council express a hope that poor-law medical officers will make every effort to be present on this occasion, and that they will signify the same as soon as possible to Dr. Rogers, 33 Dean Street, Soho, or to Mr. J. Wickham Barnes, F.R.C.S., 3 Bolt Court, Fleet Street, London, E.C.

THE LAY PRESS AND MEDICAL TERMS.—The author of "Medical Men and Manners" writes to us: "In dealing with medical affairs by cross-examination of witnesres, or otherwise, "gentlemen of the bar" take strange liberties with our profession from time to time. Nor are those wonders of natural history, the peripatetic correspondents of penny newspapers noted for the accuracy of the terms they use in "getting up" the literature of a post-mortem or sensational murder case, or the indisposition of some prince, general, or statesman. The newest thing, however, in the above line is given in the daily papers of Saturday, on the authority of a Reuter's telegram, dated—"Rome, Friday. General Garibaldi's indisposition has increased, and he suffers greatly from arthritic pains in the stomach." I remember nothing quite so funny as this of late, but some thirty-five years ago the then popular nigger melody of *Ole Dan Tucker* made us, as youngsters, "burst our sides" to hear that poor Dan had got "the toothache in his heel." The General has now "inflammation of the great toe in his stomach!"

TO BE SOLD.—The following advertisement appears in a recent number of the *Medicinisch-Chirurgisches Centralblatt*: "Through the death of the late proprietor, a good practice (surgery) in a wealthy part of the country is to be disposed of, either by sale or lease. The present owner, daughter of the deceased, is young and single, and would not object to marriage with the buyer or tenant, if suitable arrangements were made. Address, &c."

ANCIENT EYE SALVE.—In the discoveries made at Uriconium a patent medicine was brought to light or rather, says Dr. Winter, "the seal of the physician who vended it,"—an eye salve, marked, like Rowland's Macassar, with his name, to prevent "unprincipled imitation," as follows:—"TIBerii CLaudii Medici DIALIBAnum AD OMNE VITium Oculorum EX OVO. Translated as "The dialibanum of Tiberius Claudius, the physician for all complaints of the eyes, to be used with egg."

PICTURES FROM THE PARISIAN HOSPITAL.—Professor (who has his class in the wards) to patient, "What is your occupation?" Patient (who has pulmonary disease), "Musician, Sir." Professor, to class: "There, gentlemen, at last I have the opportunity of demonstrating what I have often told you in the lecture-room, that the wear and tear on the respiratory tract caused by the blowing of musical instruments, is a fertile source of just such difficulty as our patient here labours under. (To patient), "What instrument do you play, Sir?" Patient: "The bass drum!"

COMMUNICATIONS, Enclosures, &c., have been received from—Si Henry Thompson, London. Dr. Day, London. Dr. Atthill, Dublin. Dr. Jones, Cork. Dr. Black, Glasgow. Dr. Tilt, London. Dr. Löwenberg, Paris. Dr. Byrd, Quincy, United States. Dr. Clarence Blake, New York. The Registrar of the Medical Council. The Registrars-General for England, Ireland, and Scotland, Surgeon-Major Taylor, Royal Horse Guards. Dr. Cowling, Louisville, United States. Dr. Morell Mackenzie, London. Dr. Pavy, London. Dr. Thorowgood, London. Mr. O'Grady, Dublin. Mr. Ormsby, Dublin. Dr. Griffith, Pimlico. Mr. Hillary, Dublin. Dr. Stretch Dowse, London. Dr. Bevan Lewis, Wakefield. Mr. Jabez Hogg, London. Dr. Bernard Kelly, Rotherhithe. Mr. Morrant Baker, London. Mr. W. C. Poole, Dublin. Mr. Allingham, London. Mr. Haviland, Northampton. Dr. Prosser James, London. Prof. Tichborne, Dublin. Dr. Johnstone, Leicester. Dr. Cunningham, Edinburgh. Dr. Tuckey, Castletownroche. Dr. McKenna, Mountmellick. Dr. Whitaker, Broadway. Dr. Ward, Parstonstown. Dr. Atkin, Oldacstle. Dr. Murdock, Dublin. Dr. Russell, Thurles. Dr. Rawson, Carlow. Dr. Miller, Derry. Dr. Saunderson, Philipstown. Dr. Malcomson, Cavan. Dr. Powell, Roscrea. Dr. Rice, Galway. Dr. McLaughlin, Strongford. Dr. Russell, Cashel. Dr. Peirce, Newcastle. Dr. O'Reilly, Clones. Dr. Whittaker, Valentia. Dr. Wilmot, Dublin. Dr. Tweedy, Dublin. Dr. Porter, Dublin. Dr. Brennen, Kiltonner. Dr. Brodie, Lismany. Dr. Bodkin, Tuam. Dr. Beatty, Dublin. Dr. Frost, Newmarket. Dr. Barr, Liverpool. Dr. Cornelius, Mountrath. Dr. Stokes, Cahir. Dr. Farre, London. Mr. Barnard Holt, London. Mr. Douglas Hemming, Bournemouth. Dr. Thorburn, Manchester. Mr. F. W. Lowndes, Liverpool. Dr. Reginald Thompson, Kensington, &c., &c.

## VACANCIES.

Carmarthen Infirmary.—House Surgeon. Salary, £125. Applications to the Secretary, 58 King Street, Carmarthen.

Liverpool Dispensaries.—Assistant House Surgeon. Salary, £108. Applications to the Secretary, 34 Moorfields, Liverpool, before May 26.

London School of Medicine for Women.—Lectureship on Materia Medica. Applications to the Dean before June 12. (See Advt.)

Ongar Union, Essex.—Medical Officers for Nos. 1 and 2 Districts. Salary, £105 for the first; £55 for the second named. Applications to the Clerk, at Chipping Ongar, before May 29.

Portsmouth Lunatic Asylum.—Medical Superintendent and Assistant Medical Officer. Salary of the former to commence at £450; of the latter at £120, with board. Applications to the Town Clerk before May 26.

Rathdown Union, Powerscourt Dispensary.—Medical Officer. Salary, £110, with fees. Election, May 29.

Royal College of Surgeon, Ireland.—Curator of the Museum. Salary, £250. Election, June 5.

St. Mary's Hospital, Paddington, W.—Demonstrator of Anatomy. Salary, £100. Applications to the Dean of the School before June 7.

Tullamore Union, Clara Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Sanitary Officer. Election, May 30.

University of London.—Examinership in Medicine. Salary, £120. Applications to the Registrar. Election, June 18.

## APPOINTMENTS.

ALLARD, J. H., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Tewkesbury District and Workhouse of the Tewkesbury Union.

BLAKE, R. M., L.R.C.S.I., L. & L.M.K.Q.C.P.I., Medical Officer to the Ravensdale Dispensary, Dundalk Union.

BURNES, H. F., L.K.Q.C.P.I., Acting Surgeon to the 28th Middlesex (London Irish) Rifle Volunteers.

CRITCHETT, G. A., M.R.C.S., Ophthalmic Surgeon to the Royal Free Hospital.

DUNLOP, A., L.R.C.P.Ed., L.R.C.S.Ed., Junior Resident Medical Officer to the Belfast Royal Hospital.

EVANS, J. W., M.R.C.S.E., House Surgeon to the Liverpool Eye and Ear Infirmary.

HAYES, T. C., M.D., M.R.C.P., Physician for the Diseases of Women to the Royal Free Hospital.

JOHNSON, J., M.R.C.S.E., Medical Officer for the No. 3 District of the Coventry Union.

LAMBERT, W. F., M.B., M.Ch. Univ. Dub., Medical Officer to the Abbey Dispensary, Tuam Union.

LEAHY, A. W. D., M.R.C.S.E., Surgical Registrar to the Charing Cross Hospital.

LOW, A. B., M.B., C.M., House Surgeon to the Sunderland and Bishopwearmouth Infirmary.

MCCOY, T. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Cappagh Dispensary District of the Tipperary Union.

MORRIS, J. H., M.R.C.S.E., Honorary Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.

NICHOLLS, A. G., L.R.C.S.I., Medical Officer to the Drumlish Dispensary, Longford Union.

REID, G., M.B., C.M., Medical Officer of Health for the Stafford Rural Sanitary District.

RICE, W., L.K.Q.C.P.I. & L.M., F.R.C.S.I., Resident Medical Superintendent of St. Patrick's Hospital for the Insane, Dublin.

SALTER, J. R., M.R.C.S., House Surgeon to the Kidderminster Infirmary.

## Births.

AGNEW.—On May 8, at Lurgan, co. Armagh, the wife of S. Agnew, B.A., M.D., of a daughter.

FINLAY.—On May 14, at 21 Montague Street, London, W., the wife of David W. Finlay, M.D., of a son.

LLOYD.—On May 14, at the Lambeth Infirmary, the wife of R. H. Lloyd, M.D., Medical Superintendent, of a son.

## Deaths.

CLARKE.—On May 8, at Dinapore, P. J. Clarke, F.R.C.S.I., Surgeon-Major, Army Medical Department.

HEELIS.—On May 11, at Carshalton, Surrey, Robert Heelis, M.R.C.S., eldest son of Mr. R. Heelis, M.R.C.S., of West Brighton.

MARTIN.—On May 11, at The Grange, Dronfield, near Sheffield, Harriett Alice, wife of John W. Martin, formerly of Portlaw, aged 27.

THOMAS.—On May 5, at Highfield, Shepperton, Edmund F. Thomas, L.R.C.P.Ed., aged 31.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

*(Continued from "Supplement" of May 7.)*

### PRISONS' MEDICAL OFFICERS.

It will be remembered that since the new "Prisons (Ireland) Act" came into operation the General Prisons Board attempted to force the duty of compounding medicines on the prisons' medical officers, and that a deputation from these officers waited upon the representatives of the Government to remonstrate against the illegality of such a procedure; and it being feared that the Board might possibly persist in its attempt, the Committee of Council instructed Mr. Clifford Lloyd, solicitor to this asssociation, to prepare and submit a case to Mr. Purcell, Q.C., who, in reply to the questions put to him, is of opinion:—

1. That the General Prisons Board has no power to impose upon the medical officers appointed prior to the passing of the "Prisons (Ireland) Act, 1877," the duties of an apothecary, or to compel them to compound medicines.

2. That the refusal by a medical officer (appointed prior to the passing of the Act) to undertake the duties of an apothecary would not constitute a legal ground of dismissal by the Board.

3. Should the Board dismiss a medical officer on the ground of his refusal to act as an apothecary, that an action would lie by the medical officer against the Board to recover damages for such wrongful dismissal, and that he would be entitled to a *mandamus* to be restored to his office.

4. That the medical officers have a legal right to retain their offices on the terms of the old Act (7th Geo. IV., c. 74), and that the Board can only dismiss them for incompetency or misconduct.

### MEDICAL WITNESSES AT SESSIONS.

A communication was received from a member of this association complaining that he had been summoned as a Crown witness to attend sessions and give evidence, and that, although he resided a considerable distance from the sessions town, he had been paid only one guinea a day and one guinea for travelling expenses. The correspondent was advised to direct the attention of the Crown solicitor to the recent change made (at the instance of this association) in the attorney-general's rules, by which he was entitled to two guineas a day for attendance at court, besides the amount of his travelling expenses. The advice was adopted, and the proper fees and expenses were forthwith paid. In this case the Crown solicitor demanded *a fee of sixpence* in his first letter, but subsequently made no reference to it. The Committee of Council are not aware that any fee, *even sixpence*, has ever been demanded in such a case before, or that such a claim can be legally made.

### SUBSTITUTES FOR DISPENSARY MEDICAL OFFICERS IN CASES OF ILLNESS.

The Committee of Council ordered a supply of printed copies of their letter on this subject (published in the appendix to the last annual report) with a view to circulate it whenever they became aware of cases of difficulty or dispute arising between dispensary medical officers and guardians with regard to the appointment and remuneration of temporary substitutes in cases of illness of dispensary medical officers; and it is to be hoped that the information therein contained will, to a considerable extent, obviate the frequency of disputes occurring on this subject.

### SUPERANNUATION.

The earnest attention of the Committee of Council has been given to this subject with a view to improving the at present most unsatisfactory state of the law regarding it; but the question is a very difficult one, requiring legislation, and as all previous attempts to obtain the concurrence of the Government and the authorities have failed, the Committee of Council have under their consideration the practicability of drafting a Bill to amend the Medical Charities Acts which may meet wtih the necessary approval; and whilst proposing a satisfactory amendment of the law regulating superannuation of medical officers, they will also endeavour to suggest acceptable remedies for the many abuses of the Medical Charities' system of Ireland. Such a Bill will, of course, require deep and lengthened consideration; not the least point to be dealt with—though a very essential one—is the definition of "poor persons," who *only* should be entitled to receive dispensary medical relief.

### MEDICAL ACT (1858) AMENDMENT BILL.

The following document has been drawn up on the subject of the legislation required to amend the Medical Act; with your approval the Committee of Council would circulate it amongst the members of Parliament and all persons concerned, viz.:—

The Council of the Irish Medical Association, having in view the probability that during the approaching session of Parliament measures will be submitted for the alteration and amendment of the laws which affect the medical profession, desire to make known their views upon the principal points which are likely to be dealt with in those measures.

Any proposals to alter, amend, or supplement the existing laws must of necessity take cognisance of the following matters:—

1st. The education of persons seeking admission to the profession.

2nd. The tests of fitness for admission to the practice of the profession.

3rd. The constitution of the authority which is to control the education and testing of candidates for admission to

the profession, and which is to regulate generally the conduct of the teaching and examining bodies, as well as of the members of the profession.

4th. The powers and privileges of existing medical colleges and corporations, and their relations, on the one hand, to candidates for entry to the profession; and on the other, to the controlling authority.

The Council recognise that all the above matters require to be dealt with by a comprehensive scheme of legislation.

The Council are fully aware that the professional education of candidates for the medical profession is not such as it should be, while the preliminary education of medical students is especially defective; in many instances of so low a class that it should debar the student from admission to *any* profession. Furthermore, that the tests for fitness to enter the profession are so unequal and so irregularly applied, that candidates rejected by one licensing body can obtain diplomas to practise from another; and that candidates who have successfully passed examinations for diplomas in medicine are rejected at examinations for diplomas in surgery, and *vice versâ*.

The Council believe that a complete alteration of the constitution of the General Medical Council, now the controlling authority of the education and examination of candidates, is essential; inasmuch as the defects in education and examination which have been above pointed out, could not have continued during the whole twenty years of the existence of the General Medical Council had that body been a properly constituted, vigilant, and influential authority. The Council consider that the conduct of the existing universities and medical corporations is not, and has not been, such as to entitle them to be continued in the unrestricted exercise of their present privileges in relation to the admission of candidates to the profession. The competition going on at present between the various licensing bodies tends to lower the standards of education and examination to such a degree, that the admission of unsuitable persons to the profession, through the portals of some of the licensing bodies, is a matter of very common occurrence.

A large number of the points noticed above are clearly matters of detail which cannot be directly altered by legislation, but must be dealt with by administration.

The Council, therefore, think it well to deal first with the question—What should be the constitution of the administrative body? The present General Medical Council has clearly failed to perform the functions for which it was constituted, otherwise the proposed legislation would be unnecessary. It has many defects, the principal of which are: 1st. That it represents chiefly the licensing bodies, which it is its principal duty to control, and usually only the executives of those bodies. 2nd. That it to a very slight degree represents the medical *profession*. 3rd. That there is little or no relation between the amount of representation and the professional importance of the bodies represented.

* * * * *

If it be admitted that adequate representation of professional interests in the General Medical Council is desirable, it is clear that the method of election to that body must be changed and the constituencies widened. The Council are of opinion that each member of the body corporate of each medical corporation should have a vote for the representative of that corporation, and that those who do not possess such a vote should be directly represented on the General Medical Council; such representation being the best means by which the General Medical Council could obtain correct information as to the opinions and desires of the great majority of the medical practitioners throughout the United Kingdom.

It has been urged as an objection to the proposal for direct representation, that it would unduly increase the number of the Councillors, which is by many considered to be already too large, and to meet this objection the Council suggest that the number of existing seats might be reduced with advantage. The work done by the University of Durham, as a licensing body, is quite insignificant, and might therefore be fully represented if conjoined with the University of London. It does not appear probable that the Apothecaries' Company of London will long continue as a licensing corporation, and its representation in the Medical Council might therefore be dispensed with; while the Apothecaries' Hall of Ireland cannot be considered to be, or ever to have been, anything more than a body for the licensing of pharmaceutists, and for this reason has no more claim than the Pharmaceutical Society of Ireland to be represented on the General Medical Council. The Faculty of Physicians and Surgeons of Glasgow might be fairly grouped for representative purposes with one of the groups of the Scotch Universities, and in this way direct representatives of the profession might easily be admitted without unduly increasing the number of the General Medical Council.

The absolute control of professional education and examination should be vested in the newly constituted General Medical Council, subject, of course, to an appeal to the Privy Council, in case any regulation issued by it seemed to be improper or oppressive.

With respect to alterations in the power and privileges of the licensing corporations, the Council are of opinion that while it is inadvisable either to extinguish or diminish the beneficial influence which the medical corporations exercise upon the profession, yet it is essential that such corporations should cease from the downward competition which at present exists among them; and the Council consider that a judiciously devised scheme of conjoint examinations for each division of the United Kingdom would be sufficient to terminate this injurious competition; but such a scheme would prove inefficient unless it provided for absolute uniformity amongst the three proposed conjoint examining boards in standard of examination, in extent of curriculum, and in amount of fees. Such conjoint boards should not, under any circumstances, be licensing bodies, but the persons who have passed exam nations by such boards should be required, as heretofore, to obtain their qualification for practice from the existing licensing authorities, for the Council believe that it would be most disastrous to the public welfare if the members of the medical profession were removed from the moral control which licensing corporations are capable of exercising.

The Council of the Irish Medical Association therefore recommend that any legislative measures which may be enacted should include—

1. A revision of the constitution of the General Medical Council—
   - (*a*) By a more equitable distribution of seats amongst the licensing authorities.
   - (*b*) By widening the constituencies which elect the representatives of several of these bodies.
   - (*c*) By a more direct representation of the general body of the profession.

2. The grant to the Medical Council of complete control over the education and examination of candidates for admission to the profession.

4. The compulsory establishment of a single conjoint examination for each division of the United Kingdom, which examination should be essential for admission to the licence or degrees of any of the medical authorities.

5. The enforcement of absolute uniformity in standard of examination, extent of curriculum, and amount of fees payable, required by each and all of the conjoint examining bodies.

The Council of the Irish Medical Association believe that if the above principles be adopted in the measures which may come before Parliament, they will receive the general support of the profession and the public.

THOMAS PURCELL,
Chairman of the Council.

JOHN WILLIAM MOORE, M.D.,
Hon. Secretary to the Council.

JOHN H. CHAPMAN,
Hon. Secretary.

## THE DAIRIES, COW-SHEDS, AND MILK-SHOPS (IRELAND) ORDER OF 1879.

*Preliminary.*

1. This Order may be cited as "The Dairies, Cow-sheds, and Milk-shops (Ireland) Order of 1879.

2. This Order shall take effect from immediately after the 10th day of February, 1879.

3. This Order extends to Ireland only,

4. In this Order :—The Act of 1878 means "The Contagious Diseases (Animals) Act, 1878." Other terms have the same meaning as in the Act of 1878.

*Registration of Cow-keepers and others.*

5. (1.) Every local authority shall, with all practicable speed after the making of this Order, open, and shall thenceforth keep, a register for the registration with them under this Order, of all persons from time to time carrying on in their district the trade of cow-keepers, dairymen, or purveyors of milk, and shall from time to time revise and correct the register. (2.) The local authority shall give public notice by advertisement in a newspaper circulating in their district, and, if they think fit, by placards, handbills, or otherwise, of the time at which the register will be opened, and of the mode of registration. (3.) After the expiration of the time prescribed in this behalf in the advertisement, not being more than two months, and not being less than fourteen days from the publication of the advertisement, it shall not be lawful for any person to carry on in the district of the local authority the trade of a cow-keeper, dairyman, or purveyor of milk unless he is registered as such under this Order.

*Dairies and Cow-Sheds.*

6. It shall not be lawful for any person following the trade of a cow-keeper or dairyman to begin to occupy as a dairy or cow-shed any building not so occupied at the making of this order, unless and until he first makes provision, to the reasonable satisfaction of the local authority, for the lighting, ventilation, cleansing, drainage, and water supply of the same, while occupied as a dairy or cow-shed.

7. It shall not be lawful for any person following the trade of cow-keeper or dairyman to occupy as a dairy or cow-shed any building, whether so occupied at the making of this order or not, if and as long as the lighting, ventilation, cleansing, drainage, and water supply thereof are not such as are necessary or proper—(*a*) For the health and good condition of the cattle therein ; (*b*) For the cleanliness of milk vessels used therein for containing milk for sale ; and (*c*) For the protection of the milk therein against infection and contamination.

*Cleansing.*

8. A local authority may, from time to time, make regulations for prescribing and regulating the cleansing of dairies and cowsheds in the occupation of persons following the trade of cowkeepers or dairymen, and the cleansing of milk stores, milk shops, and milk vessels, used for containing milk for sale by such persons.

*Contamination of Milk.*

9. If at any time disease exists among the cattle in a dairy or cow-shed, or other building or place, the milk of a deceased cow therein—(*a*) Shall not be mixed with other milk ; and (*b*) Shall not be sold or used for human food ; and (*c*) Shall not be sold or used for food of swine, or other animals, unless and until it has been boiled.

10. It shall not be lawful for any person following the trade of cow-keeper, or dairyman, or purveyor of milk, or being the occupier of a milk-store or milk-shop, to allow any person suffering from a dangerous infectious disorder, or having recently been in contact with a person so suffering, to milk cows, or to handle vessels used for containing milk for sale, or in any way to take part or assist in the conduct of the trade or business of the cow-keeper, dairyman, purveyor of milk, or occupier of the milk-store or milk-shop, as far as regards the production, distribution, or storage of milk, until all danger therefrom of the communication of infection to the milk, or of its contamination, has ceased.

11. It shall not be lawful for a person following the trade of cow-keeper, or dairyman, or purveyor of milk, or being the occupier of a milk-store or milk-shop, to use a milk-store or milk-shop in his occupation, or to permit the same to be used for the purpose incompatible with the proper preservation of the cleanliness of the milk-store or milk-shop, and of the milk-vessels and milk therein, or in any manner likely to cause contamination of the milk therein.

12. The Order in Council dated the 22nd day of March, 1878, and made by virtue and in exercise of the powers conferred by the Cattle Disease (Ireland) Acts, 1866-1874, is hereby revoked.

Given at the Council Chamber, Dublin Castle, the 6th day of February, 1879.

JAMES LOWTHER. O'HAGAN.
JAMES A. LAWSON HENRY ORMSBY.
EDWARD GIBSON.

## THE POSITION OF IRISH SANITARY OFFICERS.

THE Irish Medical Association has been, for some time, in active correspondence with the Irish Local Government Board, respecting the status and emoluments of medical officers of health under the new Public Health Act. We may remind our readers that when the Bill was before the House, and after its reference to a Select Committee, the Association worked with great vigour by the aid of a deputation in London to have it amended, so that the fixed scale of payment of sanitary medical officers set down by the former Act might be removed, and future remuneration determined according to the merits of each case.

This and other important points were conceded by the Government, and the Bill became law. For more than a year the Association waited for the Local Government Board to put the new law in force, and to issue a circular or new instructions to the sanitary authorities and medical officers. Having waited in vain, the Association at last addressed the Local Government Board on the subject, and, to their astonishment, were informed that, in view of the Local Government Board, the medical officers of health were not new officers under the new Act, but were subject to everything contained in the old Act, the new one being supposed to apply only to those who might be appointed in future. This reading of the law seemed utterly a variance with the intention and wording of the new Act, that the Association at once submitted a case for the opinion of Mr. Purcell, Q.C. The queries and replies of that case are as follows :—

*Questions.*

1. Whether the Local Government Board are not obliged by the Public Health Act, 1878, to regard the dispensary medical officer of each district as a new officer, under the title of "Medical Officer of Health," and consequently, to assign to him his duties as such ; and also whether such duties should be assigned separately from those of the other sanitary officers ?

2. Even should the Local Government Board thereby assign to the medical officer of health the same duties as the dispensary medical officer previously had to perform in his capacity of sanitary officer under the Public Health Act, 1874, are not the sanitary authorities and the Local Government Board bound to re-consider his salary, and to fix it as prescribed by the 11th section of the Public Health Act, 1878, and not according to the old scale laid down by the former Act ; and does not the 11th section of the Public Health Act, 1878, apply to all medical officers of Health, whether they were previously sanitary officers under the Act of 1874 or not ?

3. Are the urban and rural sanitary authorities bound to fix new salaries for all the medical officers of health, whether they had been sanitary officers under the Act of 1874 or not; and is the Local Government Board, under the 11th section of the Act of 1878, bound to consider same, without being prejudiced by any maximal limit, as the scale fixed by the repealed Act was abolished by the new Act?

*Reply.*

1. I am clearly of opinion that the "Medical Officers of Health" appointed by the 11th section of the Public Health (Ireland) Act, of 1878, are new officers, and not a continuation of, or identical with, the "sanitary officers" appointed under the 10th section of the Public Health Act, 1874; and that the Local Government Board is bound, under the provisions of 11th section, to assign to them, as such new officers, their duties and functions, which (as implied by the word "respective" used in that section) it is contemplated by the Act shall be of a distinct and different character from those of the other "sanitary officers." The effect of the repeal of the Act of 1874 was to determine every existing office created by that Act and to supersede all existing arrangements made under it, save so far as such offices and arrangements might be specially saved or excepted by the Act of 1878. I am of opinion that there is no such saving or exception as to the office formerly filled by the dispensary medical officers under the 10th section of the repealed Act, or of the arrangements made under that section in respect to that office. In my opinion the construction put by the Local Government Board on the 294th section is altogether erroneous, and that all that is excepted, under clause (*b*) of that section, are "rights or liabilities" incurred, &c., under the repealed Act, or under any order or regulation made in pursuance of it, and not the orders or regulations themselves.

The only section in the Act of 1878 which, at first view, might appear to except the appointment of the dispensary medical officers under the Act of 1874, from being repealed, is the 280th, which provides that the "officers and servants" of the several sanitary authorities "shall continue to hold their several offices and employments on the same terms and subject to the same conditions, as to duties, remuneration, and otherwise, as they would have held them if this Act had not been passed." But I am of opinion that this does not include the "office, duties, or remuneration" of the dispensary medical officers under the Act of 1874, as they were not, under that Act, officers of the sanitary authority, but statutable officers, appointed directly by the Act, and not by the sanitary authority.

2. I am of opinion (in accordance with my view of the construction of the Act of 1878) that all arrangements made by the several sanitary authorities as to the additional salary to be paid to their respective dispensary medical officers, under the 10th section of the Act of 1874, were determined by the repeal of that Act, and that the several sanitary authorities are now bound to appoint the additional salary to be paid to their respective medical officers of health, under the 11th section of the Act of 1878, subject to the approval of the Local Government Board; and that, in determining the amount of such salary, neither the sanitary authority nor the Local Government Board should have regard to any fixed or particular scale of remuneration, but only to the extent and nature of the work to be performed by the medical officer of health in each particular case.

(Signed),

T. A. PURCELL.

26th April, 1879.

The decision of Mr. Purcell is quite decided that the interpretation of the law by the Local Government Board is altogether wrong. There can be no reasonable doubt that it is so, and we have every reason to hope that it will be altered at once, and steps taken to put the Act in force.

The fact is, that Sir Alfred Power, the past King of the department, was determined to defeat the Public Health Act at any cost, and, *more suo*, he simply broke through it whenever he pleased. Let us hope that under the new *regimé*, this mischievous policy is at an end.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF APRIL, 1879.

APRIL 3rd.—Nicholls, Archibald John; Ballinalee, Edgeworthstown, co. Longford; Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1877.

8th.—Pentland, Henry; Steeven's Hospital, Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K.Q. Coll. Phys. Irel.

12th.—Coghlan, Patrick Francis; Carrick-on-Suir, co. Tipperary; Lic. R. Coll. Surg. Irel. 1878, Lic. R. Coll. Phys. Irel. 1879.

14th.—Dunlop, Albert; Royal Hospital, Belfast; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

24th.—Rorke, Charles; 21 Cabra Parade, Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

28th.—Knight, Charles Frederick; 56 Synge Street, Dublin; M.D. Q. Univ. Irel. 1877.

28th.—Hayes, Richard Atkinson; 2 Herbert Street, Dublin; M.B. 1878 and M.D. 1878 Univ. Dub., Fell. R. Coll. Surg. Irel. 1879.

29th.—Myles, Edmond; 4 Crescent Limerick; M.B. 1878 and B.Ch. 1878 Univ. Dub.

## ABUSE OF DISPENSARY TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At one time I asked a Local Government Inspector to describe for me a class of persons to whom I would *not* be obliged to afford medical relief. He replied he could not do so, as the Medical Relief Acts were interpreted by the Local Government Board in a "very comprehensive spirit." Comprehensive with a vengence! Last Saturday I was presented with a scarlet runner by a police constable to visit a child who died suddenly, and whose parents were suspected of maltreating it, in a village six miles from my residence. Not understanding the limits of this "comprehensive spirit," and fearing the wrath of the Local Goverment Board, I visited the child, in whom I could detect no trace of violence. In fact, I have such vague notions as to my responsibility when furnished with the dreaded red ticket, that I really think I should be obliged to visit a cow if required by a scarlet runner to do so. I would like to know was I in duty bound to visit the child referred to?

Yours truly,

A DISPENSARY HACK.

[Our correspondent was certainly not called upon to attend, unless the child was alive, nor was he called to do or say more than what was necessary to the treatment of the patient.—ED. M. P. & C.]

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 28, 1879.

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## Original Communications.

### THE RIGHT UNDERSTANDING OF THE CHANGE OF LIFE.

By EDWARD JOHN TILT, M.D.,

Past President of the Obstetrical Society of London.

Some years have elapsed since the publication of the last edition of my work on "The Change of Life," and as I have had many opportunities of studying its diseases, it is worth while attempting to improve what has been done in this neglected field of observation. Woman exchanges the fulness of sexual power, for a neutral state of existence, as far as sexuality is concerned, by a process of sexual involution. The ovaries gradually shrivel up, and lose more and more their power of controlling the womb and pelvic circulation; so the menstrual flow becomes scanty or too abundant; it puts on a hesitating appearance, and at last ceases. The change of life is often spoken of as if it were worked out at cessation, but sexual involution is then only half accomplished. There is still left to the ovaries a remnant of their former power, evidenced by a periodical disturbance of pelvic circulation. This may give rise to extensive congestion and to a trifling blood flow, or to leucorrhœa, or to biliary derangement, diarrhœa, and piles. After a further period of time the ovaries become little lumps of corrugated fibrous tissue; the womb *pari passu* diminishes and hardens; pelvic circulation is no longer subject to periodical fluctuations; and the system is no longer troubled by sexual sympathies. Such is *normal* involution—and I underline the word, because my present object is to study the differences that characterise *normal* and *morbid* sexual involution. By morbid involution I mean the manner in which sexual involution is worked out when interfered with by organic disease of the sexual organs. Sexual involution has an ill-defined beginning and end, and one fixed date, that of the cessation of the menstrual flow—a date very different in normal and morbid involution. There is too much pathology, in the tables by which I have illustrated the physiology of the change of life, for these tables were constructed by taking women just as they came, without stating whether they were sound or suffering from disease of the reproductive organs. It is evidently desirable to have a correct knowledge of the average normal date of cessation, for we shall then more carefully look out for any uterine affection that may be rendering involution morbid. The date of cessation in *morbid* involution is likewise important, for it marks a turning point in the progress of a case. That date stands at the end of a more or less troublesome period of pathology, and points to the gradual mending of many sexual diseases. Doubtless the date of cessation in any given case can only be certified after the event, but it then enables a practitioner to give a trustworthy prognosis.

*Date of Normal Cessation.*—During the last ten years I have become more and more aware of the fact that when cessation is retarded to the fiftieth year, and still later, it may be generally explained by the co-existence of uterine disease. I therefore conclude that there was a considerable amount of uterine disease among the women who were stated to have ceased to menstruate at fifty and much later in Table I of my work on "The Change of Life"—that is, in 120 women out of 1,082. It must be, moreover, noted that in twenty-seven out of these women sudden cessation, before the fortieth year, was accounted for by sudden shock to the sexual system, by cold or fright or a fall during a menstrual period. Carefully weighing what I have learnt on the subject, I conclude that the average normal date of cessation in England is more likely to be under forty-five than forty-five years and nine months, as made out in the table alluded to. Of course, women may cease to menstruate at any age, but practitioners should suspect some uterine disease when cessation is said to have occurred before the fortieth and after the fiftieth year.

*Date of Morbid Cessation.*—From what precedes it follows that when cessation is delayed beyond the fiftieth year I consider the delay to be often caused by some uterine disease, which gives the date of morbid cessation.

*Normal Pre-Cessation Period.*—The beginning of involution is announced by menstrual irregularities, or by the absence of the menstrual flow; but as these are the symptoms of uterine disease, medical men should rather think menstrual irregularities depend on uterine disease, than on the change of life, when these common symptoms of both states occur before forty. When consulted about women said to be "changing" before forty I generally find the menstrual flow is merely checked by constitutional disease, or by some organic affection of the sexual organs, and that menstruation returns when the system is strengthened or the disease cured. This makes me now understand why, out of 1,082 women, cessation occurred before forty in only 115, and in 27 of these it could be accounted for by shock. It would take long to relate the cases that have come under my notice in which careful consideration of the symptoms would have led to the discovery of a surgical disease, the successful treatment of which was followed by regular menstruation for many years. I have been repeatedly consulted about flooding, respecting which the patients had been assured "that the loss depended on the change of life, and that it could not be interfered with without danger." In many of these cases, on examination, I have found cancer in various stages, sub-mucous uterine fibroids, and various kinds of polypi, most of them easy to remove, and in severe cases flooding was a symptom of internal metritis. A lady, æt. 40, had presented marked symptoms of uterine disease, with prolonged menorrhagia, frequently recurring for about two years, during which time she was repeatedly told by an eminent practitioner, that it all depended on the change of life, and that it must not be interfered with. He had not examined, but I found an enlarged podgy cervix, with a ragged surface. It took long to cure this patient, and cessation did not occur till six years afterwards. I have been repeatedly consulted by women about forty-five who had been much weakened by long-continued inter-menstrual dribbling of blood from the womb, which had been ascribed to the change of life. In all such cases I have found an irritable vascular ulcer around or in the os uteri. When a married lady, æt. 51, consulted me, she had profusely menstruated for the previous four years, and there had also been a constant dribbling away of blood from the womb between the menstrual periods. She was a complete invalid, and suffered much from the cerebral symptoms of the too great loss of blood. In this case there was a vascular ulcer dipping into the cervix, and one application of acid nitrate of mercury stopped the blood flow.

Uterine disease should be thought of rather than the change of life, particularly before forty, when pus is said to be mixed with the blood that comes away between the periods, or when there is a mere dribbling of blood from the vagina, or an habitually prolonged menstrual flow. The fortnightly recurrence of the period points to uterine disease, for out of 637 women, there were only 33, in whom the period recurred at shorter periods than twenty-one days. The flooding of uterine disease occurs irregularly, and keeps less to menstrual periods than the flooding of the change of life. The change of life may be predicated when, after forty, there is a gradual diminution in the quantity of the menstrual flow, for this was noted in 171 out of the 637 women; the gradual prolongation of the inter-menstrual periods is another good sign, and it occurred in 99 cases. An occasional flooding at a menstrual period is a good sign. The co-existence of sweats and flushes with any of these symptoms is strongly confirmative of the change of life.

As I generally find some kind of uterine disease whenever the dodging time is protracted from three to ten years, I feel it right to conclude, that there was a considerable amount of uterine disease in 58 out of the 265 women in whom "the dodging time" was protracted for periods varying from four to ten years. Instead of estimating the average length of the dodging time at two years and two months, as was done in my work, I think it is more likely to be, from twelve to eighteen months, and uterine disease should be suspected when it has lasted over three years.

*Morbid Pre-Cessation Period.*—A morbid dodging time often lasts from three to five years and I have known it last for ten or twelve years.

*Normal Post-Cessation Period of Involution.*—We guess at the completion of sexual involution by the recovery of health and its resettlement on a new plan. It is only when we are obliged to examine a woman, for some other reason, that we occasionally ascertain, that the womb is much smaller and harder than it used to be. When there is no disease in the sexual organs, I believe cessation divides involution into two periods of pretty equal length, and that after its occurrence it takes from twelve to eighteen months to complete sexual involution.

*Morbid Post-Cessation Period of Involution.* — The nature of the disease that bars the progress of involution determines the length of time to which it may be protracted. An enlarged and caco-plastic body and cervix delay uterine involution for many years. When there are large fibroids in the womb, there is no prospect of uterine involution, although ovarian involution may have already occurred. I have said that it is characteristic of normal involution, that the process should proceed *pari passu* in the womb and ovaries, whereas morbid involution proceeds at different rates of progress in the different parts of the sexual system. The ovaries are often found reduced to amorphous lumps of fibrous tissue, while the womb is still large, and although the body and the cervix are united by continuity of tissue and by disease, they have a somewhat separate pathology, and the body of the womb may remain large after involution has taken place in the cervix.

*Effects of the Change of Life on Uterine Diseases.*—"You will be all right after the change" is the well-known answer a woman of forty gets when complaining of any chronic ailment, particularly pelvic. This haphazard prediction oftener fails than comes true. The very unusual state of congestion to which the womb is liable during the largest half of the time allotted to sexual involution renders women liable to inflammatory affections of the uterine mucous membrane, even when their sexual organs have been previously sound; but in that case it may be admitted that complete sexual involution is preventive of most uterine diseases. When, on the contrary, more or less diseased sexual organs have to be involuted, the dodging time is generally marked by a stationary, if not by an aggravative pathology. The dodging time is, however, less a cause of disease than a detective of disease that has been insidiously progressing for a long time. The congestion caused by the suspension of the menstrual flow sometimes makes inflammatory affections more acute, and often gives an impetus to simple hypertrophy, and to caco-plastic formation. Even after cessation periodical pelvic congestion does not immediately abate, and organic diseases are often rather made worse than better. As the ovaries become more and more involuted, there is less and less tendency to pelvic congestion, then inflammatory affections of the uterine mucous membranes disappear, the womb diminishes in size, and even large fibroids may become harder and smaller, or calcified. What Nature can thus do is often seen on opening the bodies of very old women who die at La Salpetrière.

## HERNIOTOMY—IMPOSSIBILITY OF REDUCTION OWING TO ADHESION.

By GEO. A. MOORHEAD, L.R.C.S.I., L.K.Q.C.P.I., &c.,
Assistant Medical Officer, Tullamore Workhouse.

On August 18th, 1878, at Colon, I was called to meet Dr. J. W. Christie, of the W. I. & P. ss. *Carribean*, in con-

sultation on an adult negro. The patient had been ill for nine days, and, experiencing no relief from the native "Obi" treatment, sent, on the first opportunity, for a white doctor. He was much collapsed, with cold clammy skin and feeble pulse; emaciated, constant hiccough, and stercoraceous vomit. An inguinal hernia occupied the scrotum on the right side, which defied all efforts of "taxis." It had come down nine days previously whilst lifting a heavy load, and he earnestly besought us to give him relief from his distressing symptoms.

Under chloroform the bowel was cut down on, the sac opened, and a constricting band at its neck divided. The gut was deeply congested, hard to the touch, and resisted all efforts to return it into the abdomen. The incision being prolonged downwards, the index finger was passed into the scrotum anterior to the bowel, breaking down adhesions, with no better result. The abdominal rings were now enlarged, and another attempt at reduction failed. With Dr. Christie's concurrence I then raised the bowel clear of the integuments with a tenaculum, and opened it by an incision one and a-half inch. A copious discharge of liquid and semi-solid fæces followed, on the cessation of which the gut was stitched on each side to the edges of the wound with double twisted silk ligature, the whole washed with carbolic water, and a piece of lint steeped in carbolic oil laid over the wound. A full opiate administered, and strict rest enjoined.

*Four hours after operation.* — Pulse 82, temp. 98·2°. Feels much relieved, but has not slept. Fæces abundant. Smeared edges with carbolic ointment, over which linseed meal poultice. To have twenty drops of Battley.

19th, 8 a.m.—Passed a good night; feels comfortable and in good spirits. Skin dry; slight thirst. To have a mixture of quinia sulph. and potass. nit. every four hours; ice to suck; barley water and slop diet. Temperature and pulse normal. Free discharge of fæces.

20th.—Wound looks angry; some pus; no offensive odour; but sutures lying on the abdomen with knots intact. Look as if had been clean cut. Replaced them with carbolised catgut; skin retracted, exposing abdominal muscles, with marked cellulitis round wound. Temp. 101°; pulse 94.

22nd.—Saw him for last time. The wound was bathed in offensive pus; tenderness more diffuse, with a dry furred tongue. Taking a fair share of nourishment, and hopeful of result. He survived two and a-half days after my departure, as I have since learned from my friend Dr. Ernest Aubin, of R.M.S. *Nile*, who kindly attended him subsequently, and in whose hands he finally succumbed to gangrene and general peritonitis.

The remarkable tolerance of the negro to operative measures of serious nature is well exemplified in this case. With a system below par at its best we found it still more enfeebled by nine days suffering and vomiting! The chronic subject of ague, living under the most gross hygienic conditions, in, perhaps, the most malarial atmosphere in the world, and in almost a moribund condition when visited—it is a matter of no small wonder, with so many adverse circumstances, that he survived so formidable an operation six and a-half days!—a fact, I trust, that may prove useful to those who may have before them the prospect of practising amongst the negro races.

## ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON HEARING, RESPIRATION, AND PHONATION; AND THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris,

Translated by H. Macnaughton Jones, M.D., &c., Professor, Queen's University, Ireland.

(*Continued from page* 404.)

### Differential Diagnosis.

According to our own experience, we very frequently meet with adenoid tumours in childhood and in youth, causing a train of symptoms which soon attracts the attention of the patient or of the parents. The physician is daily consulted in cases of this nature. It is a grave mistake if he ignores the existence of this disease, and attributes the cause of the accompanying symptoms to other affections, with which he is familiar, especially to simple chronic coryza, or to hypertrophy of the tonsils (it is far less frequently confused with nasal, or naso-pharyngeal polypus). Coryza, and hypertrophy of the tonsils, are usually considered of but slight importance, and we deceive ourselves with the hope that all will be set right at the age of puberty, a period which is popularly supposed to exert a powerful influence, not alone on these affections, but also on others, for instance on diseases of the ear.

Unfortunately, none of these affections are cured spontaneously, and the injurious effects of this therapeutical negligence soon becomes apparent, in the expression of stupidity, the ridiculous pronunciation, &c., &c.

Let us endeavour to avoid an error which is so injurious, and investigate the means by which we may form an accurate diagnosis before the affection has advanced so far that it can no longer be relieved.

We will examine, one after the other, the four affections which may be confounded with adenoid growths—1, chronic coryza; 2, hypertrophy of the tonsils; 3, nasal polypus; 4, naso-pharyngeal polypus.

### Simple Chronic Coryza.

The symptoms of chronic coryza are: permanent stuffing of the nose, alteration of the voice, which becomes more or less nasal, an abnormal secretion, giving rise sometimes to an abundant discharge, sometimes to dried and firmly adherent crusts. The senses of smell and taste are dulled; there is often a still more distressing symptom, the unpleasant odour of the air expired. The obstruction of the nose, when complete, is followed by the manifold results of buccal respiration.

We may then make the mistake of believing in the existence of adenoid tumours in a case of coryza; but the danger does not lie here; the first of these affections, being comparatively unknown, it tends, on the contrary, to the opposite error, that of believing in the existence of simple coryza, where the naso-pharynx is the site of the characteristic morbid growths. Besides, if we remember that these latter are often complicated with chronic rhinitis, the frequent error which attributes all these symptoms to this latter affection (*sic*) will be found still less surprising.

In cases in which this similarity of symptoms exists we have but one advice to give, that is, to practise physical examination of the naso-pharynx, in all patients presenting symptoms more or less resembling those of chronic coryza. We recommend especially palpation, for while the rhinoscopic examination often only succeeds after many trials, this latter can always be employed *extempore*, and it immediately solves the difficulty. In the case of adenoid tumours the nasal cavity is found diminished, or even abolished, filled by the morbid growths, or by exuberant excess of the pharyngeal tonsil. In the other case the finger moves easily in the interior of a free cavity, sometimes restricted only by the posterior swollen extremities of the inferior turbinated bones. In this latter case the examination of the nasal fossa by the anterior or posterior nares (rhinoscopy) will enable us to recognise the nature and extent of the chronic coryza.

### Hypertrophy of the Tonsils.

Many authors, and amongst them distinguished surgeons and physicians (beginning with Dupuytren and Robert), have described cases of considerably advanced hypertrophy of the tonsils which exhibited functional troubles, completely resembling those which we have described as characteristic of pharyngeal adenoid tumours (compare with regard to the chapter on arrested development of the thorax). In these cases the great increase in the volume is considered to be the only cause of these disorders.

This mistaken view is so general that a great number of patients affected with adenoid growths, have been sent to us as merely suffering from hypertrophy of the tonsil.

Although it is easy to understand the great importance of a correct diagnosis, which alone can and should direct surgical interference, this point has not been treated of by other authors, as we have discovered, not without some surprise. We have thus been induced to study this important question from a special point of view, and in order to have at our disposal the greatest possible number of cases, we have not been limited to the resources of our own practice, but many of our colleagues have contributed materials for our use from both the city and the hospitals.

In a great number of patients who have been brought to us as attacked by simple hypertrophy of the tonsils, causing deafness, mouth respiration, &c., even the most superficial examination of the throat decides the question in the negative, by immediately showing that the tonsils were not sufficiently enlarged to interfere by their volume with the functions of the soft palate, or the naso-pharyngeal passage, &c. There is nothing easier than to recognise the exact nature of such cases.

But it becomes extremely difficult when there really exists excessive enlargement of both tonsils, and at the same time the symptoms that we have described are distinctly attributed to them. It is here that we undertake to prove the incorrectness of the general opinion which attributes these symptoms to the frequent and perhaps necessary consequence of this enlargement. We should mention, in the first place, in support of our assertion, that we have often seen cases of enormous hypertrophy of the tonsils which were free from all appreciable trouble, especially as to nasal respiration and the important consequences which result from its suppression. On the other hand, in some cases of hypertrophy of the tonsils, in which these troubles also existed, we found adenoid growths completely hidden behind the very much enlarged tonsils. On the removal of the tumours the symptoms disappeared, while the tonsils, to which these unpleasant results were attributed, have not been interfered with.

We have studied attentively the cases mentioned in the classical works, and we cannot help thinking, in most of the cases of hypertrophy of the tonsils which have been quoted as presenting the group of abnormal phenomena already described proceeding from the naso-pharynx, that at the same time adenoid tumours must have existed in this region, and that these were the cause of so many injurious results. We should be even tempted to ask whether hypertrophy of the tonsils can really provoke the suppression of nasal respiration, as is generally believed, if we had not met with some cases which would appear to reply in the affirmative. In the first place, it would seem much more plausible that obstacles which almost completely close the passage from the mouth to the naso-pharynx, should impede the circulation of air by the mouth rather than by the nose; in fact, we have seen some cases where it was unquestionably thus, but on the other hand many distinguished authors affirm that the contrary is possible. M. Desnos, for instance, in his article in the *Dictionnaire* (*a*) says, "The soft palate, raised horizontally, partly obscures the posterior aperture of the nasal fossa; the tonsils, pushing the swollen and elongated uvula before them, almost come in contact with each other in the median line, and leave only a very narrow space for air and food."

For our part we admit that the question seems to us open. We think that it will be well to resume this study, and ascertain whether in many cases it has not been an error to ascribe an evil to the tonsils the real cause of which is found in the existence of adenoid tumours, particularly in an excessive development of the pharyngeal tonsil. Perhaps this is the clue to the frequent want of a successful result after removal of the tonsils.

(*a*) *Loc. cit.* page 140.

We can only repeat the advice given in the preceding chapter, to employ physical examination in every case of considerable hypertrophy of the tonsils, accompanied by the group of symptoms which we have already sufficiently described. This examination immediately shows us whether there are adenoid tumours or not; and when we are informed on this point, an attentive study of the symptoms will enable us to decide which is the impediment that must be removed in order to restore to the patient the integrity of the naso-pharynx, and the organs depending on it. These researches will at the same time help to solve the question that we have proposed.

In concluding these considerations we cannot but refer to the excessive part attributed to the tonsils in the production of *catarrhal deafness*, a mistake which has been rectified by able observers. Perhaps we shall be fortunate enough to prove that their influence has been equally exaggerated in relation to nasal respiration, and the questions involved in it.

### Polypus of the Nose.

The suppression of the passage of air by the nasal fossa, and the alteration of the voice, are symptoms common to both adenoid tumours of the pharynx and nasal polypus, when either of these two affections has attained a certain development. How are they to be distinguished? Physical examination will immediately elucidate the diagnosis by proving the existence of the characteristic excrescences in the naso-pharynx, in the one case, or in the other by showing that there are one or more tumours in the interior of the nasal cavities. Polypi are visible by examination of the nasal fossa anteriorly, even with the assistance of a simple concave reflecting mirror, with a hole in the centre, such as is used in examining ears; and it is useless to resort to the rhinoscope in most cases.

But if a practitioner is not familiar with the two methods of physical examination, what course is he to pursue when he meets with troubles which require energetic, as well as suitable, measures?

We will now give some facts which will assist him in obtaining a successful result. While adenoid tumours are formed usually in childhood and youth, nasal polypus is found at all periods of life, more usually even in adult age. Often the patient becomes first aware of the presence of a polypus by a certain obstruction, by the sensation of a foreign body in the nasal fossa, a sensation which is not present in the adenoid affection. The deafness, which is an almost constant accompaniment of this latter, does not usually co-exist with nasal polypus, to which, on the contrary, disorders in the excretion of tears are peculiar. Polypi often ultimately project from the anterior or posterior apertures of the nose; adenoid tumours never reach beyond the pharynx, their seat of origin.

When tumours of the nose have attained such a development that the nasal fossa of a normal capacity can no longer contain them, they grow beyond their position, frequently to an enormous extent, and finally invade the adjacent cavities. Disorders then rapidly break out, so grave and so characteristic that the nature of the case is evident to the most inexperienced observer. To the arrest of the sense of smell are rapidly added troubles in mastication, in deglutition, and in the integrity of the ear; finally life may be menaced, and safety can only be obtained at the cost of a serious operation. Even then there may be relapses—an occurrence as yet unknown in the case of adenoid tumours when once the surgeon has succeeded in removing them.

We will now only mention the cases in which *soft polypus* exists, arising from the posterior extremities of the inferior turbinated bones, with or without the simultaneous existence of adenoid growths. The treatment is the same in the one case as in the other, and an error in diagnosis between the two can, consequently, be of but little importance.

### Naso-Pharyngeal Polypus.

In proportion as naso-pharyngeal fibrous polypus becomes developed it encroaches successively on all the interior of the pharynx, the nasal fossa, and the adjacent cavities, such as the frontal sinus and the orbit, everywhere producing the most distressing disorders. When once this degree of development is attained, and these terrible results are definitely established, there can no longer be any fear of confusing this affection with adenoid tumours, which are neither of rapid growth nor of a destructive nature.

But while the dimensions of the polypus permit it to remain within the limits of the naso-pharynx, the diagnosis may be attended by great difficulties. We will give, nevertheless, some facts, which may assist in distinguishing between the two affections in question; this distinction is of the greatest importance, since adenoid growths are relatively harmless when compared with naso-pharyngeal polypus, which is of a most destructive character. These latter generally (some authors say "always") spring from the periosteum of the inferior surface of the basilar process, where, in the normal condition, the fibro-mucous membrane is enlarged (*a*); adenoid tumours may spring from every portion of the walls of the naso-pharynx, and are inserted more superficially in the soft parts. They are generally first developed at an early age, while polypi appear usually between the fifteenth and twenty-second years (Nélaton). These latter (according to Nélaton, M. Gosselin, and a great number of other experienced surgeons) are observed only in young boys; adenoid growths attack both sexes indifferently. Polypus gives rise to difficulties in deglutition, accompanied by the regurgitation of fluids into the nose, to nausea, to nasal discharge often tinged with blood, and even to hæmorrhage, to habitual dyspnœa, occasionally accompanied by wheezing, and interrupted at times by actual attacks of suffocation. We will not mention cephalalgy as a means of differential diagnosis; some authors consider it as equally characteristic of adenoid tumours; moreover, it does not coincide with our own observations.

In short, the differential diagnosis between these two affections may offer serious difficulties, especially when we are examining a small polypus (or a mucous or glandular polypus, another form of naso-pharyngeal tumour); but when neither the symptoms nor the optical or tactile methods of examination can afford us absolute certainty, we must in either case proceed to the removal of the tumours by surgical means. It is important here to remember that, although our first treatise, and those of other authors, do not appear to have sufficiently attracted the attention of the profession, some surgeons have nevertheless had the shrewdness to recognise the fact that there may be a kind of tumour totally different from true pharyngeal polypus; these observers have not failed to make a distinction between an affection almost always fatal (whether by its rapid growth, or by surgical interference, which is so frequently a source of danger), and another comparatively harmless one, which can be operated on with a certainty of success, and without danger. Thus M. Trelat has clearly pointed out this important matter in several communications to the Surgical Society (*b*), and other experimental surgeons have quoted analagous cases.

### Prognosis of Adenoid Tumours of the Naso-Pharynx.

What becomes of adenoid tumours once they have attained their maximum development? It is not easy to reply to this question in a decisive manner, for as this affection has only been recognised for a few years, we have not as yet had sufficient opportunity to follow the course of a large number of cases, or to observe them for a period so prolonged as to enable us to understand clearly their spontaneous evolution.

However this may be, it is certainly true that pharyngeal adenoid tumours are usually developed in childhood and youth, and become more rare in proportion as age advances, but as neither these tumours nor any of their habitual consequences are ever fatal, it would appear as a result that *they may disappear spontaneously at a certain period of life.* They are, then, developed in childhood, they remain stationary during youth, and finally disappear spontaneously, although their more or less serious complications still remain.

It is interesting to refer, in relation to this subject, to the destiny of certain other affections which attack the regions approximate to the pharynx. We know that hypertrophy of the tonsils, sometimes disappears spontaneously towards the age of puberty, without artificial interference, as similarly we see mucous polypus of the nose atrophy spontaneously, without either medical or surgical treatment (see on this subject the works of Robert, Nélaton, and M. Gosselin). It further appears that chronic catarrh of the naso-pharynx and of the nose, resulting in hypertrophy of the mucous lining of these cavities, often, in proportion as the patient advances in age, leads to atrophy of the same mucous membrane. According to some authors, the pharyngeal tonsil itself, an abnormal development of which forms the substratum of so many adenoid tumours, appears to diminish in volume from infancy to advanced age (see Tentleben) (*a*).

All analogy supports the hypothesis of the spontaneous retrogression of adenoid tumours, but we repeat, no positive fact has as yet been discovered which proves the truth of this theory.

What we have already said of the greater frequency of adenoid tumours in youth applies strictly only to the period of their origin, for they are met with in persons much more advanced in life. We find a proof of this assertion in case 4, where we found the morbid growths in 1865, the patient being then forty-one years of age. He refused efficient operative treatment, as we already stated, and we have lately verified the presence of the tumours, the patient being now fifty-three years of age. According to our observations in other cases, the affection when treated in an adult appears far more obstinate than when treated in a child.

Although adenoid tumours, once they are radically destroyed by one of the methods which we shall explain shortly, never recur so far as we have observed up to the present time, operation, which constitutes the *sine quâ non* of all treatment, does not, at the same time, remedy the deleterious results of the affection. In order to accomplish this we must employ special measures, of which we shall speak presently.

In discussing the prognosis of the *various groups of consecutive affections*, we have first to consider the *aural troubles*, which, when appropriately treated, are often completely cured.

With respect to the other pathological groups of disorders, caused by suppression of the passage of air by the nose, we can sometimes prevent respiration by the mouth from becoming habitual, with all its results previously described; but after the affection lasts for a certain time any attempt to re-establish the normal physical conditions by a radical operation will prove useless, the functions only slowly and with difficulty regain their physiological action; this is similarly the case with regard to all functions which have been arrested for a long time, especially in childhood. With reference to this we may allude to congenital fissure of the palate, the results of which have been observed to remain for a long time, if not permanently, after even the most successful operation.

Here, likewise, when buccal respiration, resulting from adenoid tumours, has once become habitual, respiration does not again become nasal, merely by the restoration of the nasal passage to its normal condition, by operation; this is evidently on account of the abnormal position of the soft palate, which still remains raised, and thus intercepts the access to the nasal fossa. Many authors con-

(*a*) Lorrain, *Bull. de la Soc. de Chir.*, 260, 1860.
(*b*) See, amongst others, the Report of the Meeting of October 28, 1874.

(*a*) *Archives d'Otologie*, xiii., 160.

sider that this is due to a semi-paralytic condition of the muscles of the soft palate, but it appears more reasonable to consider it in the light rather of a spastic condition. We think that the habit of keeping the soft palate raised, a state necessary for respiration by the mouth, must communicate to the muscles, involved in this action, a condition of permanent contraction which, when it has lasted for a certain length of time, does not again yield, although we may succeed in restoring the normal passage.

THERAPEUTICS OF ADENOID PHARYNGEAL TUMOURS.

The therapeutics of the adenoid pharyngeal affection is divided into three parts.

*a.* The measures employed for the restoration of the general health.

*b.* The surgical treatment of the adenoid tumours; and finally,

*c.* The measures to be taken with regard to consecutive or concomitant affections.

*a.—General Treatment.*

Although we must rely almost entirely upon the local treatment, those cases are very rare in which it is not necessary at the same time to attend to the general health of the patient. Thus, for our part, we have seen but a very limited number of young patients affected with adenoid pharyngeal growths, amongst the considerable number who have come under our notice, who at the same were exempt from all signs of a lymphatic diathesis. We combat this diathetic tendency by the usual treatment—good hygiene, plenty of exercise in the open air, and reasonable gymnastics, intended to improve both respiration and circulation; and finally, the general nutrition. Besides this we order tonic *regimé*, cold baths (*sponging bath*, or *tub* of the English), cod-liver oil, bitters, iodide preparations, iron, sea baths, and saline and sulphurous mineral waters. Mild diet is necessary to avoid all irritation of the pharynx. We must prohibit very hot or irritating food, whether liquid or solid, alcohol, tobacco, excessive use of the voice, respiration in impure air, &c.

Even in cases where the individuals present no sign of such a diathesis, we have often had recourse to these general measures to recruit the health, weakened by abnormal respiration, and its effects on hæmatosis and nutrition.

(*To be continued.*)

# Clinical Records.

## LONDON HOSPITAL.

*Notes of Cases.*

Under the care of Dr. ANDREW CLARK.

Reported by R. W. BURNET, M.D., M.R.C.P.

THERE is at present under Dr. Clark's care a patient, whose case is interesting, both because it presents some unusual characters, and because of its important practical bearing.

A. S., æt. 30, married, was admitted into a surgical ward of the London Hospital, suffering from disease of the left elbow-joint, and from abscess of the abdominal wall. She was then in a weak and emaciated condition, and of an unhealthy appearance. Sometime after her admission to the hospital, Dr. Clark was asked to see her, to determine the state of the chest, as symptoms of lung disease had made their appearance.

The woman, when Dr. Clark saw her, was complaining of pain in her right side, of cough without expectoration, and of great prostration. She was breathing hurriedly, had a rapid pulse, and a somewhat elevated temperature. It was reported that she had been ailing for a week, and had become somewhat suddenly worse. There was an old history of hæmoptysis, and it was suspected that she had become tubercular, and that the disease was progressive.

Dr. Clark found several circumscribed dull regions scattered through the right side. Over these regions were heard modified tubular breathing, bronchophony, and some fine crepitations. One of the regions occupied the summit of the lung. There was no dulness over the left lung, but at various places in front and behind fine crepitations were heard. There were no abnormal heart sounds.

Dr. Clark considered the case to be one of disseminated pneumonia, perhaps of an embolic kind, and he recommended that the patient be transferred to his own wards, which was at once done (March 24).

The following is an outline of the history which was obtained:—

There was nothing in the family history which directly pointed to tubercle. Patient stated that she had on the whole enjoyed fair health. She had small-pox when she was six years old, and with that exception she had had no definite illness. In February, 1878, however, she spat a small quantity of blood, and was treated as an out-patient at this hospital. At that time she was pregnant.

Her present illness began four months ago. She caught cold soon after her confinement. She had inflammation of the bowels, and at the same time the disease of the elbow-joint and the abscess of the abdominal walls commenced. She then had cough and some expectoration. On admission she was found to be pale, thin, and anæmic. She complained of pain in her right side, and of great weakness. Temperature was normal; respiration 26; pulse 120, somewhat soft and feeble; tongue, slightly furred; appetite very bad. She had nausea, but no vomiting, and the bowels acted regularly. There was no swelling of abdomen; no œdema of feet or legs; no increase of splenic dulness. Liver dulness commenced at the 6th interspace, and extended one inch beyond the margin of the ribs. There was slight tenderness on pressure along the edge of the liver. The heart's impulse could neither be seen nor felt when patient was lying down, but the sounds were heard in the normal position. Heart's action was quick and feeble, but there was no murmur.

There was flattening of the right side of the chest in its upper part anteriorly, and in the right infra-clavicular region there was dulness extending down to the lower border of the 3rd rib.

In the supra-clavicular region — Breath sounds were harsh; expiration prolonged, slightly bronchial, and accompanied by what appeared to be a superficial crackling; vocal resonance increased, not distinctly bronchophonic; no râles on coughing.

In infra-clavicular region—Breath sounds bronchial; at end of inspiration there was a valvular click with crepitations: after a cough the click disappeared, and inspiration was accompanied by crepitations; voice sounds bronchophonic. From this to the nipple, in an area widening towards the sternum, the breath sounds were harsh, with fine crepitations, which on forced breathing became almost continuous.

In the mammary region—Inspiration was harsh; expiration prolonged; voice sounds bronchophonic. On right side posteriorly there was in supra-spinous fossa, dulness, which diminished towards the lower part of the scapula and again increased, till at the base it was absolute. Tactile vocal fremitus was increased above and below, less in the middle region. In the supra-spinous fossa, at the outer part, inspiration was bronchial; expiration harsh and prolonged, with moist crepitations; voice sounds increased. A similar condition existed just below the middle of the lung—there was heard true tubular breathing, with bronchophony. In the axilla there was dulness with increased T. V. F.; also increased voice sounds; below there was harsh breathing with crepitations. There were no signs of changes in the left lung: it was practically free.

After careful examination, the diagnosis arrived at by Dr. Clark was, "Pleuro-pneumonia of right lung—in scattered masses—including the apex, probably embolic in origin. Question of pre-existing tubercle. Nothing defi-

nite in left lung. Old disease of left elbow, and abscess of abdominal wall. Prognosis favourable."

Whilst he admitted the possibility of tubercle, Dr. Clarke was inclined to exclude it for the following main reasons :—

1. A considerable period had elapsed since the slight attack of hæmoptysis, and during that time the patient had apparently been in good health.

2. The fact that with extensive disease of the right lung, there was no conclusive evidence of disease in the left lung.

3. The subsidence of constitutional disturbances which, while it occurs not unfrequently in anomalous forms of pneumonia, almost never occurs in tubercular phthisis.

4. The fact that the physical signs, in so far as they could be interpreted, indicated clearing of the lung and not an increased consolidation.

Dr. Clark admitted the difficulty of the slow development of the disease and its unilateral character in considering it as an anomalous form of embolic pneumonia, but he held that the history of the case was sufficient to justify the diagnosis, and he predicted resolution, and recovery of the consolidated lung.

The progress of the case has been steadily towards recovery, as the notes taken from time to time will show.

March 25th.—The tubular breathing was less marked, the voice sounds less bronchophonic, and no crepitations were heard.

31st.—Patient described herself as being much better. On examining the chest it was found that in the supra-clavicular region on the right side, expiration was rather hollow and prolonged ; voice sounds slightly increased. In the infra-clavicular region expiration was also somewhat prolonged ; no crepitations ; vocal resonance increased. Posteriorly—T. V. F. was rather greater than normal in right side. In the upper part, inspiration was feeble : there were no crepitations. Expiration was slightly prolonged and hollow ; vocal resonance normal. In the interscapular region the breath sounds were feeble towards the inferior angle of the scapula on the right side ; expiration slightly tubular ; occasional crepitations.

On the 8th April it was noted that patient continued to feel better ; her appetite was good, and she slept well.

Since the middle of April she has been up part of each day, and improvement has continued steadily. She has now a much healthier appearance, and has gained flesh very considerably.

On the 8th of May the following note was made :— "Patient is now quite well. She has gained in flesh, strength, and colour. A careful examination of the lungs elicits no evidence of disease."

The treatment throughout has been rest, and simple nutritious diet, with attention to the state of the bowels, and at first the use of the effervescing citrate of potass, afterwards the effervescing citrate of potash with iron. Dr. Clark has found this combination useful in cases of this kind, and we subjoin his favourite formula—

℞ Quiniæ sulphatis, gr. ijss ;
Acidi citrici, gr. xvij ;
Aqua, ad ℥j.
Fiat haust. Sig. Nc. 1. M.

℞ Potassæ bircarb,, gr. xxv ;
Potassii iodidi, gr. ijss ;
Syr. auranti, ℥ss ;
Aqua, ad ℥j. M.

Fiat haust. Sig. No. 2. To be taken together in effervescence twice or thrice daily.

This, with an occasional gentle aperient was all that was given in the way of medicine during the first two or three weeks ; afterwards there was added to each dose gr. v. of the ammonio citrate of iron.

*Remarks.*—As we said at the outset the case seems of some interest because of its unusual features, and on account of its steady and rapid course towards recovery. Admitting the probability of its embolic origin, it differs from an ordinary case of pulmonary infarct, in the absence of hæmorrhage and of hæmorrhagic expectoration, the position of the affected parts in the lung, as well as their number and size, together with the somewhat anomalous character of the symptoms. The very moderate rise in temperature and its rapid subsidence to the normal standard is a striking feature in the case. This is not incompatible with the embolic theory ; indeed, the writer of the article on embolic pneumonia in Ziemssen's "Cyclopædia of Medicine' goes so far as to state as his experience of such cases, that a febrile movement is not necessarily set up, and that the temperature cannot in any sense be regarded as a positive diagnostic sign. At first sight, it might have seemed nothing more or less than an ordinary case of tubercular phthisis, but on closer examination and by carefully weighing the evidence, it was seen that this idea was not sufficiently borne out by the whole of the symptoms. The importance of this in prognosis is obvious, for had it been viewed as an ordinary case of tubercle, a favourable issue could not in the same way have been predicted. Another view that was entertained and that was discussed, was that the case might be one of cheesy pneumonia. The position and extent of the consolidation tended to favour this idea, as did also the manifest strumous tendency of the patient, evidenced by the joint affection, and by traces of some old glandular enlargement. The history and course of the case were considered sufficient to exclude this view.

# Department of Lunacy.

## THE ROYAL COLLEGE OF PHYSICIANS AND PRIVATE ASYLUMS.

At a general meeting of the College of Physicians on the 9th inst. for the purpose of formally admitting the Fellows who had been elected by the College, the President was asked whether the report was true that at the recent meeting of the Council to nominate the Fellows a resolution had been passed to exclude proprietors of private asylums from being admitted to the Fellowship of the College.

In reply he stated that as the proceedings before the Council were *strictly secret*, he did not feel himself bound to answer the question, but that he would do so by saying that no such resolution had been made, and if it had it would be in the power of any future Council to upset it. A discussion here took place, when one of the Fellows, a Councillor, remarked that the question was not in order. This, however, the President, overruled. The same Fellow stated that he wished to clear himself from a report in circulation to the effect that he had proposed this resolution. We do not for one moment say that a formal resolution was passed, but it is quite possible for any member of the Council to have compared proprietors of asylums to hotel keepers, as has been done in one of the medical journals, and to have stated that it would have been derogatory for the College to have elected such persons to its Fellowship, and so prejudiced the minds of the Council, who might have agreed to this without passing any *positive* resolution. We are credibly informed, that such was the case, and it answered the same purpose as a resolution. It was doubtless to this that the President alluded when he remarked that such a resolution might be thrown out next year if it had been passed.

We consider that if such a statement were really made and carried it was an insult to a large body of men, who have advanced science and literature in a way equal to most of their professional brethren.

## THE HABITUAL DRUNKARD'S BILL.

During the second reading of the proposed Act to legislate for the care of chronic inebriates, the Archbishop of York proposed that a clause should be introduced prohibiting dipsomaniacs from being taken care of in licensed houses as existing at the present day for the reception of the insane. This appears to us very absurd, and we regret that such a clause was allowed to be carried. Insanity and dipsomania are so closely allied, and the latter so often the cause as well as the effect of the former, that it appears difficult to draw a line of demarcation between them. The physicians who have the care of the insane should also be entrusted with the responsibility of supervising the individuals over which the new Act is intended to legislate. We are of opinion that there should be some provision in the Bill enabling those under confinement for drink to be transferred to asylums upon their condition proving that the craving is the effect of some cerebral mischief, and not a disease *per se*, and presumably curable by restraint for some months. We cannot see how the present Act, framed as it is, can fulfil what was intended by the agitators in the matter who drew the attention of Parliament to the existing crying evil, and when we find, in addition, that the care and treatment of these individuals is, by an absurd clause of the Archbishop of York's, taken out of the hands of those medical men who have made insanity and its ally, dipsomania, their special study, we shall not be surprised to find that the Bill will be a failure as to effecting any permanent cures.

## CASE OF INCIPIENT CEREBRAL ATROPHY, WITH GENERAL CUTANEOUS HYPERÆSTHESIA.

By BEVAN LEWIS., L.R.C.P. Lond.,
West-Riding Asylum, Wakefield.

A. B., æt. 58, admitted for the third time. On previous occasions had suffered from acute melancholia. At present she refuses food persistently, sleeps but little, and has developed numerous delusions. The main features prcsented by her present attack are intense, bewildering mental pain, acute subjectiveness, restlessness, agitation, without absolute failure of consciousness. She is so introspective that her attention can only be commanded with difficulty. Her memory is found to be confused and hazy upon most recent events. She exhibits the tendency to regard every topic from a gloomy point of view, and is morbidly sensitive as regards her domestic relationships, believing she has involved her relatives in great pecuniary embarrassments. These groundless fears are also associated with other delusions of a painful, distressing nature, while other hallucinations of the special senses of sight and hearing prevail. Her delusions are of a very indefinite nature, and explanations are vague. She constantly sighs, moans, and acts in a cringing manner. Her pupils are normal in size and reaction. Complexion extremely sallow. She is very thin, and greatly reduced in bodily condition.

*Remarks.*—This case being regarded as one of commencing cerebral atrophy, observations were made with the æsthesiometer, and the results compared with a standard table as follows. The sensorial anomalies are of interest:

| Case of A. B. | | Standard of Healthy Sensibility. |
|---|---|---|
| Tip of index finger | ·05 inch. | ·1 |
| Palm of hand ... | ·1 „ | ·4 to ·5 |
| Back of hand ... | ·025 „ | ·1 |
| Forearm ... | ·025 to ·2 | 2·5 |
| Dorsum of foot | ·15 to ·2 | 1·5 |
| Patella ... ... | ·9 ... ... ... | 1·5 |

Gynæcology in Lunatic Asylums.—Dr. Seguin remarks: By peripheral irritation I mean not only a nervous disturbance elsewhere in the brain, but an irritation of any of the organs. Dr. Storer has written a small work on the influence of uterine diseases over mental troubles, and has shed considerable light on the subject. I have no doubt that to-day a large number of female patients in asylums need a specialist, and many could be cured by the replacement of a uterine version, or the curing of an inflammation. Superintendents of asylums, as a rule, are incapable of attending properly to these maladies, and they have an aversion to calling in an outsider. Some have great repugnance to such cases, for fear of being accused of assault. For very many reasons every asylum should have consulting physicians and surgeons. Dr. Storer cites case after case, showing a cause of insanity to be due to some uterine difficulty, and European statistical reports point the same way.—*Hosp. Gaz., N.Y.*

Peculiarities of Inebriety.—In his fourth annual report of the Asylum for Inebriates at Walnutt Hill, Hartford, Dr. T. Crothers gives the particulars of a number of cases which had been under treatment. Many curious facts are presented, in a history of these cases, illustrating the periodic character of the drink craving, which returns after an interval that can be definitely calculated within an hour; or the insane-like madness which ignores everything but the gratification of its impulses; or the precipitate revulsion of character and motive passing swiftly from one extreme to the other; or the sudden explosion of the diseased impulses, under conditions of excitement and change, &c. All these are significant of laws and forces moving in regular cycles as fixed and definite as that which governs the planets.—*Medical and Surg. Rep.*

# Transactions of Societies.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE ADJOURNED DISCUSSION ON CROUP AND DIPHTHERIA.

Owing to the length of some of the speeches and the pressure upon our space we shall confine our notice to the chief points made by the several Fellows who spoke during the meeting of this Society on the 13th inst.

Dr. Barclay, in criticising the Report, said that the Committee did not embrace any consideration of the disease formerly known as "croup"—a membranous tracheitis, and not, as had been assumed, a laryngitis. It was this adoption of the term "membranous laryngitis" as an alternative for croup that constituted his chief objection to the report of the Committee. He doubted whether the membranous croup which he had known as a student was often seen at the present day. At the same time, he admitted that the croup of olden days might have been a sporadic form of diphtheria, just as there are mild sporadic and endemic forms of scarlet fever. He felt inclined to go back to the old definition of croup, which implied its limitation to the trachea. Were this not so he would give up the point, and declare in favour of identity. Lastly, he recalled cases of membranous croup in which the children died asphyxiated from membrane driven against the glottis from below; also other cases of non-membranous croup, in which the inflammation was limited to the trachea.

Sir W. Jenner commenced by saying that his experience had led him to incline more to the view of the identity of these diseases—not to declare it absolutely, for he had no other grounds of basing so certain a statement upon the unity of croup and diphtheria, as, for example, there existed in distinguishing measles from scarlet fever. He looked to the report in the hope, but not in the expectation, that it would solve what little doubt was left in his mind. He thought that men's opinions would colour the facts they narrated. That suspicion was fully verified, and the committee had acted wisely in coming to no conclusion, for they had no facts upon which to come to a conclusion. The com-

mittee had not the data for final conclusions. Their able report was a clear reflex of prevalent views, and would prove a starting point for further research and future opinion. He was told that croup and diphtheria could not be identical because there was a sort of universal feeling in the profession that they were two distinct diseases. The mere strength or universality of an opinion did not prove its truth. There was a time when the whole nation believed in the existence of witches, nor should it be forgotten that in our own profession it was once generally held that measles and scarlet fever were identical. But he did not find this general agreement; on the contrary, there was the greatest diversity of opinion. He was surprised to hear Dr. Barclay say that in croup the false membrane was limited to the trachea, so that if this were found in the larynx the case would be one of diphtheria. He would ask Dr. Barclay if in any post-mortem examination made in the last thirty years he had ever found membrane limited to the trachea. He would ask any who were in the habit of making such examinations if that was ever their experience, and he quoted Dr. West in support of this statement. Then some made the distinction that the one disease, croup, is sthenic; the other, diphtheria, asthenic. This was so baseless and void of anything tangible (for some cases of diphtheria were sthenic, and membranous laryngitis was both sthenic and asthenic) that he could find no resting point here for his foot. It was also asserted that croupous membrane was distinctive in its chemical and physiological characters. If this were the fact, it would be most important, but he found in the same report one of the pathologists who was most thoroughly versed in the knowledge of the lesions of the two diseases, one of the soundest and best informed of pathologists—he meant Dr. Wilks—he found him stating that after careful and long consideration he could establish no anatomical difference between the diphtheritic and the croupous exudation. So here again no firm distinctions could be found. And with regard to the alleged non-contagiousness of croup, there were two reasons why those cases of membranous laryngitis should be less contagious than the pharyngeal form of diphtheria. There was the great difficulty in coughing, and, at any rate, of scattering the membrane, after the trachea was opened. Then, when the child has diphtheria in its early stage it is running about. A notable instance of this occurred in the lamentable affair at Darmstadt. The child goes about, kissing his brothers and sisters, but as soon as the membrane attacks the larynx he is isolated and placed away. So that there is less liability and opportunity for contagion to take place from the laryngeal cases. As to albuminuria, Sir William noticed that Dr. Fagge states that in Class A, "in only one of these nineteen cases was albuminuria noticed to have been present." But these nineteen cases extended over twenty-one years; the albumen might have been overlooked. Dr. Gee's cases of a similar kind gave a considerable proportion in which albuminuria was present. The same criticism would apply to the absence of false membrane on the pharynx. He did not suppose that clinical clerks were different at Guy's from those elsewhere, and when it was remembered how difficult it was to examine the throat of a child thoroughly, it was almost impossible that this could be done by a clinical clerk. The value of enlargement of the glands had been greatly over-estimated. In the pharynx the mass of absorbents go to the superficial glands, which readily enlarge on inflammation about the fauces; whereas the absorbents from the larynx go to the deep glands, glands which, small in size, and deeply seated beneath the fascia, showed no visible external signs of their involvement. After death such glands were found enlarged, which could scarcely be felt during life. Therefore neither as regards the presence of the false membrane nor the presence of albuminuria, nor the relative contagious nature, nor the involvement of the glands, could he find any firm footing to establish a distinction between the two diseases.

Dr. WILKS had not intended to speak; but the whole complexion of the subject had been so altered by the speeches of Mr. Hutchinson and Dr. Johnson that he could not refrain from making some remarks. He perfectly agreed with Sir W. Jenner in denying the existence of a membranous tracheitis apart from a laryngitis. Such a view dated from pre-pathological times, and was based on the expectoration of material which resembled membrane. The question before the committee was very definite. It lay in a nutshell, and in answering it he gave it in his own words, "Is there such a thing as an idiopathic membranous inflammation of the air-passages?" But according to some it seems this question should not have been answered; the committee should have stated what they meant by specific diphtheria. He had always understood a specific disease to be a disease like one of the exanthemata, contagious and protective—*e.g.*, small-pox. Mr. Hutchinson had made a remarkable and conclusive speech, and he (Dr. Wilks) was much inclined to go with him. Mr. Hutchinson did not regard diphtheria as specific, and spoke of epidemic sore-throat originating in diphtheria. Hitherto Dr. Wilks had thought that Dr. Johnson was one of the great champions for the specific nature of diphtheria, but he found him quoting case after case in which "diphtheritic" affections arose *de novo* from bad drainage, and surely that was then an idiopathic disease. So we came to this, that diphtheria and membranous laryngitis were not specific diseases—that is to say, they were as idiopathic in their origin as cirrhosis of the liver in a gin-drinker, or granular kidney in a port-wine bibber. Then, are the circumstances producing diphtheria the same as those producing membranous laryngitis? There was no reason for dissociating membranous laryngitis from diphtheria in the same sense. He differed from Dr. Semple as to the use of the word "croup." He held it to be a very convenient term, used by all in a very definite sense. He had never been called to a case which was not "croup." It might not be possible to show the presence of false membrane; the child might die, and no post-mortem examination being obtained, it would never be known if false membrane were present or not. But the case would be one of croup—a disease of sudden onset with, in a few days, implication of the larynx. It was a correct term, and should be retained.

Dr. PAVY said that he would temporarily discard the terms "croup" and "diphtheria," and describe two classes of cases showing how integrally different they were. In one class of cases—he would call it class A—which may occur in children, but frequently in adults, there is a membranous exudation chiefly on the fauces and pharynx, extending to the mouth and nose, perhaps to the œsophagus and air-passages. Nor was the formation of membrane limited to these regions. If there be a wound in the skin or an excoriated surface, it would probably become covered with membranous exudation; and on account of this liability to the occurrence of this membrane it was a maxim in practice not to use a blister to the skin in such a case; for it was thought that the larger the surface covered by the exudation the greater the amount of blood-poisoning. In these case the sub-maxillary and lymphatic glands were enlarged, a point upon which he had been led to lay great stress. It was one of the main or primary features, and was often as much marked as the swelling in mumps. In a large number of cases the urine was albuminous, and contained tube-casts, the condition which is noticeable in septicæmia or pyæmia, and indicative of blood-poisoning. Further, in this class of cases paralytic sequelæ occurred, not only local in connection with the throat condition, but involving the upper and lower extremities. Then this class of cases was highly infectious. Striking evidence of this had lately been afforded at Guy's Hospital, where a nurse and a patient contracted the disease from a child admitted with it. In another case a patient took it from a case in a neighbouring bed and died. The other class he would style Class X, for it was to be placed at some distance from Class A. Hospital experience constantly brought under notice children of one, two, or three years of age suffering from croup. It was true that in many cases no proof of membranous exudation was present, but in some cases it was. In this class no diphtheritic exudation is met with elsewhere. There is no fear about the results of applying blisters. There is no glandular enlargement. An experienced sister in the clinical ward at Guy's Hospital informed him that she had never known such a case marked by glandular swellings, and this quite accorded with his own experience. Albuminuria was not a marked feature; when present it could easily be explained by the semi-asphyxiated condition of the patient. Paralytic symptoms were absent. At Guy's Hospital these cases are not regarded as infectious; isolation is not thought necessary for them as it is for those of Class A, nor had it been known to extend to other children in the ward. Regarding the matter in this light, Dr. Pavy thought that there are here two distinct diseases. He could not see why membranous inflammation should not be caused differently in

different cases, sometimes due to traumatic causes, sometimes to internal conditions, and sometimes to a definite poison—diphtheria. He urged in the strongest way that we ought to look upon diphtheria as a specific disease and a disease extremely infectious, requiring strong measures for the prevention of its spread.

Dr. FITZPATRICK quoted a case which lent support to the view advanced by Dr. Johnson—namely, that exposure to cold, which ordinarily would give rise to simple catarrh, led, under unhealthy influences, to the formation of diphtheritic membrane on the inflamed surface.

Dr. THORNE THORNE said that in several outbreaks of diphtheria he had investigated he had found that the deaths early in the epidemic were recorded as due to membranous "croup," and the later to diphtheria. It might be that the cases first observed in epidemics were recorded as cases of croup, but that when, from the spread of the disease, its real nature was made manifest, then all subsequent deaths would be recorded as due to diphtheria. As the report of the committee dealt with the etiological side of the question, Dr. Thorne thought this point worthy of notice. He had had to inquire into epidemics of diphtheria in isolated districts, and generally found that the declared disease was preceded by attacks of a throat affection not obviously diphtheritic. At first it was often observed that over a large zone extending over many miles cases of sore throat prevailed; that within that zone, at a later period, groups of cases clearly infectious occurred, in some of them with patches of faucial exudation, in some with laryngeal symptoms; and, finally, within only one village genuine diphtheria broke out. So that it seemed as if in the progress of a long epidemic of throat affection this developed into true diphtheria. Whenever he had met with membranous croup in such epidemics there had also been slighter cases before the marked ones occurred, these earlier cases being apparently less infectious than the later ones; and some time elapsed before infection was detected. It might be that the membrane formed in the larynx in cases before the stage of infection was reached. It seemed that in diphtheria we have a disease which has a history passing from one extreme, that of sore throat, to the other extreme, that of genuine diphtheria. Is it not possible that membranous croup occupies a stage in this pedigree short of true diphtheria? If it be so, then surely the two affections own a common origin. He believed that in diphtheria we have a disease the specific poison of which has not yet acquired that stability to which other specific diseases—*e.g.*, small-pox—had attained; and that it depends upon sanitary legislation whether the poison of diphtheria ever is allowed to become so stable as these disorders. He was aware that this opinion was one-sided; but his experience was one-sided also, for it related only to the investigation of epidemics of diptheria.

Dr. ANDREW confessed himself a dualist; nor was his opinion altered either by the report or the debate. His own experience confirmed that which he had been taught, that cases of membranous croup could, and did, occur idiopathically. He could not put himself in the position of the modern scientific athlete who commenced by stripping off every vestige of old doctrine, for he had lived in the prescientific period, and consequently had read the report in the hope of finding support to his pre-conceived opinions. Even if the report did condemn the dualist position, it was yet clear that it embraced the views of at least three parties—the dualists, the unicists, and those who were neutrals, who held that the doctrine of unity was "not proven." He agreed that the answer given in the conclusions to what was stated to be the scope and object of the inquiry tells nothing logically; but read with its context it was clear that the now famous sentence meant that membranous laryngitis may or may not be due to the diphtheritic poison.

Dr. HILTON FAGGE, as one of the Committee stated that the report was an attempt to combine different views, and he confessed he was in a minority in his view of the subject. Dr. Andrew was right in saying that the conclusion arrived at was that other causes besides diphtheria give rise to membranous laryngitis. If the specific origin of diphtheria were abandoned, as Mr. Hutchinson and Dr. Wilks urged, it would end the question, for it would take away the backbone of the matter. He admitted the justness of Sir Wm. Jenner's criticism of his cases, but the point he wished to bring out was the existence of a large proportion of cases of membranous croup without contagion as compared with pharyngeal diphtheria. Sir Wm. Jenner's explanation of the rarity of contagion from membranous croup was feasible, but that did not explain why cases of diphtheria originating in hospital never assumed the characters of membranous croup. He also referred to the fact that in the last edition of Sir T. Watson's lectures, the whole description of croup has been transferred, not to diphtheria, but to simple laryngitis.

Dr. GREENFIELD'S remarks were chiefly in reference to the criticisms which had been passed upon the report. With regard to the Committee not giving a direct negative to the alleged existence of membranous laryngitis apart from diphtheria, he said, not to mention that they had distinct evidence that membranous laryngitis did exist apart from diphtheria, he would ask whether it was reasonable to expect that any eight men would assert an universal negative which they could not prove. Dr. Greenfield then referred to the various kinds of membrane that had been exhibited on various occasions, some that was in no way comparable to that of ordinary membranous laryngitis, another kind that was little more than coagulated muco-pus, and a third that appeared to be hydatid. With regard to the objections that had been made to the mode of inquiry, it had been said that they ought to have taken up the subject of paralytic sequelæ as a possible means of distinction between diphtheritic and non-diphtheritic cases. But not a single case of paralysis of any form following membranous laryngitis only had been reported to them. He ventured to think that too much stress had been laid on the question of paralysis. Even in ordinary pharyngeal diphtheria the occurrence of paralysis is very variable in different epidemics, and the statistics of its occurrence most divergent. The highest estimate from any large number of cases only gave one in twelve as the proportional frequency of all the forms, ocular, pharyngeal, and other rarer paralyses being taken together. Now the proportion of recoveries in cases of membranous laryngitis of all forms did not reach more than one in ten in statistics of any large number of cases. So that, roughly speaking, in only about one in one hundred and twenty cases of diphtheritic membranous laryngitis could this sequelæ be observed, so far as our present knowledge goes. And if of these we took only the cases in which no false membrane existed elsewhere than in the larynx, we should reduce the number to considerably less. It was, therefore, obvious that the paralytic sequelæ could be of no value in separating a certain class of cases until an enormous number of instances had been collected. He also reminded the Society that the committee had referred in their report to the uncertainty which existed as to whether diphtheria was as distinct and definite a disease as scarlet fever or small-pox, or whether its poison is not readily generated under conditions of foul air and decomposing sewage. Dr. Greenfield concluded by saying that he felt that the question could not be absolutely settled with our present knowledge. There seemed to him, however, a strong balance of clinical evidence in favour of the view that the large majority of cases met with in practice were due to one set of causes, which were also concerned in the production of diphtheria.

Dr. DICKINSON was greatly surprised to hear Dr. Wilks say that he thought the term "croup" a sufficient and satisfactory definition of a disease. In the course of his remarks he drew a distinction between membranous and non-membranous croup. The latter is as remarkable for its favourable issue as membranous croup is for the reverse. That the one was not a lesser degree of the other seemed proved by several reasons. Many of the non-membranous cases are very severe, some are long-continued; so that it is not the mildness or shortness of the attack that makes the difference. Other distinctions are—that non-membranous croup attacks boys more than twice as often as girls; it is apt to occur in the same individual, while the membranous disorder is not; it is not attended with glandular swelling, though this distinction is not of great value, as glandular swelling is not necessarily present when the affection is membranous; and, lastly, with non-membranous croup the urine is seldom albuminous; with the membranous affection it is albuminous more often than not. In eighteen non-membranous cases albuminuria occurred but twice, and in one of these it was uncertain. In membranous laryngitis there was albuminuria in two-thirds of the cases examined. Then non-membranous croup is often definitely traced to distinct exposure to cold; membranous croup seldom so, if ever. On the other hand, there is indubitable evidence that the membranous affection is often produced by infection by foul air or foul water, or some such cause. Dr.

Buchanan has calculated how often the various exanthematous diseases should fall together with diphtheria, supposing their concurrence to be a mere matter of chance. He shows that for one quarter of a year, for which he made the calculation, diphtheria fell with scarlatina about as often as chance would give independently of any pathological association. But the membranous affection fell with measles about twice too often to be thus explained. So far as these figures go, they are in favour of the view that certain conditions, apart from the special diphtheritic influence, may develop membrane in the air-passages. The probability is that these febrile and accidental irritants are able themselves to produce the membrane in question. But, putting aside such cases, no ground of distinction can be found in ordinary cases which would enable one to say that this is due to common inflammation, and that to diphtheria. Turning to Mr. Hutchinson's remarks, Dr. Dickinson said, that no doubt diphtheria is not so definite a disease as typhoid or scarlet fever, but it is communicable, and he did not see why it should not be called specific. Then there is curious evidence that diphtheria may be only one of several disorders engendered by one and the same cause. Of a group of persons who drank of a specially poisonous well, drainage going into it, two had obstinate diarrhœa, one erysipelas, one purulent ophthalmia, one pharyngeal and one laryngeal diphtheria. Dr. Dickinson concluded by thanking the Society in the name of the Committee for the most ample and indulgent consideration which had been given to their report.

The Society then adjourned.

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THE

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# The Medical Press and Circular.

'SALUS POPULI SUPREMA LEX.'

WEDNESDAY, MAY 28, 1879.

## CROUP AND DIPHTHERIA—III.

OPINIONS, Arguments, Facts—these are the grounds on which we have to base our conclusions respecting the result of the great discussion which has for three long evenings occupied the attention of the Fellows of the Royal Medical and Chirurgical Society. Before summing up the evidence that has been adduced on both sides of the question as to whether or not croup and diphtheria are one and the same disease, we intended to notice, as we did on a previous occasion, the chief points in the speeches of those who took part in the adjourned discussion. The space at our disposal, however, will not admit of that, and therefore we shall do no more than briefly consider the respective merits of the various arguments that have been adduced on the subject. We say "arguments" advisedly, for although we have just said that "opinions, arguments, and facts" constitute the grounds on which we should gauge the practical outcome of this great discussion, as well as of the Report of the Committee, a little consideration will show that neither have the facts adduced been sufficiently numerous and conclusive, nor the opinions of the profession sufficiently widely canvassed, to warrant our attaching very much importance to them. Neither did the committee collect, nor did any of the Fellows of the Society bring forward, such a number of well-observed and well-recorded cases —*facts*, in other words—as would amount to scientific evidence, and settle the question at issue for all time to come. Certainly, several interesting cases are to be found in the Report, and several cases were brought forward during the discussion, cases which no doubt raise points of great importance, and afford valuable suggestions for future inquiry. The question at issue, however, is not one that can be settled by a few interesting cases, but only by a large number of observations, in which the origin, causes, clinical history, and morbid anatomy o each case have been carefully investigated. How far this has been done it is not within the scope of this article to say, but that such evidence is at present wanting must be acknowledged by anyone who has read the Report or listened to the recent debates.

Nor can the "opinions" which have been expressed on the subject be said to be more satisfactory than the facts. There was a difference of opinion among the members of the committee, among the various medical practitioners to whom the committee addressed their queries, and among the Fellows of the Medical and Chirurgical Society who had the opportunity of expressing their views. As a result of that want of unanimity among the members of the committee we have them formulating their conclusions respecting the question at issue in language, the vague character of which was generally admitted, and which can only be accounted for by the fact that it embodied a compromise of the different views which they held on the subject. Still more unmistakable was the difference of opinion elicited in the course of the discussion. While Dr. Semple, Sir Wm. Jenner, Dr. Johnson, Dr. Dickinson, and others were convinced of the identity of croup and diptheria, Dr. Pavy, Dr. Barclay, Dr. Andrew, and, we might almost say, Sir W. Gull and Dr. Wilks, entertained an opposite opinion. It will, moreover, be observed that all the speakers who took part in the recent discussion were physicians engaged in consulting practice, and not that class of practitioners who would have the most opportunity of observing that form of the disease about the nature of which there is so much dispute. Were the great body of medical men practising in the country canvassed on the subject there would probably be a greater consensus of opinion

among them than has been found to be the case among the more eminent Fellows of the Society. It is true that we must not attach too much value to mere opinion, however general that may be. But if it were almost the universal opinion of medical men that croup and diphtheria were distinct diseases we should deem such an opinion worthy of very grave consideration, especially if entertained by a class of practitioners who had unusual opportunities of studying these diseases. When, therefore, Sir W. Jenner compared a general faith of this kind with the once universal belief in witches, the comparison was scarcely a fair one, as a general belief which is engendered by religious or superstitious impressions cannot well be compared with that which is engendered by scientific observation.

Facts and opinions, therefore, affording so little ground for arriving at a satisfactory conclusion respecting the question at issue, we fall back upon the "arguments" that were adduced in favour of, or against, the identity of these affections. On the one hand, it was argued that diphtheria is a specific disease, affecting the whole system, highly contagious, usually attended with great prostration of the system, always membranous, apt to cause a diphtheritic deposit on blistered surfaces, very commonly attended with enlargement of the cervical glands and albuminuria, often followed by certain paralytic symptoms, attacking both children and adults, and often occurring in an epidemic form ; whereas croup is a local affection, not contagious, of a more inflammatory nature, not always membranous, seldom attended with albuminuria, never with enlargement of the glands, chiefly attacking children and not adults, and occurring in a sporadic form. In croup, moreover, there were none of those paralytic lesions which have been noticed in diphtheria, and old practitioners were in the habit of using blisters freely, and yet no diphtheritic membrane formed on the blistered surface. On the other hand, it was argued that croup was as much a general disease as diphtheria was ; that it was very doubtful whether diphtheria was such a specific disease as is generally supposed ; that many cases of diphtheria are at the outset as distinctly sthenic as croup was said to be ; that there were good anatomical reasons why so-called croup, affecting as it did chiefly the larynx, would not be so contagious as diphtheria was, nor accompanied by those other symptoms which were supposed to distinguish the latter from the former disease, namely, the presence of albuminuria, the swelling of the lymphatic glands, and the formation of a diphtheritic membrane upon a blistered or excoriated surface. For when diphtheria attacks chiefly the larynx (so-called croup), the exudation was less likely to be coughed up, and by being scattered about, to become the focus of contagion. Nor was absorption so likely to take place, nor the kidneys to be affected, nor the glands of the neck to swell, when the membranous exudation was confined to the larynx, as would be the case when it was deposited on the tonsils and about the pharynx. The pharynx was abundantly supplied with lymphatics, which passed to the glands of the neck ; and where it was affected from any cause, these glands were liable to become enlarged. But the lymphatics of the larynx passed to the deep-seated glands, the enlargement of which would not be detected during life. And as to the paralytic lesions, the frequency of this lesion had been greatly exaggerated, for it was known to occur in but a very small proportion of cases of diphtheria. Besides, it had been observed that in several outbreaks of diphtheria the earliest deaths were referred to membranous croup, and the later ones to diphtheria, and that, taking observations extending over a large area, it seemed as if diphtheria was developed from what was originally a simple sore throat, the infectious and diphtheritic character of the affection gradually increasing until in some districts there would be an outbreak of diphtheria in its severe and fatal form. Might not, therefore, so-called membranous croup occupy a position in the development of the disease, intermediate between sore throat and diphtheria.

Such appear to be the main arguments of the many eminent men who have just expressed their views on this important question. Taking them in connection with the Report of the Committee, it may be doubted whether anything has been said or demonstrated that will shake the faith of those who have hitherto held to the old doctrine respecting the nature of croup and diphtheria. The best arguments adduced in support of the identity of these affections were undoubtedly those in which Dr. Johnson and Sir W. Jenner accounted for the absence of contagion, swollen glands, albuminuria, &c., in laryngeal diphtheria ; in whieh Mr. Hutchinson threw doubt upon the generally supposed specific nature of diphtheria ; and in which Dr. Thorne Thorne suggested croup to be but a link in the epidemic history of outbreaks of diphtheria. Sir W. Jenner's arguments, however, appear to us of a somewhat specious nature. Were the identity of croup and diphtheria a well established fact, and were the two diseases shown to occur under the same conditions, and from like causes, Sir William's propositions would be a very satisfactory explanation of the absence of the abovementioned phenomena in one class of cases and their presence in another. As, however, their identity or not is still an open question, Sir W. Jenner's argument looks more like an ingenious way of getting rid of certain facts which militate against the hypothesis of croup and diphtheria being one and the same disease. The argument is certainly an able one, the weak point of which is that it does not sufficiently reconcile the very broad discrepancies which characterise the phenomena of these diseases. Passing over the views of Mr. Hutchinson respecting the pathology of croup and diphtheria, the improbability of which disarms them of the opposition they would otherwise present to the dualistic theory of these affections, we come to the facts which Dr. Thorne Thorne has observed in connection with certain outbreaks of diphtheria. These observations are not, in our opinion, at all inconsistent with the supposition that croup and diphtheria are distinct diseases. It is very natural that the first cases of an epidemic outbreak of diphtheria should be of a mild form, and that these cases, wanting many of the most characteristic features of the more severe and fatal form of diphtheria, should be set down as cases of croup. Just as epidemics of cholera are preceded by an unusual prevalence of ordinary diarrhœa, so may epidemics of diphtheria be ushered in by several forms of throat affection, varying from a common sore-

throat to attacks of what can scarcely be distinguished from inflammatory croup.

In conclusion, we cannot help expressing our surprise that both the Committee who drew up the Report and nearly all the Fellows of the Society who joined in the discussion, should have altogether ignored tne existence of any kind of inflammatory croup which was not attended with the formation of a membrane. Croup, in the old and ordinary acceptation of the term, is an inflammatory affection of the larynx and trachea, which is more often, than not, unattended with membranous exudation. In many of the cases of croup admitted by Dr. Pavy into Guy's Hospital, there was no proof of the presence of membrane. And Dr. Sansom was quite justified in protesting against the definition which the committee imposed upon the word "croup." It was, as he said, equivalent to their begging the question. Nor should it be forgotten that in one respect the doctrine of the unicists places them in this dilemma—that while they admit there is on the one hand a spasmodic affection of the larynx, or false croup, and on the other the general and specific affection called diphtheria, they deny there is any local, idiopathic, inflammatory affection of the trachea, or larynx and trachea, which is as much as to say that this part of the body is, unlike all other parts of the body, quite exempt from idiopathic inflammation. When once it is admitted on all sides that so-called croup signifies laryngo-tracheitis, not necessarily attended with membranous exudation, the probability that there is really a local inflammatory affection of these parts, called croup, distinct from the more general disease known as diphtheria, will be more universally acknowledged. At all events, such a postulate would form a very convenient basis for future investigations into a subject which, it is to be hoped, will not, for the credit of scientific medicine, be long an open question.

## THE PRISON SURGEONS IN IRELAND.

THE dispute between the Irish prison surgeons and the Department has assumed formidable proportions in consequence of what we must characterise as the mean, discreditable, and illegal attempt of the Prisons Board to force new duties upon these gentlemen, and to expel them from their offices as a punishment for their remonstrances. The controversy is somewhat complicated, but, as it has been brought before Parliament by Mr. Errington, and may probably be the subject of legal proceedings before the Irish Queen's Bench, we think it well that it should be understood. The prison surgeons of Ireland are of two classes—1. Those who are regularly appointed, and who are not infirmary surgeons ; 2. Those who have held the prison surgeoncy in conjunction with the county infirmary, under the Grand Jury Act (6 and 7 William IV., cap. 116, sec. 86). The latter class may be again subdivided into—(*a*) Those infirmary surgeons who were specially and definitely appointed to the prison by its board of superintendence, under the powers of the 19th and 20th Vic., cap. 68, passed on the 21st of July, 1856; (*b*) Those who held prison office under the old Grand Jury Acts before that date, and who did not receive any special appointment to the prison.

Now it will be recollected that the 27th section of the new Prisons Act preserves in the strictest sense all the rights, privileges, and immunities of the surgeons "attached" to prisons at that date. Therefore, as regards Class 1, who are gaol surgeons and not infirmary surgeons, the Prisons Board is powerless to coerce, although it *has* attempted to bully them. Towards Class 2—*i.e.*, the infirmary surgeons—it will be remembered that the Prisons Board has acted in a manner which we have described with good reason as mean, discreditable, and illegal. Fortified by a legal opinion, made to order by the Crown Counsel, they seek to oust these officers altogether, and, having kept them without salary and without satisfaction as to their duties for a whole year, they have had the hardihood, by the following letter, to inform the infirmary surgeons that, according to the opinion of the Board, they are not "attached" to prisons ; are therefore not protected by the 27th section of the Act, and may be dealt with in any way the Board pleases; and that the Board pleases to dismiss the whole of them, and re-appoint, on its own terms, such of them as will do what they are bid.

[Copy.]

GENERAL PRISONS BOARD, DUBLIN CASTLE,
3rd May, 1879.

SIR,—The General Prisons Board has, for some time past, had under consideration the question of the present legal status of certain Surgeons of County Infirmaries acting, by virtue of such appointment, as medical officers to prisons, but who were, up to the 1st of April, 1878, bound by statutory obligations to perform the duties incidental to the latter offices without reciving for them any additional salary or other emolument.

The Prisons Act of 1877, 40 & 41 Vic., c. 49, s. 27, has entirely relieved these officers of this obligation from the 1st of April, 1878, the date at which the several local prisons came under the control of the General Prisons Board, and, under these circumstances, it was deemed nesessary to seek, for the guidance of the Board, the opinion of the law adviser of the Crown as to the precise position these particular officers were to be regarded as now occupying in relation to the prison service. The Board has now received this opinion, which is to the effect—that the surgeons in question are no longer prison officers, and can only become so in the event of their receiving this appointment from His Grace the Lord Lieutenant.

Pursuant to this decision the Board has been instructed by his Grace to acquaint you that the office of medical officer of the ——— prison is now vacant, and that it is his Grace's intention to proceed in due course to advertise for applications from properly qualified candidates, to supply these places at the rate of remuneration which has now received the sanction of the Lords Commissioners of Her Majesty's Treasury, and which will be duly notified in the advertisement.

It will be open for you, should you desire it, when the advertisement appears, to submit an application for the office to His Grace the Lord Lieutenant, but whether you may be eventually appointed or not, the Board desires to inform you, that they will be prepared to remunerate you for the service rendered by you subsequent to the 1st of April, 1878, in accordance with the scale now fixed for the class of prison to which that at ——— belongs.

I am, Sir, your obedient Servant,

CHARLES BOURKE, Chairman.

We justify our assertion that the conduct of the Board is mean and discreditable, for we hold that for a public department to avail itself of a legal trick to dismiss a batch of officers who have done their duty satisfactorily

for long years of service, can be described in no other terms. But the transaction appears still more dishonourable from the fact that, so far as the best legal advice can decide the matter, the proceeding is perfectly unlawful, and the Board would seem to be "trying on" a course which it ought to know it has no authority to enforce.

The rights of the prison surgeons who are *not* infirmary surgeons were defined some time since by the opinion of Mr. Purcell, Q.C. Those of the infirmary surgeons were submitted last week to Mr. John O'Hagan, Q.C., and (with a full statement of the entire case) the following questions were asked.

Counsel will be good enough to advise querists on the following points :—

1. Are the gaol surgeons holding office April 1st, 1878, entitled to continue to hold their places under the 27th section without re-appointment.

2. Can the Lord Lieutenant declare any such post now vacant ?

3. In what form can this question be most quickly and simply tried ? Can the appointment of new surgeons be prevented by an injunction or mandamus or otherwise ? or must querists await an appointment, and try the question by *quo warranto ?* or what course would Counsel suggest ?

The reply of Mr. O'Hagan to these queries is as follows :—

I have read and considered the sections of the several statutes bearing upon the questions submitted to me. I am of opinion that medical officers of prisons in Ireland, duly appointed by the respective boards of superintendence in pursuance to the 19th & 20th Vict., c. 68, s. 18, or by the Grand Jury before that Act, are continued in office by the 27th section of the 40th and 41st Vic., c. 46 ; and I am of opinion that this is so in the case of those gentlemen who also held the appointment of surgeons to county infirmaries. This opinion does not, I conceive, conflict with that which deals with the case of a gentleman who gave his medical services to the prison solely by reason of his being surgeon to the infirmary pursuant to sec. 86 of the 5th & 6th Wm. IV., c. 116. But as regards the question before me, that is, the status of medical officers of prisons duly appointed, I am of opinion that the Lord Lieutenant has not power to declare their offices vacant. A mandamus lies to restore to an office any officers illegally removed, but I think it will, on the whole, be wisest to await until there be an intrusion into the office, and then proceed *quo warranto.*

It will be perceived that Mr. O'Hagan is of opinion that all infirmary surgeons who were appointed since the 21st of July, 1856 (when the 19th and 20th Vic., cap. 68 passed), and all those who, though holding office previous to that date, had received a definite appointment, are fully protected by the 27th clause of the new Act, and that none are subject to the tender mercies of the Prisons Board save those who, being prison surgeons in connection with the infirmaries under the old Grand Jury Act, had not taken the trouble to obtain a definite appointment to the gaol.

The Chief Secretary for Ireland was interpellated on this subject last week, when he replied with the statement that there was no intention to oust the prison surgeons, who no doubt would be re-elected in most cases. Yes, but we ask, on what terms ? If the Prisons Board establishes its right to dismiss them (or rather to regard them as *functi officio*) then, if re-elected, they will be liable to any terms as to duties and salaries which the Board pleases to dictate ; but if on the contrary, they are held to be permanent prison officers, their privileges are strictly protected under the 27th section of the Act, and the Prisons Board has no power to add new duties or to diminish salaries.

We, therefore, advise the infirmary surgeons not to allow themselves to be satisfied by the Chief Secretary's promises, but to stand firmly upon the legal rights which they are declared to have, and which are safer than the promises of any Government department.

By the opinion of two of the most eminent counsel at the Irish Bar, the Prisons Board's attempt to oust the surgeons has been declared illegal. We go further and declare our firm conviction that the acceptance and recognition of the services of infirmary surgeons and their regular performance of duty under the old Grand Jury Acts gives them an unchallengeable right in equity to their offices, and that no jury would fail to recognise those rights. We certainly trust the infirmary surgeons will not hesitate about asserting their rights.

By way of postscript we may state that we understand on good authority that the future salaries proposed by the Treasury for prison surgeoncies in Ireland are as follows :

| | |
|---|---|
| Bridewells - - - | £40. |
| Small gaols - - - | £60. |
| Larger gaols - - - | £80. |
| The largest prisons - - | £150. |

# Notes on Current Topics.

## Opium-Eating in the Provinces.

It would appear from the columns of a daily contemporary that opium eating is practised much nearer home than the land of the heathen Chinee, and that even amid the simplicity and retirement of the country this noxious habit is practised to a much greater extent than any one would suppose. According to the venerable Dr. Moffatt some of the inhabitants of the attractive village of Hawarden, in Cheshire, have taken to drink laudanum with as much freedom as others drink beer. We are told that one chemist alone in the district has sold two quarts of laudanum in a week, that a single family has been known to spend as much as ten shillings in the same space of time, and that one man thrashed his wife because she did not obtain for him the desired sedative. Again, a chemist in one of the Eastern Counties states that he has known cases in which youthful women have drunk upwards of four ounces of laudanum at a draught in one day ; while another remarks, that a gentleman engaged in professional pursuits drinks daily two ounces of the deadly tincture. We are induced to think that report has much exaggerated the real state of the case, for were opium eating or laudanum drinking threatening to become a common habit among our countrymen or countrywomen, the medical profession would either directly, or indirectly, become aware of it. Up to the present time, however, no such complaints have been made by medical men, which, probably, would have been the case had the habit become so frequent as Dr. Moffatt would have us believe. At the same time it must be admitted that opium eating may be practised more secretly than dram-drinking, and that the former habit is not at first so easily detected as

the other is. It is, therefore, possible that, while on the one hand, Dr. Moffatt may, in a great measure, have raised a false alarm on the subject, medical men may, on the other hand, have underrated its importance, or even altogether allowed it to escape their attention. Should opium eating threaten to become one of our social vices, it will be the duty of the Legislature to put greater restrictions upon the sale of this drug than is now the case. It would also be our duty to take every opportunity of representing to the public the evil results likely to follow from an indulgence in this habit, and, at the same time, to study the symptoms by which it may be detected.

## Women as Pharmaceutists.

A CRITICAL battle was fought last week in the Council of the Pharmaceutical Society of England, as to whether women should or should not be admitted to the Society. This question has been already fought out more than once, the decision being always adverse to the ladies. On the present occasion the verdict was also a negative, but the exclusion of the women was carried by an infinitesimal majority, so that their champions are encouraged by hope of a certain victory next year.

The resolution for their admission was as follows :—"That all persons duly qualified (irrespective of sex) being eligible for admission into the Society in accordance with the bye-laws thereof, this meeting is of opinion that ladies should not be excluded from participation in the privileges of the Society."

An amendment was moved :—"That this meeting is of opinion that inasmuch as registration under the Pharmacy Act secures all trading rights to persons so registered, and membership of the Pharmaceutical Society in no way increases those rights, it is unnecessary, so far as females themselves are concerned, and undesirable on the part of the Society, to introduce so complete a change in its constitution as would be involved by the admission of females as members, associates, apprentices, or students of this Society."

The result of the division was as follows :—For the amendment, 81 ; against, 78 ; majority against the admission of women, 3.

## The Parkes Museum of Hygiene.

THIS museum, temporarily located at University College —of which Her Majesty the Queen is patron, and Sir Wm. Jenner, chairman of committee—will be opened to the public on and after the 1st of July next. The opening ceremony will take place on Saturday, June 28th, when a meeting will be held in the Botanical Theatre, under the presidency of the Right Hon. R. A. Cross, M.P., Secretary of State for the Home Department. Although the Museum is yet quite in its infancy, it contains a very valuable collection of objects and apparatus relating to every branch of sanitary science. As the only institution of its kind existing in London, it will supply a very great want to those in need of facilities for obtaining a practical knowledge of sanitary matters, and professional men, employers of labour, manufacturers, artisans, and other persons, both men and women, will be able to study at their leisure those subjects in connection with sanitary arrangements in which they may be interested, and the benefits of the museum will therefore be extended to all classes of the community. The executive committee, of which Sir Wm. Jenner is chairman, rely on voluntary subscriptions for the support of the new institution under their charge. Of the subscriptions already received they have invested £600 as the nucleus of an endowment fund. In all, something under £1,100 has been subscribed in sums varying from £1 to £50, the latter sum having been given by Her Majesty the Queen. Additional subscriptions are much needed.

## Prizes of the Royal College of Surgeons.

THE following is the subject for the Jacksonian Prize of the Royal College of Surgeons for the ensuing year, viz. : "The History, Principles, Practice, and Results of Antiseptic Surgery." For the present year, it is "The Disease of the Lymphatic System, known as Hodgkin's Disease or Lymphadenoma." The pecuniary value is represented by the amount of the dividend, about £12, received from the Trust. The Collegiate Triennial Prize, which has not been awarded since 1858, will, if an essay of sufficient merit be sent in, be awarded next Christmas. The subject is "The Anatomy and Physiology of the Third, Fourth, and Sixth Nerves, as illustrated by Observation and Experiment in Health, and by reference to the effects of Injury and Disease." This prize consists of the John Hunter Medal executed in gold, to the value of fifty guineas, or, at the option of the successful author of the dissertation, of the said medal executed in bronze, with an *honorarium* of fifty pounds.

## The Metropolitan Hospital Sunday Fund.

ON Monday week the Council of the Hospital Sunday Fund met at the Mansion House. Mr. Alderman McArthur, M.P., in the absence of the President (the Lord Mayor), occupying the chair. The Secretary announced that the Earl of Aberdeen had accepted the seat on the Council vacant by the death of Earl Russell. It was then moved and carried that the Lord Mayor and Sheriffs of London be asked, as heretofore, to support the claims of the fund by attending in state the services at St. Paul's Cathedral and Westminster Abbey on Hospital Sunday, the 15th June.

The report of the committee appointed to consider the advisability of publishing with the annual report a table showing the number of beds occupied, the number of in- and out-patients, the approximate cost of treating in-patients per week, the percentage of cost of management to that of maintenance, as determined by the committee of distribution, the average of payments made by patients, the gross annual income, and the average gross annual expenditure during the three years, was brought up for discussion. Dr. Glover expressed a desire to have the arithmetical basis of awards added, as well as that of the actual basis determined by the distribution committee, because he believed that the fuller the information afforded the less room would there be for those who were inclined to cavil at the awards. After a long discussion it was, however, thought advisable to omit this column for the present. Dr. Risdon Bennett and Sir Rutherford Alcock were more anxious that the table should furnish

the "actual number of patients" treated at the several institutions, in contradistinction to attendances, and it was ultimately resolved—"That under the heading 'number of patients' information should in future years be given, showing whether, and how often, the same person is entered more than once in the hospital or dispensary books, so as to enable the council to give the fullest information required."

## Royal Medical Benevolent College.

We would remind the governors and subscribers of the Royal Medical Benevolent College, that the annual general meeting will be held in London, to-morrow (Thursday), at 3 p.m., at the offices, 37 Soho Square. We will also say to those who have expressed a desire for a change in the mode of election, that their object will not be secured unless so *voted by a majority present.* Although an enormous number (2,770) of the governors have sent in a request to the Council to adopt a far better method of election than the haphazard one at present in force, it is believed that the Council will oppose Dr. Hare's motion, and it is absolutely necessary that a strong muster of those favourable to the Committee formed for improving the mode of election of beneficiaries should take place on this occasion.

## Irish Centenarian.

The Registrar of the Corrofin district (co. Clare), in his official report to the Registrar-General last month, says that there were twelve deaths registered by him during the past quarter of persons aged between 70 and 80, eight between 80 and 90, three between 90 and 100, and one at at the extraorditary age of 106, which, from inquiries made, seems to be correct, he being 25 or 26 years old in the year 1798. He has a daughter who is only 15 years of age.

## Homœopathic Confectionery.

In some parts of Germany physicians are not permitted to dispense medicines, when there is an apothecary in the place to do it for them. We learn from the *Allg. Hom. Zeit.* that three homœopathic physicians were practising in Regentsburg, when an apothecary of the same belief came among them and notified them to send their prescriptions to him. Two of them refused, and were brought before the court and fined about five dollars. The case was carried to a higher court, and the medicines (pellets) sent to the University of Erlangen for chemical analysis. The chemists of the university failed to find anything in them of a medicinal or poisonous nature, and so reported; whereupon the judge reversed the decision of the lower court, and declared that there was no law that prevented physicians from distributing sugar-plums (*Zuckerwaaren*) as freely as they chose.

## What is a Half Pint?

It may be advisable to remind chemists that the Weights and Measures Act of 1878 is now really in operation, and that every time they sell 8 oz. of anything as half-a-pint they are liable to a penalty. An inspector has already secured the conviction of two chemists who sold him 8 oz. of quinine wine as half-a-pint, and in a third case the chemist only escaped because the inspector was unable to swear that he used the words "half-a-pint."

## Latin in Prescriptions.

A Bill has been introduced into the Legislature of one of the American States the object of which is to abolish the use of Latin as the language of pharmacy. The Bill provides substantially that from and after its enactment all physicians' prescriptions shall be expressed in the common English terms by which the medicines prescribed are known, and that druggists shall employ these English distinctions in labelling their bottles and other dispensing receptacles.

The annual *conversazione* of the Royal College of Physicians of London will be held on the evening of Wednesday, July 2nd.

The annual meeting of the Queen's University Graduates' Association was held at St. James's Hall, Piccadilly, London, yesterday evening.

Lord Derby has declined to accept the presidentship of the next Social Science Congress, to be held in Manchester on the 1st of October next.

We understand that the Board of Trinity College, Dublin, has decided to build and fit out a histological laboratory for Professor Purser, the eminent physiological lecturer in the School of Physic.

A general meeting of the Irish Graduates' Association will be held on Tuesday, June 3rd, 1879, at the Holborn Restaurant, London. The chair will be taken by the President, W. MacCormac, Esq., F.R.C.S.I. After the meeting dinner will be provided.

Of the 117 candidates examined at the last week's meetings of the Board of Examiners, Royal College of Surgeons, England, 34 failed to reach the required standard, and were referred for three, and 12 candidates for six, months' further anatomical and physiological study.

The President of the British Medical Temperance Association, Dr. B. W. Richardson, F.R.S., will deliver his Address in the Medical Society's Rooms, Chandos Street, London, W., on May 30th, at 5 p.m. Medical men will be admitted on presentation of card. The dinner will take place at the Langham Hotel at 7 p.m.

The case of Sir Rowland Hill *versus* the Metropolitan Asylums Board, to abate the nuisance of hospitals near his property, having only occupied eleven days, and wasted many thousands of public money; a new trial has been granted to enable lawyers to have another fortnight's quibble over technicalities, and the public the privilege of paying for it.

The death-rate from the seven principal zymotic diseases in the principal large towns last week averaged 2·5

per 1,000. Scarlet fever showed the greatest fatality in Nottingham and Sunderland; measles in Norwich and Salford; and enteric fever in Sunderland. Small-pox caused 6 deaths in London, 11 in Dublin, but not one in any of the other large towns.

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We were the first to draw the attention of the authorities to the apparent neglect of Surgeon-Major Reynolds, who so gallantly ministered to the wounded and fought alternately at Rorke's Drift, when Lieutenants Chard and Bromhead received immediate promotion for their bravery. We are, therefore glad to learn that Surgeon-Major Reynolds is to be rewarded with the Victoria Cross, than whom none deserve it better.

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The annual rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were —Portsmouth 15, Brighton 16, Nottingham 17, Leicester 18, Edinburgh 19, Birmingham 21, London 22, Glasgow 22, Wolverhampton 22, Bristol 23, Bradford 23, Sheffield 23, Liverpool 23, Leeds 23, Sunderland 24, Plymouth 24, Salford 25, Norwich 25, Oldham, Hull, Manchester, and Newcastle-upon-Tyne 26, Dublin 33.

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The rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 39, Bombay 33; Paris 28; Geneva 37; Brussels 29; Amsterdam 25; The Hague 26; Copenhagen 49; Stockholm 30; St. Petersburgh 45; Berlin 24, Hamburg 29, Dresden 24, Breslau 34, Munich 42, Vienna 33, Buda-Pesth 42, Rome 24, Naples 31, Turin 34, Venice 22; Alexandria 33; New York 25 per 1,000 of the population. Small-pox caused 23 deaths in Paris, and 31 in St. Petersburgh.

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# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Hygiene and Public Health.—Dr. Christie, Medical Officer of Health for Hillhead, delivered the first of a course of lectures "On Public Health," in Anderson's College, Glasgow, on the 19th May. The subject chosen by the lecturer was "A Historical Sketch of Sanitary Science." Dr. Christie, in his opening remarks, said that this department of medical science had been cultivated from the most remote times, and the fact that it had a permanent position in the Mosaic code of laws, the ancient medical literature of the Hindoos, the Chinese, and the Egyptians, showed that it had even then been regarded as of great importance. Pythagoras, he said, was the first of the ancients to bring the principles of physiology to bear upon the study of medicine, and raise it to the dignity of a science. The Greeks were favourably circumstanced for obtaining a water supply; while the Romans, not so well situated, constructed a system of aqueducts and sewers—of so excellent a character that some of the sewers did duty even to the present day. From the downfall of the Roman Empire until more recent times sanitary science had made no advance—in fact, lay a dead letter. In the early times the streets were narrow, the houses deficient in accommodation, and no public arrangements were made for the removal of filth from the streets, courts, or alleys, and personal cleanliness was unknown; and we in the nineteenth century could form but an inadequate idea of the filth and wretchedness of the English habitations of the sixteenth century. The inevitable consequences of such a course of life was to be seen in the serious and destructive plagues which occurred in the fourteenth, fifteenth, and sixteenth centuries. The Black Death of the fourteenth century was one of the most important factors in the history of the world in preparing the way for the present high position of Europe. When Europe recovered from the shock of this great calamity, men began to reflect on the events which had just transpired, and it then became evident to reflective men that contagion had much to do with the spread of disease, and the possibility of protecting cities by isolation became apparent. After referring to the effects of the plague in the sixteenth and seventeenth centuries, Dr. Christie remarked that the first measure of sanitary reform was a Rivers Pollution Act, passed in 1388; and in 1489, an Act was passed prohibiting the slaughter of cattle within cities and burghs. Both of these enactments continued to be law until 1856, when, with other obsolete laws they were repealed. However, recent sanitary legislation in this country had been dependent upon events which had occurred within the experience of the present generation—namely, the three outbreaks of cholera in 1831, 1849, and 1854. The epidemic of 1831 thoroughly awakened the country to the necessity of sanitary reform. Parliamentary action was taken, and in 1848 was passed the great comprehensive measure of public health, which was the ground work of all sanitary legislation in this country, or in the world. The visitations of cholera in 1849 and 1854 further strengthened the opinion as to the necessity for sanitary reform, and several Acts were passed with that object in view. A most important measure was the English Act of 1875, which did not extend to Scotland, and in this country we were protected only by the tentative and permissive measures of 1865 and by the Rivers Pollution Act of 1878. Dr. Christie concluded a very interesting lecture by remarking that the great impulse given to sanitary science in this country was due to the labours of those of the present generation, some of whom were still with us and actively engaged in practical work.

The Registrar-General's Report.—The Registrar-General's Return for the first quarter of 1879, shows that the birth-rate was higher than usual, and the death-rate about an average, while the marriages were at the rate of only 66 per 10,000 of the estimated population, compared with 76 in the same period of previous years. The rate of illegitimacy was 8·6 per cent. As regards the principal towns, marriages were most numerous in Glasgow, where the rate, as in the corresponding quarter of 1878, was 81 per 10,000 inhabitants. On carefully examining the birth-rate and death-rate of Glasgow for the last few years, we find grounds for the impression that the population obtained by the annual enumeration of houses is probably more correct than the estimate which we are in the habit of deriving from census data, and which, till next census, must be used in these reports.

The Air of Glasgow.—A further report on the air of Glasgow has just been issued by the Health Committee of the Glasgow Town Council. From some explanatory remarks, it appeared that the least amount of sulphur in the air is usually found at the Western Infirmary experimental station. At all the other stations it is in excess of the quantity found there. There is less of it at present in the air at all the stations than in July, when work is practically stopped, and many people

are absent from the city. The sulphur reaches it highest point in the winter months. As to the nitrogen found, it appears that at each station there are two periods of excess—one in summer and one in winter—while comparing the sulphur with the nitrogen acmes, it seems shat the summer excess of nitrogen coincides with the summer minimum of sulphur, and the winter excess of nitrogen with the winter maximum of sulphur.

Loch Katrine Water.—The monthly report of the quality of Loch Katrine water, with which Glasgow is supplied, prepared by Professor E. J. Mills, D.Sc., F.R.S., of Anderson's College, has just been issued. The results are returned in parts per 100,000 : total solid impurity 3·00 ; organic carbon 0·130 ; organic nitrogen 0·016 ; ammonia ·000 ; nitric nitrogen 0·008 ; total combined nitrogen 0·024 ; chlorine 0·60 ; hardness 1·11. The water was sampled on May 19th. It was somewhat brown, and contained suspended fibres, together with an exceptionally large amount of iron.

# Correspondence.

## THE USE OF EMETICS IN PARTURITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There can be little doubt but that an entirely too restricted a view is often taken of the actions and uses of therapeutic agents, and that medical men are only too apt to ignore or neglect the ample resources which nature and science have placed at their disposal. This scepticism, or whatever else it may be called, often arises from carelessness or want of skill in diagnosis, the blame, when failure ensues, being in the majority of cases freely imputed to an unoffending drug, but not unfrequently from the indelible impression of erroneous teaching.

To take the opinions, for instance, of some of the leading members of the profession, all that would be necessary to constitute a good physician would be a thorough knowledge of physiology and morbid anatomy. But mankind, unfortunately for this dogma, are generally not inclined to take such a profound view of things, and will instinctively, though it may be perversely, continue to consult those among us who are both willing and able to relieve them of their ailments. In this I fully coincide with them. It gives me much pleasure therefore to raise my feeble voice to vindicate in a measure the just claims of medicine, and to bear willing testimony to the valuable services of emetics in certain forms of tedious labour. And, although the practice is by no means novel (being recommended or alluded to in almost every text-book of midwifery in general use), still much credit is undoubtedly due to you for your able leader, and to Dr. Carriger for the elaborate and exhaustive manner in which he has lately brought the subject before the profession. When dystocy depends upon great muscular rigidity and general plethora, tartrate of antimony and potash is of all remedies the most effectual, if we except copious venesection, which, however, it has happily superseded. But the great majority of cases to be met with in private practice are due to simple atony or inertia of the uterus. Here ipecacuanha deservedly supplants its more powerful rival, as being less depressing and consequently safer and more manageable. But as with every great blessing in this world, both agents have their limits as well as sphere of usefulness. How many cases of protracted labour, for instance, may not be referred to other causes than those mentioned ? Unfortunately for the accoucheur and his patients, alas, too many. Of these I need only mention a few—malformations of the pelvis, tumous (fibrous, cancerous, &c.), exostoses, fœtal hydrocephalus, malpresentations, atresia-vaginæ, &c., where, should emetics (whether mineral or vegetable) be employed as oxytocics, the consequences, I need scarcely say, would be most disastrous. Of late I have been accustomed to combine ergot with ipecacuanha, and, as it seems to me, with decided benefit. The formula I usually employ is, liquid extract of ergot, two drachms ; wine of ipecac, half an ounce ; water to two ounces ; two teaspoonfuls to be taken, according to circumstances, every five, ten or fifteen minutes. When its effects, usually nausea, seldom vomiting, set in, the pains increase in force, duration, and frequency. To achieve all this, a few doses of the mixture usually suffice ; indeed, I have never to my recollection been obliged to use in any single case more than the quantity above mentioned. As to the power of ipecacuanha in arresting uterine hæmorrhage I cannot speak from experience, but judging from analogy (its great value in dysentery and hæmoptysis for instance), I have every reason to think it would be most effectual. In passive hæmorrhage of the organ—not depending, of course, upon polypi, fibrous, cancerous, and other tumours—I have found no remedy to equal a combination of digitalis and tincture of iron, unless it be a mixture recommended a few years ago by Dr. Horace Dobell, and which consists of ergot, digitalis, gallic acid, sulphate of magnesia, dilute sulphuric acid, all in a menstruum of the acid infusion of roses ; and to which he has appended for the greater safety, no doubt, of those who employ it, the qualification that "in any given case either of the ingredients may be omitted if the symptoms indicate that it is not required, or that it has already done its duty," a suggestion, I may add, that has stood me in good stead in many a critical case.

Bernard Kelly, M.D.,
Medical Officer for the 5th District of St. Olave's Union, Southwark.

Rotherhithe, May 22nd, 1879.

## THE O'CONNOR DON'S IRISH UNIVERSITY BILL.

This measure, which has been the *piece de résistance* of the House of Commons during the past week, has been the subject of much apprehensive controversy in the medical faculties of Irish universities and colleges, it being obviously a measure of utter revolution in the qualifying system of Ireland. For those who have not acquainted themselves with the O'Connor Don's proposal, or who have looked at it only as a move in favour of denominational education in Ireland, we may explain its proposals in regard to medical education. The Bill erects a new "University of St. Patrick," to which are to be affiliated such colleges as the Senate may consider to fulfil "the conditions hereinafter mentioned." These conditions, as set down in Clause 23, are threefold.

1. The College must not be in connection with any existing university. This excludes Trinity College and the Queen's College.

2. It must not receive result fees under the Intermediate Education Act.

3. It must have "some boarding-house or houses under the control of its authorities, in which at least twenty persons over the age of eighteen years shall be resident within six months previous to examination." This excludes all existing medical schools and colleges, unless they establish boarding-houses to meet the requirements.

The University is empowered to grant upon examination degrees in all faculties, including medicine and surgery, in which it is proposed to confer Doctorates and Bachelorships in Medicine, and Masterships in Surgery, to any student who shall have "passed his examination n the first session of the Faculty of Arts." This proposal—if it becomes law—would, as the Queen's University does, open the higher university medical distinctions to students who had not put in a full academic course of study.

The most directly important part of the O'Connor

Don's Bill is that which provides for the granting of lucrative exhibitions to students, and capitation grants to colleges as bribes to them to patronise the new university in preference to the old. A million and-a-half of the church surplus is to be seized for this purpose, and dispensed with lavish liberality to catch pupils. Every college which sends up a successful medical student will receive for each student yearly grants from £20 to £35, amounting in the gross to £110, or if the student takes honours, £150. For every ten students who pass the matriculation examination—one exhibition of £20 a year for three years—£60 is to be granted, and for every ten students who pass through one year and go on in Arts—a further exhibition of £30 a year—£90. For every ten medical students—one exhibition of £20 tenable for four years—£80 is to be given.

It is obvious that the wholesale system of purchase of pupils, coupled with the natural anxiety of the new university to fill its faculty with students on any terms, would, in all probability, clear the Irish medical schools and colleges of every student who did not care for prestige, or thought he might win one of the many exhibitions. The proposal is one simply to appropriate public money to the purchase of students for one school, *i.e.*, that of the Catholic University, which is the only college which answers the description set down in the Bill. Being of this character we can say without hesitancy that, as regards medical education in Ireland, the establishment of a new university on such terms would be an unalloyed evil and a disaster. There is not the remotest need for such an institution, for medical education and licensing is already over-supplied in Ireland, and can be had of any quality and cost, from the highest graduation down to the ten-shilling licence of the Apothecaries' Hall, and it seems to us that the effect of the establishment of the proposed university would be to further depreciate the educational and social standard of the profession in Ireland.

The Bill has been shelved for the present session, but enough has been heard about it to make it manifest that it will receive very powerful support, will be bitterly opposed by an influential party, and will be tolerated by the Government if it is found to have a sufficient number of friends to make opposition to it troublesome or dangerous.

## THE DUBLIN SANITARY ORGANISATION.

It will be recollected that some months since it was proposed to pension off the superintendent medical officer of health of the city of Dublin, and add his duties to those of the city analyst and medical officer of health. We protested with all our force against that proposition on the ground that it would practically leave Dublin—the most insanitary city in the three kingdoms—without any sanitary superintendence whatsoever. To our great satisfaction, the Irish Local Government Board put their foot upon the job, and it was accordingly sent back to the Public Health Committee to try their ingenuity at shuffling out of the difficulty which was presented by the necessity for making their officers do their duty, or else paying some one to do it for them. This the Committee has attempted to do by the following recommendation, embodied in a report to the corporation :—

> Your Committee beg leave to report that, in pursuance of the Order of Council of the 31st March, that the Report be sent back to the Public Health Committee to report further as to the mode they suggest to carry out the last paragraph therein, and to procure all necessary information from the Local Government Board for that purpose, your Committee beg to recommend that, subject to the approval of the Local Government Board, which is essential to any change such as is proposed, the resignation of Dr. Mapother as superintendent medical officer of health be accepted, and that (he having consented to this arrangement) his salary as consulting medical officer be fixed at £150 per annum, Dr. Mapother to discharge so far as required by the Committee the same duties as he did as consulting medical officer prior to his appointment as superintendent medical officer of health ; that Dr. Cameron be appointed superintendent medical officer in conjunction with his present office of medical officer of health, at a salary for the two offices of £300 a-year, and that (he having consented to this arrangement) his salary as city analyst be fixed at £200 a-year instead of £300 as at present, he to undertake to devote sufficient of his time for the proper discharge of the duties in priority to the duties of all and every of any office he may hold, or duty he may have to perform.

This recommendation we are bound to condemn with as much emphasis as we did the previous proposal, for it is, from our point of view, exactly the same. We care nothing about the money question, which we leave to the corporation, with the suggestion that a handsome salary would be well spent if it procured for the city what it has never yet had, *i.e.*, moderately efficient sanitary supervision. What we do care about is that Dublin should be relegated to the domination of uncontrolled dirt, as it has hitherto been, and this it certainly will be under the shuffle proposed by the Committee. The plain translation of this proposal is that the ex-superintendent health officer is to receive £150 a-year for doing absolutely nothing ; the city analyst is to be cut down in his salary for the only work which is done really well in the whole system, and he is to have a small increase of pay for pretending to discharge functions which all the world knows he cannot possibly fulfil. He is to retain all the thousand-and-one extra-civic labours which now occupy his energies, and is to give as much extra time as he can spare over and above the twenty-four hours of his working day to the sanitation of the city.

We pronounce the proposal nothing better than a job and a sham, to be perpetrated for the double purpose of providing what is really a pension for the ex-superintendent, and of saving the corporate money. As we write, the death-roll of the city of Dublin lies before us, *facile princeps* amongst the mortality bills of the most unhealthy towns in the United Kingdom. It is so—we assert advisedly and upon the best evidence—simply because neither the Public Health Committee or its officers have ever entered with any heart into the work of sanitation, but have consulted their ease and comfort by masterly inactivity, and we protest with every force to which we can give utterance, against the completion of this scandalous project to sacrifice the health of the city to a gross job. There is a simple course before the Public Health Committee ; to insist on their officers doing their duty and the whole of their duty, or else resigning ; and, if they refuse, to dismiss them peremptorily, and appoint at a salary fitting for such an office, the very best, most energetic, and freest sanitarian they can find. We enter-

tain no doubt, that three years' experience of such an officer would make itself manifest in the death-rate, and we say it is disgraceful that, with the dying poor and filthy habitations of the lower classes before their eyes, the Public Health Committee can think of nothing higher than how they can juggle a pension and escape their duty.

## THE PROFESSION AT THE LEVEE.

By Her Majesty's command, a Levee was held at St. James's Palace on Monday last, by H.R.H. the Prince of Wales, when the following members of the profession had the honour of presentation. Mr. George Critchett, F.R.C.S., by Lord Skelmersdale; Mr. Coupland, F.R.C.S., by Lord Gerard; Dr. G. Hastings, by Lieut.-Col. Laurie, M.P.; Dr. James Irving, by Lord John Manners; Surgeon-Major P. Jameson, A.M.D., by H.R.H. Prince Edward of Saxe Weimar; Surgeon-Major C. M. Jessop, A.M.D., by the Adjutant-General; Professor Lister, F.R.S., by the Lord Chamberlain; Surgeon J. Maitland, Madras Medical Department, by the Secretary of State; Dr. Quain, F.R.S., by the Duke of Richmond.

**Royal College of Surgeons of England.** — The following gentlemen, having passed the required examination, received the diploma of membership last week:—

Adolphus, T. F. Pennington, L.S.A., Lyndhurst road.
Baldwin, F. B. Judge, L.S.A., Warwick.
Baillie, J. H. Johnson, L.R.C.P.Ed., Old Bond Street.
Baillie, R. Houghton, L.R.C.P.Ed., Old Bond Street.
Barnes, J. G., Swindon, Wilts.
Barron, H. G., L.R.C.P.Lond., Southport, Lancashire.
Blair, A., Peterborough.
Callender, J. H., L.S.A., North Shields.
Chambers, A. E., Bolton.
Cox, F. A., Dean Street, Park Lane.
Creagh, S. H., Stoke, Devonport.
Crisp, T., L.S.A., Beaufort Street, Chelsea.
Curd, C., L.S.A., Coombe Down, Somerset.
Davies, M., M.B. Aberd., Llangwyryfan, Cardiganshire.
Dearden, R. J., Douglas, Isle of Man.
Dunn, W., L.S.A., Gordon Square.
Dyson, T. S., L.S.A., Sheffield.
Embleton, D. C., Newcastle-on-Tyne.
Evans, A. L., Wrexham.
Fooks, G. E., Harrow, Middlesex.
Hine, H., Nottingham.
Hoskin, T., Calstock, Cornwall.
Knapp, E. M. M., Clifton, Bristol.
Mantle, A., L.S.A., Stourport, Worcestershire.
Mudge, T. H. T., Paignton, Devon.
Mumby, B. H., M.B. Aberd., Gosport, Hants.
Noble, J. B., Newcastle-on-Tyne.
Palmer, W. P., L.S.A., Ilminster.
Parry, R., L.S.A., Festiniog.
Penly, E., L.S.A., Blandford.
Poland, J., L.R.C.P.Lond., Blackheath.
Rhodes, J. H. E., Bury St. Edmunds.
Rice, G., L.R.C.P.Ed., Derby.
Shelley, C. E., B.A. Cantab., Leamington.
Smith, F., Maida Vale.
Spurgin, T., L.R.C.P.Ed., Henrietta Street, Cavendish Square.
Taylor, W. C. E., Scarborough.
Thorpe, H. S., L.S.A., Hertford.
Wilde, F., Southampton.
Wilson, F., Worsley.

**Royal College of Surgeons in Ireland.**—At examinations held on May 2 and 3, the following gentlemen obtained the Fellowship of the College:—

Baxter, Patrick Charles. | Mason, Samuel Robert.
Purefoy, Richard D.

## NOTICES TO CORRESPONDENTS.

Dr. Nevins, Liverpool.—Reply to Dr. Thompson received. The length is so great that we fear we shall have to reduce it by omitting the published statistics, which every reader can see for himself without crowding them into our limited space.

Communication on "Tinea, or Herpes Circinatus," by Dr. Griffith, received.

X. Y. Z. will be answered fully in our next.

*To the Editor of the* Medical Press and Circular.

The following letter appeared in our last issue, but, by an error on the part of the printer, prices were substituted for weights. We give, therefore, the letter corrected as it should have appeared in the first instance:—

### CAUTION IN THE USE OF VASELINE AND SIMILAR PETROLEUM DERIVATIVES.

Will you permit me to say that we are the only manufacturers of "Vaseline." The process by which it is made is patented, and is our property, and the word "Vaseline" is registered as our trade mark. In order to protect our article from adulteration with paraffine, wax, or other substances, and to prevent the occurrence of just such an accident as Mr. Frazer reports, we put it up in 1 lb. and 5 lb. tins, with our name and trade mark stamped thereon. If the wholesale house had sent their customer one of our 1 lb. tins instead of transferring a portion from one of our 5 lb. tins to a jar of their own, the circumstances referred to could not have happened.

We are, very respectfully yours,
The Chesebrough Manufacturing Company.
7 Snow Hill, London, E.C.

Suicide by Medical Students.—Dr. Gillespie, Medical Registrar to St. Thomas's Hospital, requests us to state that Mr. Attwood was not of St. Thomas's Hospital, as erroneously reported.

Dr. Stretch Dowse.—"Notes on Neuroses of the Skin and its Appendages" received.

A Subscriber.—Examinations for admission to the Army Medical Service usually takes place in August at the University of London. If you address the Director-General, Army Medical Department, London, S.W., you will doubtless receive full particulars.

### VACANCIES.

Beckett Hospital.—House Surgeon. Salary, £150. Applications to the Hon. Sec., Beckett Hospital, Barnsley.
Carmarthen Infirmary.—House Surgeon. Salary, £125. Applications to the Secretary, 58 King Street, Carmarthen.
Coleraine Union, Articlave Dispensary.—Medical Officer. Salary, £90, with fees, and £22 as Sanitary Officer. Election, June 5.
Dundee Combination Poorhouses.—Resident Medical Officer. Salary, £100, with board, &c. Applications to Mr. Thos. Brown, Parochial Board Office, Dundee. (See Advt.)
Greenwich Union.—Medical Officer to the Infirmary and Workhouse. Salary, £250. Applications to the Clerk of the Guardians before June 2.
London School of Medicine for Women.—Lectureship on Materia Medica. Applications to the Dean before June 12. (See Advt.)
Manchester, Owens College.—Demonstrator and Assistant Lecturer on Anatomy. Salary, £150. Applications before June 13. (See Advt.)
Oldcastle Union, Crossakiel Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, June 6.
Rathdown Union, Powerscourt Dispensary.—Medical Officer. Salary, £110, with fees, and £20 as Sanitary Officer. Election, May 29.
Royal College of Surgeon, Ireland.—Curator of the Museum. Salary, £250. Election, June 5.
St. Mary's Hospital, Paddington, W.—Demonstrator of Anatomy. Salary, £100. Applications to the Dean of the School before June 7.
Tiverton Union.—Medical Officer. Salary, £20, with the usual extra fees. Applications to the Clerk before June 9.
Wolverhampton General Hospital.—House Physician. Salary, £100. Also House Surgeon. Salary, £100, with board in each case. Applications to Mr. Vincent Jackson, Waterloo Road, Wolverhampton.

### APPOINTMENTS.

Barr, J., M.B., L.R.C.S.Ed., Resident Assistant Medical Officer to the Bolton Union Workhouse at Fishpool.
Battle, W. H., M.R.C.S., L.S.A., Resident Accoucheur to St. Thomas's Hospital.
Davies, D. S., M.R.C.S., L.S.A., Assistant House Physician to St. St. Thomas's Hospital.
Day, E. J., M.R.C.S.E., Public Analyst for Dorchester.
Edwards, F., L.R.C.P.Ed., Medical Officer for the No. 4 District of the Saffron Walden Union.
Evans, J. T., jun., M.D., C.M., L.R.C.P.L., a Medical Officer to the General Infirmary, Hertford.
Haslam, W. F., M.R.C.S., L.S.A., House Physician to St. Thomas's Hospital.
Jones, Ll. R., M.B., C.M., Assistant Medical Officer at the North Wales Counties Lunatic Asylum, Denbigh.
Jones, W. F., M.R.C.S., L.R.C.P., House Surgeon to the Denbighshire Infirmary, Denbigh.
Moorehead, R. L., M.D., L.R.C.S.Ed., Assistant Resident Surgeon to the Nottingham Dispensary.
Moynihan, J. F., L.R.C.F.Ed., L.R.C.S.Ed., Medical Officer, Medical Officer of Health, &c., for the Whitechurch Dispensary District of the Cork Union.
Smith, R. P., M.R.C.S., L.P.C.P., Senior Assistant House Physician to St. Thomas's Hospital.
Sparrow, T. F., M.D., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, Medical Officer of Health, &c., for the Kilskeer Dispensary District of the Kells Union, co. Meath.
Steel, J., L.R.C.P.Ed., L.R.C.S.Ed., Resident Medical Officer to the Dudley Dispensary.
Wallace, J., M.D., L.R.C.S.Ed., Medical Superintendent of the Parish of Greenock new Lunatic Asylum at Smithstone.
Ward, M. A., M.B. Univ. Dub., F.R.C.S.I., Surgeon to Mercer's Hospital, Dublin.
Williamson, J., M.A. Oxon., M.R.C.S., L.R.C.P., Assistant House Surgeon to St. Thomas's Hospital.

## Deaths.

Blake.—On May 23, at The Grove, Camberwell, Lilly, widow of B. Blake, M.D., R.N., aged 84.
English.—On May 22, at 10 Thurloe Place, South Kensington, Thos. English, M.D., formerly of the Fulham Road, aged 57.
Fergusson.—On May 21, at 2 Blackburn Place, Liverpool, J. Chambers Fergusson, M.B., aged 71.
Fryer.—On May 12, at Sherburn, Yorkshire, Chas. Fryer, L.K.Q.C.P., of bronchitis, apoplexy supervening, aged 40.
Gentleman.—On May 20, ar Ballyhorgan, Listowel, co. Kerry, John Kittson Gentleman, L.R.C.S.I., aged 31.
Nicoll.—On May 14, at the Charterhouse, Charles Richard Nicoll, M.D., the Resident Medical Officer, aged 64.
Pinnock.—On May 19, at Marsden, William John Pinnock, Surgeon, aged 39.
Secker.—On May 20, at Hull, Samuel Secker, M.R.C.S.E., aged 65.
Taylor.—On May 18, at Gayton Terrace, Hampstead, Sir Alexander Taylor, K.B., M.D., of Pau, France.

# IRISH POOR-LAW INTELLIGENCE.

## CORRESPONDENCE.

### SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the occasion of a new head being appointed to the Local Government Board it seems a fit time to agitate the great greivance under which we Poor-law medical officers labour—viz., the unfair and one-sided condition of the superannuation law, if law it can be called. It is plain to every one, who will for a moment calmly consider the matter, that this permissive law, which leaves the decision entirely to the guardians, is most unjust to the honest and conscientious medical officer.

The guardians (as you well know) are a body who generally look to their own interests and the pockets of the ratepayers, and rather think that what they are COMPELLED to give to the doctors and the poor is an imposition—which is not very unnatural. It follows, however, as plainly as "light from day," that—this being the case—they will not, as a rule, be disposed to reward the doctor for *merely*, or *chiefly*, doing his duty to the poor; and yet this is ostensibly and professedly what he is employed, salaried, and pensioned for. I fear the present system of rewards, or benefits, applicable to the Poor-law service, has the effect, almost necessarily, of creating a spirit of flattery (I had almost said flunkeyism) in the doctors towards those in whose hands their fate is thus virtually placed. At the same time, there are, no doubt, many guardians, and some doctors, whose minds, characters, and conduct are under the influence of higher and purer motives than those referred to; and I know of some instances of superannuation being granted where I am sure it was deserved, and where it would have been injustice—perhaps cruelty—to have withheld it. On the other hand, I know of men in the enjoyment of superannuation allowances, who are comparatively young and strong, and appear able for active duty; while others, who are the very reverse, are under the necessity of toiling on, because they know, or fear, their boards are not willing to do the generous thing.

A movement was set on foot last year to get the power of granting superannuation removed from the boards of guardians, and placed in the hands of the Local Government Board. This, you will agree, would at least be a step, perhaps a considerable one, in the direction of justice, inasmuch as the Local Government Board would, at all events be *impartial* in the distribution of favours.

Why should not our Association take up this matter, and expend a little of the energy, talent, and influence which they evidently possess, in trying to remove, or mitigate, this, the acknowledged greatest evil and blot at present attaching to the service? And allow me, Sir, respectfully put to yourself the same question, for it must, I think, be acknowledged that the talent and influence of your paper are at present increasing and considerable.

I am,

Yours truly,

AN OLD SUBSCRIBER AND MEMBER OF IRISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having seen the letter of "A Dispensary Hack," I believe he will be perfectly justified in seeking remuneration from the constabulary authorities on Form Y (to be obtained from the sub-inspector of his district), as "The Red Ticket" only requires the dispensary medical officer to "give *advice* and any necessary medicine to the person who is ill" and *nobody else*; and it certainly never was intended when the police were granted the use of the red ticket so as to insure medical attendance "on persons taken suddenly ill in the streets or having met with an accident," that they should make use of it for the purpose of obtaining criminal information, and thereby utterly ignore Form Y, which is especially intended to meet the case of your correspondent. Another point of hardship, and one that your correspondent should bring bring before his "board of guardians," is the issuing of a ticket by any authorised person for attendance on a dead person, thereby occupying the time in travelling twelve miles to see a dead person, which time was supposed to be devoted to attendance on the living. This is not the first time that a somewhat similar matter has come under my notice, and I think the matter deserves special attention.

J. B. H.

### DUBLIN MEDICAL OFFICERS OF HEALTH.

THE Public Health Committee reports as follows to the Corporation, with regard to the Dublin medical officers of health :—

Your Committee beg leave to report that, in pursuance of the Order of Council of the 31st March, that the Report be sent back to the Public Health Committee to report further as to the mode they suggest to carry out the last paragraph therein, and to procure all necessary information from the Local Government Board for that purpose, your Committee beg to recommend that, subject to the approval of the Local Government Board, which is essential to any change such as is proposed, the resignation of Dr. Mapother as superintendent medical officer of health be accepted, and that (he having consented to this arrangement) his salary as consulting medical officer be fixed at £150 per annum, Dr. Mapother to discharge so far as required by the Committee the same duties as he did as consulting medical officer prior to his appointment as superintendent medical officer of health; that Dr. Cameron be appointed superintendent medical officer in conjunction with his present office of medical officer of health, at a salary for the two offices of £300 a-year, and that (he having consented to this arrangement) his salary as city analyst be fixed

at £200 a-year instead of £300 as at present, he to undertake to devote sufficient of his time for the proper discharge of the duties in priority to the duties of all and every of any office he may hold, or duty he may have to perform.

## DUBLIN POLICE COURT.

### THE SMALL-POX EPIDEMIC.

MICHAEL NOLAN, labourer, was summoned by the Rathmines sanitary authorities for not permitting his children, under medical certificate, to go to a small-pox hospital when they were suffering from small-pox.

Dr. Browne deposed that there we three persons there suffering from small-pox. Defendant refused to allow them to be taken to hospital. The disease has since spread, having attacked ten or eleven families in the neighbourhood.

Defendant said he had been personally willing to allow the children to go to hospital, but a number of the women who lived close by came in and insisted that it was wrong to send them away.

Mr. Fitzgerald said that his clients found it necessary to press for some penalty, but not a very large one in proportion to the fine that could be inflicted, viz., £10.

Fined £1.

### ADULTERATION.

JOHN NOLAN, grocer, was fined £1 for selling mustard adulterated with 30 per cent. of farina and cayenne pepper.

## LIMERICK SANITARY BOARD.

THE following letter was read :—

"Local Government Board,
"Dublin, 29th April, '79.

"SIR,—The Local Government Board for Ireland acknowledge the minutes of proceedings of the Public Health Committee, Limerick, on the 22nd inst., containing an entry of a report from the medical superintendent officer of health on the sanitary state of the city, which discloses a very serious state of things, and which has now continued for some time, and deserves the careful consideration of the sanitary authority.

"The correctness of the statements of the medical officer of health admits of no doubt, and the sanitary authorities should lose no further time in making a serious effort to grapple with the evil.

"The Board observes that the sanitary authorities have adopted a resolution on the subject, but it seems framed with a view rather to throw doubt on the facts brought forward than to explain a remedy, and this can secure no good or useful purposes.

"The Board desire to urge upon the sanitary authority that steps should be taken by them for affording means of disinfection; providing a better supply of water for domestic and cleansing purposes; and for enforcing cleanliness and proper sewerage—all of which must have been too long neglected.

"By order of the Board,
"B. BANKS, Sec."

Arising out of Dr. Barry's report, Ald. Philips handed in the following :—"I see, in reference to Dr. Barry's letter of the 5th May, he declines to furnish the names and addresses of the 112 persons who are reported by him to have died recently in the city, and referring to the Local Government Board's letter of the 29th ult., urging the Board to act on Dr. Barry's recommendation."

Passed unanimously—"That this Board requested Dr. Barry to afford them information, not for the purpose of delaying and evading proper sanitary measures, but to enable the Board to advise the steps which should be taken to improve the sanitary condition of the localities wherein so much mortality is reported to have occurred. And the Board again ask Dr. Barry to let them have the names and addresses of the persons referred to in his former reports."

## BOYLE UNION.

Keadue, May 12th, 1879.

SIR,—With reference to the case of the old man, Thomas Duignan, which I brought under the notice of the board last week, Mr. Martin himself informed me on several occasions that neither the board of Guardians nor the auditor would sanction any out-door relief where the parties obtaining it held over one rood of land, no matter how poor or destitute they might be, unless he could produce a certificate from the medical officer, so that in fact he was obliged to call on us to visit cases of destitution in order to save himself. I only want to ascertain what the law is on the subject, or what my duty is in similar cases. Members of the committee also frequently issue tickets in order to procure the recipients out-door relief, and for no other purpose. Both Duignan and his wife distinctly told me tht he wanted no medicine, only a "line" from me to get them relief, as he was too old and feeble to work, and had no way to get nourishment.

I am, Sir,
Your obedient servant,
JOHN B. DRAPES, Medical Officer.

Chairman—What order will I make on this?

Clerk—I don't see what order you can make, except mark it "read."

The letter was marked "read."

[Familiarity with the proceedings of the Boyle Guardians induces us to suggest that the board might be advantageously dissolved, and the clerk—who seems also to be chairman, board's relieving officer, doctor, and master—installed in their place. He seems to have the only mind in the board.—ED. M. P. & C.]

## ENNISKILLEN UNION.

### MEDICINE CONTRACTS.

A LETTER was read from Mr. Leslie, contractor for medicines, admitting that he was to blame in sending poor man's plaster on calico instead of paper.

Mr. Carson said it was evident that Mr. Leslie had sent what suited himself. He might not have had the paper in stock, and he sent the other and charged double.

Mr. Wilson said a great deal of the time of the Board was taken up in watching Mr. Leslie and correcting mistakes.

## MOUNTMELLICK UNION.

### MEDICAL OFFICERS' SUBSTITUTES.

THE following letter was read by the clerk :—

Local Government Board, Dublin,
9th May, 1879.

Sir,—The Local Government Board for Ireland acknowledge the receipt of the minutes of the proceedings of the board of guardians of Mountmellick union on the 3rd inst.; and with reference to the resolution that in future no substitute for a dispensary medical officer shall under any circumstances be paid, the Board desire to point out that such a resolution has no binding effect, nor can it fetter the action of the guardians at any subsequent meeting.

By order,
To the Clerk. B. BANKS, Secretary.

## NAAS UNION.

### PAYMENT TO A SECOND MEDICAL OFFICER.

THE following letter was read from the Local Government Board :—

Sir,—The Local Government Board have had before them the letter of Dr. Kehoe, medical officer of the Kil-

dare dispensary district, which is entered on minutes of board's proceedings on the 30th ult., in which he details the circumstances connected with the attendance of Dr. Watson, of Rathangan, on a woman in her confinement, in whose behalf Dr. Kehoe had been presented with a visiting ticket, and whom he had been attending; and with reference to the minute inquiry as to Dr. Watson's claim to be paid a fee of one guinea, the Local Government Board desire to state that their sanction to such a payment would establish a bad precedent, as a medical officer is supposed to remain with his patient in a case such as that referred to until all danger is past. Under the circumstances set forth by the medical officer the Local Government Board will not, however, object to the payment in the present instance, on the distinct understanding that it must not be regarded as a precedent for a similar proceeding in future.

By order, B. BANKS, Secretary.

The Clerk said he agreed with the Local Government Board that it would be a very dangerous thing to sanction a precedent for the payment of a second medical officer in such cases; but this was an exceptional case, and he thought it might pass.

Mr. Doyle—I would not pay it.

Clerk—Surely you could not expect a medical man to remain there in a cabin for forty-eight hours to see if a certain thing would occur?

Mr. Driver—Is there a paid midwife in the district?

The Clerk said there was not.

Mr. Driver—That makes all the difference.

Mr. Farrell thought that under the circumstances Dr. Watson ought to be paid.

A copy of the letter was ordered to be sent to each of the medical officers.

## VITAL STATISTICS OF IRELAND.

*Abstract of Quarterly Return of Births and Deaths.*

DURING the quarter ended 31*st March last*, there were registered in Ireland 35,221 births—26·3 in every 1,000 of the estimated population—and 32,397 deaths, representing 24·2 per 1,000. A decrease of 3,738 would appear to have taken place in the population during the quarter.

In England last quarter, the birth-rate was 36·5, and the mortality 25·2.

The birth-rate in Ireland is the same as for the corresponding quarter of last year, but is somewhat under the average for the first quarter of the five years 1874-8; the death-rate is higher than in any of those periods. The excess in the deaths is owing to the severity of the weather during the past winter; zymotic diseases were not more fatal than usual for the March quarter, the annual mortality represented by the deaths from the eight principal diseases of this class is only 2 per 1,000 of the population.

Returns of pauperism show an increase in the number of persons in the workhouses of Ireland.

*Births.*—The births registered during the quarter amounted to 35,221, or 26·3 per 1,000. The average of the previous five years was 27·5.

The respective rates for the four provinces last quarter are—Leinster 25·5 per 1,000 persons, Munster 28·2, Ulster 24·7, and Connaught 27·6.

The county birth-rates range from 20·4, the rate for Monaghan, to 34·8 in Kerry. Between these, the five highest are Clare, 30·8 per 1,000; Antrim, 29·9; Dublin, 29·8; Mayo, 29·0; the Leitrim, 28·5; and the five lowest—Cavan and Kilkenny, 21·9 per 1,000; Fermanagh, 22·2; Down, 22·5; and Carlow, 22·6.

*Deaths.*—The deaths in Ireland during the quarter amount to 32,397—a ratio of 24·2 per 1,000, against an average rate of 21·0 per 1,000.

The death-rate in Leinster was 29·2 per 1,000, in Munster 24·0, in Ulster 23·0, and in Connaught 19·2.

The extremes of the county rates are 17·6 per 1,000 in Longford, and 39·1 in Dublin. Of the intermediate rates the five highest are;—Limerick, 30·2 per 1,000; Kilkenny, 28·9; Carlow, 28·2; Wexford, 27·4; and Louth, 26·8; and the five lowest, Leitrim, 18·0; Cavan and Sligo, 18·1; Mayo, 19·0; and Galway, 19·4.

*Health of the People.*—The deaths registered during the three months now ended are not only over the average for the March quarter, but are more numerous than in any previous quarter since registration was established in Ireland, in the year 1864. This result is directly attributable to the long-continued severe weather, which has rendered the winter of 1878-9 remarkable. The deaths of persons aged 60 years and upwards amounted to the high number of 14,556, or nearly 3,000 over the average for the first quarter of the last five years, and the Registrars' reports show that this excessive mortality resulted from diseases of the respiratory organs and other affections, which the inclement weather rendered exceptionally fatal. Deaths from the principal zymotic diseases exceeded the number of the preceding three months, but were but slightly over the average for the March quarter of the previous five years. Small-pox continued prevalent in Dublin, but since the close of the month of January no deaths from this cause have been registered in Galway, where the disease had been for some time very fatal.

*Diseases.*—The number of deaths returned by the Registrars as having resulted from the principal zymotic diseases is 2,807, or 8·7 per cent. of the total deaths registered, and equal to 52·3 in every 100,000 of the population. This number is two under the deaths from the same causes in the corresponding quarter of 1878, and 243 over the average mortality for the first quarter of the three years 1876 to 1878.

Small-pox: There were 334 deaths from this cause registered, being 87 over the number in the preceding quarter. The disease was almost exclusively confined to the province of Leinster, where 308 of the deaths occurred, including 254 in the two Dublin unions, 16 in Rathdown union, 7 in Tullamore union, and 5 in Athy union.

Measles: The mortality from measles, though in excess of that for the previous three months, was not heavy, and compares most favourably with the return for the first quarter of last year, the deaths numbering only 203—viz, 95 in the province of Leinster, 62 in Ulster, 31 in Connaught, and 15 in Munster. Sixty-five of the deaths in Leinster occurred in the two metropolitan unions. In Foxford district, Swineford union, of 22 deaths amongst persons under 60 years of age, 10 were caused by measles.

Scarlet Fever: Deaths from this disease, which rose gradually last year from 178 in the first quarter to 408 in the fourth, amounted last quarter to 420, but this number is not much over one-half of the average for the March quarter of the last ten years. Of the 420 deaths last quarter, 235 were in the province of Ulster, 122 in Leinster, 36 in Munster, and 27 in Connaught. In Donegal district, Donegal union, 22 of the 74 deaths of all ages registered were caused by scarlet fever; in Drumquin district, Omagh union, 11 of 25 deaths; in Cloghan district, Stranorlar union, 23 of 59 deaths; in Athleague district, Roscommon union, 10 of 38 deaths; and in Ballyleague district, in the same union, 6 to 60 deaths.

Diphtheria: There were 115 deaths from diphtheria registered—viz., 53 in Ulster, 35 in Leinster, 15 in Connaught, and 12 in Munster. Of 43 deaths from all causes in Portglenone district, Ballymena union, 5 resulted from diphtheria, which also caused 5 of 56 deaths in Coal Island district, Dungannon union; 4 of 15 deaths in Rinvyle district, Clifden union; and 4 of 26 deaths in Ballyhorgan district, Listowel union.

Whooping-cough: The deaths from this disease amount to 540, or 35 more than in the preceding three months, and 90 over the average number for the March quarter of the last five years. They were distributed thus:—182 in the province of Munster, 146 in Ulster, 130 in Leinster, and 82 in Connaught.

Fever: The number of deaths from the various forms of continued fever was 732, being slightly in excess of the average for the first quarter of the last five years. Two hundred and twenty-six of these deaths occurred in

Leinster, 178 in Munster, 245 in Ulster, and 83 in Connaught. One hundred and twenty-two, or more than 50 per cent. of the deaths from fever in Leinster, occurred in the two Dublin unions; and 77 of those in Ulster took place in Belfast union.

## EXTRACTS FROM REGISTARS' NOTES.—REGISTRAR GENERAL'S REPORT.

NEWRY; *Mullaghglass.*—Typhus fever has been prevalent, and a great difficulty exists as to getting patients to leave their crowded homes to go into hospital. I would suggest that section 141 of 41 and 42 Vic., cap. 52—Public Health Act—be printed in large posters for distribution in all dispensary districts, so that the public may be made fully aware of the powers of the sanitary authority, which at present they do not believe.

BALLYSHANNON; *Ballintra.*—The sanitary arrangements of the district are pretty fair, with the exception of a few places, and one in particular deserves attention; it is the lane of which I made a note before; although it has been reported repeatedly by the sanitary officer to the guardians, there is no improvement made.

GORTIN; *Gortin, W.*—By virtue of the powers vested in me under the recent Public Health Act, I am continuing to have various little sanitary improvements effected throughout the district under my charge, and I am but very rarely obliged now to call in the aid of the local sanitary authority in such cases, most of the people agreeing quite readily to the suggestions I offer them in those matters.

LONDONDERRY; *Glendermot, W.*—Health of district wonderfully good, taking into consideration the abominable sanitary condition of the dwelling-houses in rural district.

BALROTHERY; *Swords.*—If the poor people were better housed they could give ample proof of the desire for sanitary improvements that is being gradually infused into them. In their present abodes, owing to the limited space allotted to each householder, their houses cannot present an appearance otherwise than, if not disgusting, very uncleanly.

BALTINGLASS; *Baltinglass, W.*—Small-pox prevailed to a considerable extent in this union, and caused four deaths. Fever proved fatal in one case. I am at present attending a case of typhoid which was caused by defective house drainage. It seems unaccountable how the poor people escape this disease, especially at this time of year, when manure has to be carried *through their houses*, and then piled at the front door before being carted off.

CAVAN; *Kilnaleck.*—The habit of feeding pigs in the dwelling-houses of all classes, so highly detrimental to health, is carried on in spite of my efforts to abate it, and the good results to be derived from cleanly habits are almost to be despaired of in this locality; with the exception of the police barracks, and my own residence, I would find it difficult to point my finger to a clean and healthy dwelling. Thank goodnes, that "vile scourge," small-pox hss completely disappeared from about here.

MULLINGAR; *Mullingar, W.*—The town, although free from an epidemic, is, nevertheless, in a most unsanitary condition, owing to the want of a proper supply of pure water for drinking and flushing purposes. The wells used by the public are mostly unprotected from the sewage of the road, which is washed into them during wet weather, and some of the pumps condemned by analysis of Dr. Cameron are still in use.

CLIFDEN; *Clifden, W.*—The sanitary state of the district is stlll improving; the people generally take my advice, and seem to take pride in keeping their places freer from nuisance.

CORROFIN; *Corroffin, W.*—There were twelve deaths registered by me during this quarter of persons aged between 70 and 80, eight between 80 and 90, three between 90 and 100, and one at the extraordinary age of 106, which, from inquiries I made, seems to be correct, he being 25 or 26 years old in the year 1798. He has a daughter who is only 15 years of age.

DROMORE WEST; *Skreen.*—The births and deaths are somewhat under the average for corresponding quarters. The deaths occurred chiefly of persons in advanced life. Four were over 60 years and bordering on 70 years, four were over 70 years, and four were 80 years and beyond.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May* 17, 1879; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

| TOWNS, &c. | AREA in Statute Acres. | POPULATION in 1871. | WEEK ENDING SATURDAY, MAY 17, 1879. Annual rate of mortality per 1,000 inhabitants. | Total BIRTHS registered. | Total DEATHS registered. | Deaths under 1 year of age. | Deaths at 60 years of age and upwards. | NUMBER OF DEATHS FROM Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DUBLIN . . | 10,050 | 314,666 | 33 | 188 | 201 | 32 | 38 | 11 | 10 | 4 | ... | 2 | 6 | 3 | 4 | 5 | 75 |
| BELFAST . . | 20,687 | 182,082 | 29 | 134 | 101 | 16 | 14 | ... | ... | 1 | ... | 7 | 2 | 6 | ... | ... | 11 |
| CORK . . | 13,816 | 91,965 | 17 | 62 | 30 | 1 | 10 | ... | ... | ... | ... | 1 | 1 | ... | ... | 1 | 11 |
| LIMERICK . | 8,509 | 44,209 | 26 | 25 | 22 | 3 | 10 | ... | ... | ... | ... | 1 | 1 | ... | ... | ... | 11 |
| LONDONDERRY. | 21,865 | 30,884 | 42 | 28 | 25 | 1 | 6 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4 |
| WATERFORD . | 17,209 | 30,626 | 17 | 22 | 10 | ... | 7 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| GALWAY. . | 21,358 | 19,692 | 26 | 9 | 10 | 4 | 2 | ... | ... | ... | ... | ... | 2 | ... | ... | ... | ... |
| SLIGO . . | 30,835 | 17,285 | 18 | 8 | 6 | ... | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 |

# The Medical Press & Circular.

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## Original Communications.

### REMARKS ON THE ROUTINE USE OF THE OPHTHALMOSCOPE IN CEREBRAL DISEASE.

By J. HUGHLINGS JACKSON, M.D., F.R.S.,
Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

THERE is nothing in medical ophthalmology more important than the fact that a patient who has acute neuritis can read the smallest type and may not know that his sight is in any way defective. Let me say a word as to term neuritis.

For my own part I know of but one inflammatory condition of the optic discs from intra-cranial disease, with the possible exception of swelling of the optic disc in tubercular meningitis. But when I, in the following paper, use the expression optic neuritis, the reader may substitute choked disc, peri-neuritis, or any other term which seems to him better. For at present I concern myself with nothing more than showing *that extremely abnormal ophthalmoscopical appearances may exist when sight is good.* I have been urging this for about fourteen years. I should think I have written on its importance a score of times. Although it is a fact fully recognised by most ophthalmic surgeons, as quotations I shall give will show it is not accepted by very many physicians. To some the statement seems to be mere nonsense. Of course my experience of abnormal conditions of the fundus oculi is one-sided. I see what I may briefly designate "physician's cases." I would say of them that I oftener see extreme ophthalmoscopical appearances without any defect of sight than with any considerable defect of sight—say defect which the patient or his friends recognise. Lest this appear the extravagant statement of one who has become wedded to an early-formed opinion, I will give Gowers' conclusions from his field of observation.

"In reply (*a*) to your question as to my experience of optic neuritis without defect of sight, I should say that in at least half the cases of neuritis in cerebral tumours which I have seen there has been no defect of sight, either of acuteness of vision or in the extent of the field. In at least half the cases during the acute stage of the inflammation, and in a considerable proportion of cases throughout there has been no detect of sight. It is certainly more frequent for vision to suffer during the subsidence of inflammation (from the cicatricial contraction of the tissue formed) than during the active process. No doubt it is more common for sight to be affected in descending neuritis; but according to my microscopical observations, descending neuritis is rare, except in meningitis, in which observations on vision cannot often be made."

In the *Medical Times and Gazette* so far back as June 19, 1865, I recorded the case of a man who died of tumour under the tentorium, and who, during acute neuritis, read the newspaper every day, and read small print to me; I did not test his sight by test-types; he became blind later. Since that time I have seen scores of patients who, with acute neuritis, could read the smallest type of Snellen or Jaeger quite easily. The fact of conservation of sight in double optic neuritis was, I believe, first stated by Blessig.

Let me here quote from a paper "On Latency of Optic Neuritis in Cerebral Diseases" (*Medical Times and Gazette*, Feb. 8, 1868). The quotation begins by a quotation from a still earlier paper ("Observations on Defects of Sight in Diseases of the Nervous System") which I published in the "Royal London Ophthalmic Hospital Reports," vol. iv., pt. iv., p. 403: "*It is, I submit, imperative in all cases of severe cerebral disease, at all events in cases of an acute kind, to examine the eyes with the ophthalmoscope, whether the patient complains of defect sight or not.*"

(*a*) A good example of neuritis without defect of sight at any time is figured from a drawing by Gowers in Mr. Haynes Walton's book on "Diseases of the Eye," last edition.

"I should now make the statement much stronger by adding '*even if he affirm that he can see well and if he read small type readily.*' A patient, after an ophthalmoscopic examination revealing optic neuritis, will sometimes, on being asked how long his sight has been bad, make a remark like this: 'I did not know there was anything the matter with it,' and may be able to read the type called 'brilliant.'"

"If the above statement at first glance seems strange to any ophthalmic surgeon, I would beg him to bear in mind that patients are not likely to come under his notice until their sight fails. I have occasionally had the somewhat painful feeling that the accuracy of my ophthalmoscopical examination has been doubted by physicians whose opinions I highly value, when I have declared that patients with severe cerebral disease, who seemed to see quite well, had inflamed optic discs. But there can be no possibility of mistake in cases of severe optic neuritis, as the appearances are striking and are very easily recognised—no mistake, I mean, in recognising that the retinal veins are very irregular, that the course of the arteries is much obscured, or quite lost, that there are little clots of blood scattered near the swollen discs; for these things are face to face with us when we are using the ophthalmoscope. They may exist when the patient can read small print easily, not ordinary small type, but No. 1 of the test-types used by ophthalmic surgeons." The criticism upon this statement cannot legitimately be that it is an erroneous theory; it is not a theory at all; the reader, if unconvinced by the evidence, or rather, perhaps, I should say by the authorities quoted, may criticise it, but can only do so by denying its truth or its importance.

I believe there is an erroneous notion in the minds of some that one is speaking only of slight and doubtful appearances. It is for this reason that I made the remarks with which the above quotation concludes. I would refer the incredulous to a drawing of optic neuritis in the "West Riding Asylum Reports," vol. iv., taken from a patient under my care who had perfect vision. The drawing is reproduced in the "Lond. Ophth. Hosp. Reports," vol. viii., part ii., p. 316, Sept., 1875. The fact is, I have, until the last few years, been rather guilty of underrating slight ophthalmoscopical changes. I have several times spoken against the error of exaggerating the importance of slight ophthalmoscopical anomalies. For example, in a paper "On the Routine Use of the Ophthalmoscope in Cerebral Disease" (*Med. Times and Gazette*, June 3, 1871), I say, "Another error as bad as, or even worse than, overlooking *striking* ophthalmoscopic appearances, is to attach undue importance to slightly abnormal intra-ocular appearances, which may be only abnormal in the sense of being physiological peculiarities. Curiously, this is the fault, not of those who have used the ophthalmoscope much, but of those who have used it little. It requires much practice to give true clinical value to "congestion of the optic nerves" or to "congested retinæ," to slight changes about the edge of the disc or to alterations in the course and calibre of the veins. In the paper referred to, I spoke on this matter, and from it I quote the following:—"I have never laid stress on slight alterations in the colour of the discs, or on slight abnormalities in the size or course of the large retinal vessels. . . . We may get as far wrong by attaching too much importance to slight appearances as by altogether overlooking decided pathological changes." I certainly did not speak too strongly.

Professor Liebreich, at visits to the Hospital for the Epileptic and Paralysed, has frequently pointed out striking peculiarities in the fundus, which he declares to be really physiological variations. Speaking of the importance of ophthalmoscopical examinations of many normal eyes, Professor Liebreich remarked at the Clinical Society (see *Lancet*, November 5, 1870): "En effet, l'aspect du fond présente à l'état normal, on pourrait dire autant de variations que la figure humaine, et il faut l'étudier indéfinement si on ne veut pas être exposé à prendre quelquefois pour une altération pathologique ce qu n'est qu'une modification individuelle d'un œil sain." Obviously, then, whilst the student may observe any case he likes as minutely as he can do with precision, he should not dare to draw conclusions from very slight intra-ocular appearances.

Let me now quote authorities on this matter. Soelberg Wells refers to the case of one of his patients who had acute neuritis and good vision, in his "Treatise on the Diseases of the Eye," p. 339, second edition. He mentions, also, a case from his own practice of uniocular neuritis in which the acuity of vision remained perfectly normal throughout. I quote the following from his work: "Mauthner ('Lehrbuch der Ophthalmoscopie,' p. 293) narrates an interesting case in which a patient affected with optic neuritis retained a normal acuteness of vision *up to the time of his death* (which was sudden). The post-mortem examination revealed the existence of interstitial optic neuritis, but the retina was healthy up to the optic nerve." (The italics in this quotation are mine.) In remarks added to reports of several interesting cases of optic neuritis at the Clinical Society, October 28, 1870 (see *Lancet*, November 5, 1870), Brudenell Carter referred to the fact "that a considerable degree of optic neuritis may be present in certain cerebral affections without impairment of vision." In his book on "Diseases of the Eye," p. 425, Brudenell Carter writes: "The announcement of the frequent co-existence of great nerve-swelling with normal vision was received when first made with something like incredulity, but the fact has long been familiar to those who, following the example set by Dr. Hughlings Jackson, Dr. Clifford Allbutt, and Dr. Buzzard, have systematically practised ophthalmoscopical examination in all cases of suspected intra-cranial disease." In my former paper, 1858, I referred to the opinions of Hutchinson. The following quotation is from a note by him in the last volume of the "London Hospital Reports," 1867:—"In optic neuritis, it is often impossible, from the observation of the state of the disc, to form any opinion as to how much the patient can see." Bader, in his work on "Eye Diseases," p. 485, speaking of the state of vision in cases of inflammation of the optic disc and of the retina adjoining it, says: "Vision, according to the accounts given by patients, is often hardly disturbed, even if there is considerable loss of transparency of the optic disc and of the adjoining retina, with much hyperæmia. . . . Some patients (even at the height of the inflammation) only complain of a swimming of objects looked at for some time."

Noyes, of New York, commenting on a case of acute neuritis optica from tumour of the brain reported by Dr. Schiess Gemuseus, says: "This case adds to the observations already become numerous, where intra-cranial disease produces visible changes in the fundus oculi without causing injury to the sight." (*New York Med. Journ.*, February, 1871.)

Leber, in Graefe and Sœmisch's Handbuch, speaking of the papillitis (intra-ocular neuritis) in cerebral tumours, says: "*Vision may remain for a long time normal, in every respect, even with very great swelling of the papilla.*" (Italics in original.)

De Wecker writes ("Traité des Maladies du Fond de l'Œil," p. 81), "How many times have we not had the occasion to see a most characteristic neuro-retinitis with almost complete, and even complete, preservation of visual perception?"

Now I quote from the writings of the greatest of ophthalmic surgeons. Graefe, writing in 1866 (*Archiv. für Ophth.*, xii., 2, 130), says: "It has been on all sides admitted, and has been especially stated by Blessig, that there is no exact proportion between the amount of functional disturbance and the amount of change discoverable by the ophthalmoscope. The want of such proportion depends upon two factors. The first is the uncertain degree in which the conducting elements of the nerve may participate in the morbid process, a fact well ascertained in nephritic retinitis. Hence, we may find the existence of good vision—almost always only for a short period—in a high degree of con-

gestion papilla (Stauungspapille). The second factor is the degree of interferenc with the arterial blood supply."

So far I have quoted ophthalmic surgeons. I now quote a physician. Clifford Allbutt (*Med. Times and Gaz.*, May 30, 1868), speaking of ischæmia of the discs, says: "It is astonishing how changed and disfigured the optic disc and neighbourhood may become in this affection without disturbing central vision. I have lately had several such patients under my care who could read a badly-printed news-sheet with ease. The same fact is strongly insisted on by Graefe. For this reason, the condition is constantly (I may, perhaps, say generally) overlooked."

Buzzard writes: "There may be no impairment of vision accompanying extensive effusion of lymph upon the disc, and a considerable amount of sight may co-exist even when the disc is atrophied to some extent." ("Clinical Aspects of Syphilitic Nervous Affection," 1874, p. 35.) At page 98 of the same work, he describes a case of double optic neuritis in which, at the time the appearances were most strongly marked, the patient could read No. 1 Jäger with either eye. In a case of double optic neuritis, associated with cerebellar tumour (Clinical Society's "Transactions," vol. vii.), in which the appearances were well marked in each eye, but most advanced in the left, the patient could read No. 1 Jäger with the right eye, and the field of vision was on that side of normal extent. In the left, however, sight was lost over the right half of the field, but the patient could see fingers pretty well over the left half. So also of a patient affected with double optic neuritis with right hemiplegia (Clinical Society's "Transactions," vol. xi.), Buzzard remarks, "On examining her eyes with the ophthalmoscope I found in each the optic disc greatly swollen and of a reddish tint, from the development of numerous minute vessels. Its border was not defined. The large veins, distended and very tortuous, disappeared suddenly here and there in the opaque swelling, to emerge again into view beyond the disc. . . . Her sight did not appear to be much affected, as she could read small print, but the mental condition made accurate examination on this point impracticable."

The condition of the discs, Dr. Buzzard tells me, was discovered at an examination of the eyes, which was made as a matter of routine, and not because of any complaint regarding the sight. Indeed, but for the employment of the ophthalmoscope, no affection of the eyes could have been surmised from her manner and story.

Broadbent (Clinical Society's "Transactions," vol. ix.) has recorded a case in which, with "marked optic ischæmia or neuritis," vision was good.

Dr. Stephen Mackenzie has recorded in "Brain," part iii., p. 404, a case of embolic hemiplegia with double optic neuritis, in which the patient complained of no defect of vision, and was able to read without difficulty No. 1½ of Snellen's test-types.

Dr. Stephen Mackenzie tells me that a patient lately died under his care in the London Hospital from atrophy of the brain who had had double optic neuritis, in which patient's case there was no defect of vision. The optic neuritis was only discovered by the examination of the eyes with the ophthalmoscope on his being asked by a colleague to see the patient, who complained of pain in the head and vomiting. Dr. Mackenzie tells me that he has frequently demonstrated to his class cases of optic neuritis from cerebral disease without there being any appreciable loss of sight, and that he has watched such cases from the onset to the complete subsidence of the inflammatory process in the papilla of the optic nerve, without being able to detect by test-types any defect of vision. He agrees fully with me that optic neuritis is to be detected by the routine examination by the ophthalmoscope, irrespective of the statements of patients as regards their sight. Many of the cases he, as physician, has seen where the sight *is* affected, have passed through the ophthalmic surgeon's hands before they have reached the physician.

I thus urge the routine use of the ophthalmoscope on very good authority. Without it, optic neuritis may be overlooked in its early stage. Thus we miss an important help in diagnosis, and we begin treatment of pathological changes late. There is disease of the optic nerve to treat before the symptom amaurosis appear.

Without this help we should, in the early stages, underrate the gravity of very many cases which end fatally.

*(To be continued.)*

## CROUP AND DIPHTHERIA.

### REMARKS ON THE LATE DEBATE AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

By PROSSER JAMES, M.D.,

Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and Chest; late Physician to the North London Hospital for Consumption, &c., &c.

THE recent debate at the Royal Medical and Chirurgical Society seems in some sort to echo preceding discussions which, during the last four or five years, have grown more animated.

In 1874 the Academy of Medicine of Florence concluded a discussion on the subject which had been carried on during an epidemic of diphtheria, by formally declaring that "clinical observation is in favour of the existence of true primitive croup, which may be observed even during an epidemic of diphtheria." Another resolution adopted, was that "diphtheria is a disease which arises in the manner of epidemics, and gives rise to a contagious principle."

Other discussions have since taken place at the Medical Society of London, at the Clinical Society, at one or two of the Dublin Societies, and at the New York Academy of Medicine; at all of which great differences of opinion have been expressed.

Soon after the Florence Academy pronounced in favour of dualism, Sir Wm. Jenner, in his oft-quoted clinical lecture, expressed himself as "inclined to the belief that there is no such disease as idiopathic, simple, membranous inflammation of the larynx." Since then, others have given expression to a similar opinion; some seem to have supposed the doctrine novel; a few even, pluming themselves with amusing innocence, on being, if not, its originators, at least among the earliest to adopt it. But though not generally received in England or Germany, this view has long been a common tenet in France, and as such must have been familiar to all conversant with French literature. Even in this country it is no new doctrine. Nearly twenty years ago, in the first edition of my "Sore Throat," I ventured to group together croup and diphtheria under the head "Exudative Sore Throat," and in reference to some of the distinctions drawn between them, said "both are alike the manifestations of an inflammatory condition tending to exudation." In the chapter on nomenclature, of the same work the two diseases were grouped under the term "inflammation, terminating in exudation," thus giving to the false membrane a place among the events of inflammation—a classification which, at least, reserves an appropriate place for such forms of contagious or epidemic sore throat, as those mentioned by Mr. Hutchinson. Further on, the chapter devoted to these two diseases in detail, was entitled "inflammation with exudation," such exudation being regarded as the "characteristic of this variety of inflammation." And yet this doctrine seemed to startle some of the Fellows of the Society when put before them as a proposal to discontinue the use of the term "specific fever" in connection with diphtheria, and to regard the disease rather as a "specialised inflammation."

The Report of the Committee, which has been so fully discussed, recommends that the word "croup be henceforth

used wholly as a clinical definition, implying laryngeal obstruction occurring with febrile symptoms in children." This definition furnishes an excellent clinical group, and corresponds closely with the manner in which the word is constantly employed; but it includes several distinct conditions, between which it is often desirable to discriminate. If any laryngeal obstruction in a child, with fever, ought to be named croup, no wonder we are told that this disease may be membranous or non-membranous. Signs of obstruction may be set up in children, and in adults too, though less readily, by any form of laryngitis; traumatic cases being specially remarkable. The narrow calibre of the infantile larynx, and the tendency to spasm in children, are important factors in croup. The narrow larynx of the child is easily obstructed; post-mortem—the infantile glottis may be closed by mere suction. How, then, if during life the larynx became inflamed, its mucous lining deeply congested, puffy, or even œdematous? Further, what may be expected if, when the calibre of the tube is thus diminished, extra secretion—perhaps thick, tenacious, and stringy—be poured out? Such secretion, if it do not block the tube, may provoke spasm. If the secretion be thicker still, a solidifying exudation or false membrane, it may completely line the air tube, and so contract its calibre as to cause obstruction; or it may—a more common event—become detached, partially or entirely, and play the part of a foreign body; as such it may mechanically block the air passage, or bring about the same result by provoking fatal spasm. Again, inflammatory infiltration into the muscles may disable them, the consequent paralysis leading to the same result as spasm. It cannot, then, be surprising that young children should often die from larnygeal obstruction before there is time for the development of further symptoms.

In adults the larynx is not only larger, and, therefore, less easily obstructed, but it would appear to be less liable to be invaded by exudative inflammation, though more obnoxious to other diseases. When exudation therefore occurs, it generally occupies a wider surface, and according to the locality it occupies, may penetrate deeper. Hence, sloughing and putridity. Do we then get septic infection from the decomposing materials—such auto-infection being the starting point of fresh general disease? Or is the blood previously contaminated—the disease from the first being general? Inoculation, which was expected to solve such problems, has not furnished uniform results. Trousseau, Peter, and others, failed to convey diphtheria by inoculation, but Nassiloff and Trendelenburg have infected animals by transfering the exudation to the trachea and cornea, while numerous instances of accidental inoculation seem to have occurred. This brings us to a point strangely neglected in the late discussion, viz., the presence or absence of any special infective agent in the exudation. In 1868, Buhl, Huebner, and Oertel, almost simultaneously announced that they had discovered certain peculiar organisms in the exudation of diphtheria. These organisms are, they maintain, characteristic of the disease, and suffice to distinguish it from croup. The parasites they describe not only differ from the leptothrix, spirilla, and other organisms, so constantly found in the mouth, but are fatal to them. The benign organisms are said to vanish on the advent of the deadly diphtherial bacteria, and only to return after these have taken their departure. Moreover, the bacteria are said not only to abound in the exudation, but to penetrate the tissues beneath, and find their way into the blood. The dogma has been laid down, that without bacteria there can be no diphtheria; and so widely has this statement been accepted in Germany, that it is to be regretted none of the speakers in the late debate attempted to justify the apparent indifference with which it is regarded by English pathologists. Perhaps the labours of the Committee might have proved more fruitful had they been directed towards the solution of this question by experiment, rather than to the collection and collaboration of the opinions of the Fellows of the Society.

## ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON HEARING, RESPIRATION, AND PHONATION; AND THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris,

Translated by H. Macnaughton Jones, M.D., &c., Professor, Queen's University, Ireland.

(*Continued from page* 424.)

### The Local Treatment.

We cannot effect a cure without the radical destruction of the adenoid growths, that is to say, local treatment takes the principal place among the means by which we contend with this affection. It can be accomplished in two ways:—1. By cauterisation. 2. By removal.

#### 1. *Cauterisation.*

In certain cases repeated cauterisations are sufficient to destroy adenoid tumours. It is true that it takes far longer to obtain the result in this manner, than by instrumental removal, but there are circumstances in which treatment by cauterisation is really the better method. In the case of sessile or flat morbid growths, tumours inserted on a broad base on which it would be difficult to operate with an instrument of any kind.

It is also indispensible when the patient or his parents, for this occurs usually with children, absolutely refuse all "operation," and only permit cauterisations.

We shall explain the instrument and the substances necessary for cauterisation, and describe in detail the methods which we have generally found of the greatest service.

The instrument which we employ as a caustic holder, is a cylindrical silver stem, 23 centimètres in length, and with a diameter of 4 millimètres.

The part which we introduce, by the mouth, into the naso-pharynx, so as to enable us to touch its whole interior, is curved, to correspond with the longitudinal axis of this cavity, and when it is necessary to reach the roof of the cavity, we can do so without coming in contact with the surrounding parts. This portion forms with the stem of the instrument an angle, similar to that which is formed by the axis of the mouth, and that of the pharynx; at the end of the curved part of the instrument there is an enlargement, in the form of a quadrangular prism, 17 millimètres in length, and 4 millimètres in width, the surfaces being roughened to insure the adherence of the caustic.

M. Meyer employs a caustic-holder of German silver, and uses instruments of various forms, roughened on different surfaces, to correspond with the several positions in the pharynx, on which the morbid growths are found; but M. Politzer has rightly suggested, that we should be satisfied with a single instrument, constructed as we have above explained, and roughened on all the surfaces. We must then charge with caustic only the surface which corresponds with the position of the tumours in each case.

The caustic-holder has a second curve at the end opposite to the prism. Where it is held by the hand of the operator, the instrument is curved downwards, so as to leave a clear field for operation, in front of the patient's mouth.

The fused nitrate of silver is the only substance which has hitherto been employed; when the patients are little children, or are very troublesome, so that it would be difficult to accurately limit the action of the caustic, we weaken the nitrate (following the example of oculists), by the addition of a certain quantity of nitrate of potash, an absolutely harmless substance: one part of the salt of silver is dissolved with two parts of the azotate of potash (according to M. Desmarres). Like pure nitrate this mixture can be well blended in a porcelain vessel, heated over the flame of a spirit lamp.

When once the position of the tumours is exactly recognised, we fuse the caustic, and plunge into it, either the whole, or some portion of the instrument, according as either the one or the other is necessary, in order that the portion covered with nitrate may correspond to the position of the growths, when the instrument has reached the pharynx. We must be especially careful not to dip the entire prism into the fused salt, except in the case where the morbid growths occupy the whole interior of the naso-pharynx; otherwise, we risk cauterising unintentionally the parts which do not require it.

We practice cauterisation with the aid of the rhinoscope. When dealing with patients in whom this is impossible, because they cannot for any time tolerate the pharyngoscopic mirror, or long enough for the cauterisation, we must have recourse to palpation. The left index finger, carried into the naso-pharynx, directs and limits locally the application of the instrument, it presses the portion covered with nitrate against the morbid growth, which is cauterised by contact with the prism or by rubbing it lightly with a to-and-fro movement.

As soon as we judge that the caustic has been sufficiently applied, or that the patient becomes restive and anticipates the surgeon, we rapidly withdraw the instrument, taking care to carry its extremity exactly in the middle line of the pharynx, to avoid all useless contact. Frequently the patient raises the soft palate, in this manner rendering the operation impossible. We then proceed as we have already described, and this manœuvre generally removes the impediment, which previously was insurmountable. This applies equally for cauterisation as for the other operative measures that we shall describe.

Such is the ordinary method, which it is not always easy to accomplish: many patients, especially children, whether from nervousness, or irritability of the pharynx, only tolerate a very rapid application of the caustic, and there is not time to introduce the finger previously.

If we persist, we risk causing contractions of the pharynx, thus exposing it to cauterisation equally on all parts, those which are affected, and those which are normal. This difficulty, which we have frequently met with, does not appear to have been noticed by other authors; so far as we know, it has never been mentioned.

But we pause here, because the aim of this work is to forewarn our readers against all accidents, as these may be very serious, considering the importance of the region we are discussing. We succeeded in avoiding this difficulty in the following manner:—We cap the prism to which the nitrate is adherent, with the end of a caoutchouc tube, 2 centimètres in length, and from 6 to 7 millimètres in diameter; having reached the morbid growths, we apply to it the end of the instrument: then the tube recedes, and the caustic comes in contact with the affected part.

In the same manner we have proposed to use, in Politzer's method, instead of the elongated *mouthpiece* employed by our distinguished friend, a small end of caoutchouc tube. We change this for each person, and thus combine delicacy of application with the certainty of avoiding any risk of communicating disease from one patient to another. (*a*)

When the cauterisation is finished, we withdraw the instrument, and the result of this movement generally is that the caoutchouc, striking against some projection in the pharynx, glides over the cauterising surface of the prism, and thus covers it, or, at least, the projecting edges of the tube protect the pharynx from all injurious contact.

Our method is easy of application, particularly where the tumours occupy the roof of the pharynx (hypertrophied pharyngeal tonsil), or the adjacent parts, and according to our experience, this is their position in the greater number of cases.

(*a*) We find an account of our modification in an article by the late M. Cousin. "Mèmoire sur me nouvelle procédé pour injecter, de l'air, &c., dans les trompes d'Eustache, &c." (*Bulletin General de Therapeutique*, 29 February, 1868).

Another point appears to us important to mention, on account of the inconveniences, even the dangers, which would arise from neglecting it. While the layer of nitrate of silver (pure or weakened), remains in contact with the morbid growths, the surface of these gives rise to a very abundant secretion, which always dissolves a greater or less portion of the nitrate. This solution ultimately flows down in accordance with the laws of gravity, and it may thus easily happen that after a time, and quite unintentionally, we cauterise the digestive tract to a surprising depth. It may even happen (and this gives far greater cause for uneasiness), that the caustic reaches the entrance, or sometimes the interior, of the larynx. These accidents are not the less injurious because they are rare. What is still worse, they are sometimes not discovered until after the patient has quitted the doctor's residence, or *vice versâ*, and therefore immediate relief is impossible.

We have been in the habit of guarding against any accident of this nature by employing after each cauterisation of any length two methods, intended to remove all the superfluous nitrate of silver, one acting by the nose, the other by the mouth. These are—The naso-pharyngeal douche, and Gargle in a special manner. These two methods are used with salt and water, which immediately precipitates the silver, in the form of insoluble chloride, rejected by the patient in the form of cheesy white flakes. In consideration of the importance of this point, we shall briefly delay in order that we may describe these two methods.

### *Naso-Pharyngeal Douche.*

The advantages of this method are very great, and of general application; it would be desirable to see it more universally employed. This plan has been described so well and so concisely by the author of a critical *résumé* which appeared in the *Union Médicale*, of our treatise of 1865, that we cannot do better than to quote this description word for word.

"This douche is used to cleanse the nasal fossa, the posterior nares, and the entrance to the tubes, and conveys to these parts certain medicated substances. For this reason it is of great use in affections of the nose and of the pharynx. This douche differs from the methods hitherto employed, since it passes a gentle and continuous current through the nasal and pharyngeal cavities. The extremity of the instrument is exactly the calibre of the nares, and thus the liquid cannot flow back. By gently injecting the lotion it fills the nasal cavity, then passes into the superior portion of the pharynx, where it cleanses the entrance to the tubes, fills the opposite nasal cavity, and escapes by the nares on that side, which had remained open. The fluid may be injected by means of a syringe.

"This method is based on the experience of a great physiologist, E. H. Weber, who proved that when the nasal cavity is filled with liquid, the soft palate is raised, and thus the superior portion of the pharynx is transformed into a cavity closed below. The liquid thus flows from one nares into the other without falling into the inferior portion of the pharynx, unless the patient performs the act of deglutition. During the injection he breathes by the mouth.

"If we wish simply to cleanse the parts, we use warm water and salt, a mixture which is better tolerated than pure water. We employ a solution of sulphate of zinc and alum in chronic catarrh. In ozena we inject solutions of chloride of lime and permanganate of potash to remove the unpleasant odour." (See also Cousin, *loc. cit.*)

This douche is equally useful in the therapeutics of adenoid tumours, and also during their surgical treatment, whether it be to prepare the way for operation by removing the secretions of the nose and of the pharynx, which are generally very abundant, or to apply hæmostatics or substances intended to limit the action of the caustic, by neutralising any that remains in excess after its application.

As the employment of this method does not always succeed at the first trial, we must begin by accustoming the patient to its use, which sometimes requires a certain amount of patience and time ; we should, however, persist in the attempt, and *we consider it very imprudent to proceed to surgical interference* without having previously familiarised the patient with the use of the douche ; we have not found other authors mention this precaution.

Unfortunately, the use of this douche is extremely difficult, if not impossible, in cases where there exist very large morbid growths, as these obstacles do not permit the passage of the liquid from one nasal fossa to the other.

We must be satisfied in such cases to accustom the patient at least to tolerate the injection so far as the nasal pharynx, and to allow it to remain there, if only for a short time.

But we repeat that we regard it as a condition *sine quâ non*, that we should accustom our patient, at least, so far to the use of the douche, before performing any operation in this region, in order to be prepared for cases in which considerable hæmorrhage may arise, or those in which there may be simply an excess of the caustic ; without the naso-pharyngeal douche it would be very difficult to guard against these two accidents. It is useful to combine with it the action of the gargle.

*Method of using the Gargle.*

We, in common with authors, recommend the use of the gargle in the following manner : The patient inclines the head horizontally backwards, and performs movements which we may call "quasi-deglutition," not including the last portion of this physiological action—definite swallowing. The liquid is passed much higher behind the soft palate than the ordinary method of gargling will permit ; some persons succeed so well in this manœuvre that they are able to reject by the nose the liquid which has been received by the mouth. Moreover, these rapid muscular contractions completely detach the abnormal secretions, which can then be easily expelled, and the greatest possible relief is thus given to the patient (see also Wendt, *loc. cit.*, p. 254). Compare, also, the method of M. Guinier (naso-laryngeal gargle).

Before proceeding to cauterisation, we prepare the warm salt water in order to have at hand, in case of necessity, the means of neutralising immediately an excess of nitrate.

If the pain is too intense, or too prolonged, we must recognise the fact that the action of the caustic salt may become too severe, or extend too far ; to neutralise further action of the nitrate of silver, we must then consecutively use the nasal douche and the gargle. The former, used with warm salt water, neutralises all the caustic which still remains in the naso-pharynx ; the same solution, at the temperature of the surrounding atmosphere, is useful as a gargle to prevent the action of the caustic extending lower than is requisite.

A fragment of nitrate of silver may become detached from the instrument and remain entangled amongst the numerous excrescences so frequently found in certain forms of adenoid growths ; we must confess that, notwithstanding all our precautions, this accident has already occurred to our patients on three occasions. We become aware of this occurrence first by examining the caustic-holder, which shows us that the whole, or a portion, of the azotic salt with which it was covered has become detached ; then, by a persistent and increasing pain, complained of by the patient, which may be easily distinguished from that caused by the degree of cauterisation which the surgeon intended. In addition to a too severe action, the nitrate may, in substance, or dissolved, descend into the stomach or into the respiratory passages, and there cause mischief.

We have avoided this in the three cases to which we referred by the following method, which appears to us both necessary and efficient in cases where this accident occurs.

We employ the naso-pharyngeal douche and gargles of salt and water ; the patient should even swallow some draughts of water containing sea-salt in solution ; we should not leave him till we are absolutely sure that the toxic substance is completely neutralised, or till we have seen it rejected. The cauterisation should be repeated after the sloughing and the inflammation caused by it have disappeared. In some patients this takes place within twenty-four hours ; in others, very much more slowly. We ascertain the disappearance of the slough by means of the rhinoscope, where this is possible, and the cessation of the accompanying irritation by the same means, or by the patient's sensations.

The number of visits necessary for a complete cure naturally varies, according to the size and consistence of the morbid growths, also according to the tolerance of the individual ; a considerable time is often necessary to insure complete recovery.

*2. Removal of Adenoid Tumours.*

Those authors who have studied this subject have practised the removal of adenoid growths by different methods. After having tried their modes of operation in a great number of cases, we have been induced to devise a *new method*, which appears to possess some advantages, and which we shall explain when we have described those already in use.

(*a*) *The Use of the Curette with Sharp Edges.*—The use of a curette with sharp edges is a method with has often given good results. Our instrument more or less resembles a small spoon with sharp edges, 1 centimètre in length and 7 millimètres in its transverse diameter, at the extremity of a stem, made like itself of steel, 15 centimètres in length. This is formed in a double curve, analogous to that of the caustic-holder, and, like it, resembling an S ; the first curve is at the end to be introduced into the mouth ; it enables us to explore the soft palate with the curette and to reach the roof of the pharynx ; the other curve is at the junction of the stem with a strong ebony handle. It forms, like the first, a very obtuse and rounded angle, but pointing downwards, while the other end is directed upwards. The former of these two angles prevents the hand of the operator from interfering with the field of vision, as in the case of the caustic-holder.

When we wish to use the curette we commence by depressing the patient's tongue ; if he cannot succeed in this himself we depress it with an instrument *ad hoc*. We then introduce the pharyngeal mirror, and guided by its aid we operate. In patients who do not submit to this kind of examination we introduce the index finger into the pharynx in order to fix the adenoid tumours, and at the same time to guide the instrument with which we operate towards them. We use the curette with the right hand. The morbid growths are removed by the pressure of one of the edges of the little spoon, or by a kind of sawing movement.

We have also met with a certain number of cases, not mentioned by other authors, in which, at the time of cauterisation, the patient cannot tolerate, even for the shortest period, the presence of the finger, or of the rhinoscopic mirror. We then proceed in the following manner : We first ascertain by rapid digital examination the exact position of the growths, we then withdraw the finger, immediately replacing it by the curette, with which, before removing the tumours, we carefully assure ourselves afresh of the position of the parts on which we must operate. Here, also, we must use caution by capping the end of the instrument with a caoutchouc tube ; at the moment of excising the tumours, we remove this protection with the index finger in those who permit its introduction, or by simply pressing the instrument, and thus withdrawing the elastic-tube.

The hæmorrhage which follows this operation is sometimes considerable, on account of the great vascularity of these tumours, but it never resists the application of the

naso-pharyngeal douche with water nearly cold, or with a solution of alum.

We may use instead of the douche a nozzle, the end of which is closed, but perforated with holes (Lincke), by which we inject the liquid, having introduced this tube into the naso-pharynx by the nasal fossa. We may also introduce an analogous tube by the mouth, and behind the soft palate; we need hardly say that it should then be suitably curved. The use of these instruments involves a fresh operation, however slight, which a patient, already enervated by the preceding operation would prefer to avoid. It is not usually necessary to apply any subsequent treatment to the parts from which the growths have been removed, but sometimes slight cauterisations may prove useful in effecting a final cure.

(*b*) *Snaring and Crushing.*—We may operate on the growths by the snare when they are pedunculated, and by crushing or bruising when they are sessile. In the first case we use a very resisting steel wire passed round the pedicle, with which we remove the entire growth by snaring it. The instrument must be strong and curved, so that it may reach the roof of the pharynx, passing behind the soft palate.

Instruments of this nature, although constructed differently, are always based on the same principle, and they resemble, except as regards their strength and their special curvature, the écraseur of M. Maissoneuve, and that which the regretted Wilde (of Dublin) invented to operate on aural polypus, and which we very frequently employ with complete success.

*Sessile tumours* may be operated on by the aid of a polypus forceps, which is curved suitably for this special purpose, as for instance, the instruments proposed by our learned colleague, M. Ch. Fauvel. The tumour must be seized between the teeth of the instrument, which compresses it forcibly, in order to crush it. The pressure is then relaxed and the instrument withdrawn, leaving a mass of *débris*, which will fall away of itself; the crushing should be repeated if necessary after the inflammation caused by the preceding operation has ceased, and the tissues, mortified by the intense pressure, have been eliminated. The forceps used by Stoerk (*a*) differs from other instruments of this nature, each branch being divided into two parts, united by a joint. In order to employ this forceps, we place these two pieces at an angle which will facilitate its introduction; when the instrument is *in situ*, and after it has grasped the tumour, M. Stoerk straightens it by means of two wires, so that the two portions of each branch together form only one straight line. It appears to us that this cannot occur without detriment to the soft palate, which is thus violently drawn forward.

The forceps used to crush the sessile tumours may be used to strangle the pedicles in the first class of morbid growths, thus removing them at the one visit.

We have invented with this double aim *a modification of our cutting forceps.*(*b*) The sharp blades of our instrument are replaced by strong toothed bits, which will enable us to strangle or to bruise the growths as we have explained.

Thus modified, our instrument appears to us very easily manipulated, not alone for the growths of which we speak, but also for true pharyngeal polypus.

In alluding to the precautions to be taken, while snaring the growths, in the use of the rhinoscope and palpation, for the dangers of hæmorrhage, &c., we have but to repeat what we have previously said while considering operation by means of the curette. These precautions apply equally to the method we have been considering. In certain cases of tumours of very soft consistency, we sometimes succeed in crushing them by the *pressure of the finger*, which must be repeated till the recovery is complete.

(*To be continued.*)

(*a*) Prof. Karl Stoerk, "Klinik der Krankheiten des Kehlkopfs," &c. Fig. 37, p. 98. Stuttgart, 1876.
(*b*) To be described further on.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 23RD.

Mr. R. BARWELL, Vice-President, in the Chair.

DR. COUPLAND and Mr. HULKE

ON A CASE OF INTUSSUSCEPTION OF THE ILEUM INTO THE CÆCUM THROUGH THE ILEO-CÆCAL VALVE, ASSOCIATED WITH A POLYPOID TUMOUR—LAPAROTOMY ON THE FIFTH DAY—GREAT IMMEDIATE RELIEF—DEATH ON THE SEVENTH DAY.

The case was that of a spare, old-looking blonde, æt. 16, of highly hysterical temperament, who was admitted into the Middlesex Hospital, on March 16th, 1879, having been seized the previous day with colicky pains and vomiting. She had just recovered from a similar attack lasting a few days, and was said to have suffered in the same way some two years before. There had been a natural motion that morning, but no blood had been passed. On admission, the paroxysmal pain in the abdomen was the chief symptom, but there existed a prominent cylindrical swelling in the upper part of the right iliac region, and an area of dulness below this. There was no general abdominal distension, and no constitutional disturbance. The case being regarded as probably one of typhlitis and fæcal accumulation, sedatives were given, and enemata administered, the latter without effect. Vomiting continued incessantly, being produced by everything that was taken, the pain less severe, on account of the opiates, still remained, and no change took place in the swelling and area of dulness. On the 14th she was obviously weaker, the vomiting was bilious in character, the abdomen more tympanitic. A large soap-and-water injection of four pints was returned discoloured, with a penetrating peculiar odour. Mr. Hulke was consulted. He found nothing on examination *per rectum et vaginam*, and after a further consultation with Dr. Cayley and Mr. Nunn, it was considered that the case being probably one of intussusception (and possibly already gangrenous), and the patient being extremely exhausted, that the abdomen should be opened. Mr. Hulke performed laparotomy, and on exploring the belly detected an intussusception of the ileum through its lower and into the cæcum. Reduction being found impossible, the ileum immediately above was secured in the lower angle of the wound and opened. Great relief followed, the vomiting and pain entirely ceasing, but thirty-six hours after the operation she sunk from the peritonitis, which was present at the time of operation. The post-mortem examination revealed an intussusception composed of fully three feet of ileum, through its lowermost six inches, and through the valve; the invagination extending for a distance of twelve inches into the colon. The lips of the valve and the surface of the invaginated gut were deeply ulcerated; much lymph occurred between the serous layers, whilst the central tube was filled with blood clot, except for its upper three inches which was occupied by a firm, fleshy, cylindrical polypoid mass, almost the size of the little finger. There was slight general recent peritonitis. The other organs were healthy. The obscurity in the diagnosis, the absence of melana, the time that elapsed before the symptoms became severe enough to favour the view of complete obstruction, and the fact that the vomiting was never stercoraceous were dwelt on; and it was pointed out that the variety of intussusception here present was of comparatively rare occurrence. The co-existence of a polypoid growth (it was ligamentous in character), and its situation at the last part of the bowel to become invaginated were also points of interest; the presence of the tumour doubtless preventing reduction as well as hastening the ulcerated process.

Mr. MARSH inquired if there were ever cases of fæcal obstruction which produced such symptoms as were found in this case. Because valuable time was lost in endeavouring to establish the diagnosis, and by the time the surgeon was asked to operate, the patient was almost *in articulo mortis*. He doubted if fæcal accumulation, although it often gave rise to severe symptoms, was ever attended with such rapidity and severity as characterised the outset of this case.

Mr. BRYANT also thought it chiefly a question of diagnosis; the symptoms would have been chronic and altogether slower if due to fæcal obstruction. Time was undoubtedly lost, and

when the surgeon was asked to operate it was almost a hopeless case. There were, however, no symptoms of tenesmus or of the passage of blood-stained fluid as were usual in intussusception, and this fact had probably led to the extra difficulty found in the diagnosis of the case. The cause of the intussusception was very interesting; there was such another preparation in the museum of St. George's Hospital, taken from one of Mr. Pollock's patients. Intussusception through the ileo-cæcal valve was common. Why the blood found in the ileum had not escaped to the colon, and so externally *per rectum* was not obvious.

Mr. HULKE said that the appearance of hæmorrhage or of blood-stained mucus in cases of intussusception was not constant. It was often present, and these constituted a valuable point in the forming of a diagnosis, but its absence could not be considered as of great moment. He thought that when the obstruction was acute the course of the blood was arrested in the invaginated gut, and none therefore came away. The patient, though she eventually died, had rallied wonderfully in a few hours after the operation; in fact, from being quite cold in the evening, she became warm in the morning.

Dr. COUPLAND remarked that the case did not at first appear to be very severe, and the symptoms then seemed to point to fæcal obstruction. In invaginations of the ileum through the ileo-cæcal valve, the cæcum commonly slipped into the colon, and dragged the ileum after it; simple invaginations of the ileum through the ilio-cæcal valve were most rare. The tumour, as it were, had led to increased peristalsis of the intestine, and the tumour, after its intussusception, had become so firmly fixed below the valve, that its return was found to be impossible.

### Dr. MARKHAM SKERRITT (of Clifton)

ON TWO CASES WHICH SHOWED THAT DULNESS IN THE DEPENDENT PARTS OF THE ABDOMEN CHANGING ITS SITE WITH ALTERATIONS IN THE POSITION OF THE PATIENT, WHICH WAS COMMONLY REGARDED AS THE MOST RELIABLE SIGN OF ASCITES, MIGHT EXIST WHEN THERE WAS NO FLUID IN THE PERITONEAL CAVITY.

The first case, fully reported to the Society on February 14th, was that of a patient admitted into the Bristol General Hospital with intestinal obstruction from what proved to be a plug of fibrinous exudation; when the patient lay on his back there was dulness in both flanks as high as the anterior superior iliac spines, but when he turned on either side the uppermost flank became resonant. Post-mortem.—The small intestine was found to be greatly distended with liquid fæces and gas, and there was no fluid in the peritoneal cavity. The second case was that of a boy, æt. 16, admitted into the Bristol General Hospital five days after the onset of symptoms of intestinal obstruction; here also there was dulness in both flanks when the patient lay on his back, and there was resonance in the uppermost flank when he lay on his side. Post-mortem.—A coil of small intestine was found to be bound down by tough adhesions; the gut above was greatly distended with fluid fæces and gas; and there was no fluid in the peritoneal cavity. The following explanation was given of the simulation of the physical signs of ascites in these cases. The gas and the liquid fæces in each coil of intestine necessarily obeyed the same physical laws as did the gas-containing intestines and the free fluid in ascites; that is, in each coil of intestine the gas would rise to the top in whatever position the patient lay, and the fæces would sink to the bottom; and that this was appreciable to percussion on account of the great distension of the individual coils, and also of the large proportion of fluid fæces contained in them. According to this theory, when the patient lay on his back the dulness in each flank was the sum of the dulness due to the liquid fæces in the individual coils; and when he lay on either side the resonance in the uppermost flank was the sum of the resonances produced by the gas in the same individual coils. The existence of this physical sign had apparently not been before described; and the fact was of some practical importance because this source of fallacy in diagnosis of ascites would be met with in cases where the presence of peritoneal fluid would be of considerable diagnostic value; it would present itself only in cases where there was arrest of passage of fæces; this stasis might be due either to a mechanical obstacle or to enteritis or peritonitis simply; and the apparent presence of a small quantity of peritoneal fluid would, in such a case, be strongly in favour of the existence of peritonitis, and, therefore, against the utility of surgical interference. It was, therefore, necessary to remember that in cases where there was great distension of the intestines with liquid fæces, the common physical sign of ascites might exist when there was no fluid in the peritoneal cavity.

Dr. COUPLAND described a somewhat similar condition in a patient with acute abdominal obstruction, in whom there had been supposed signs of ascites. After death, which had quickly supervened, there was found a volvulus around an unobliterated vitelline duct.

Dr. T. TAYLOR inquired if the other method of detecting ascites was employed, viz., that of the percussion wave. As percussion did not of itself give an infallible sign, he thought the percussion wave should have been practised.

Dr. SKERRITT said that no fluctuation could be obtained across the abdomen from side to side; but he thought he had noticed that when the quantity of ascitic fluid in the abdomen was very small, the percussion wave was often absent. He had brought forward his cases, as he had been unable to find any published reference to the question which they appeared to settle.

### Dr. STEPHEN MACKENZIE

ON CASES ILLUSTRATING THE COMMUNICABILITY OF, AND SOME OTHER POINTS CONNECTED WITH, MOLLUSCUM CONTAGIOSUM.

The cases were brought forward, not account of their rarity, but to illustrate the contagious character of the disease, a point on which English dermatologists were agreed, but which foreign dermatologists still appeared to doubt. In the first series a mother and four children were affected, and two of the latter re-infected. A maternal aunt living exactly opposite also suffered from the same disease at the same time. The fourth child was first affected, and communicated the disease to the baby. The latter was temporarily cured, but re-acquired the disease on its face, and communicated it to its mother, whose breasts were covered with as many as from 30 to 40 mullusca, as shown in a drawing. The sixth child was next affected, and the fourth, who first contracted the disease, was re-infected. The fifth child was affected at the same time as the preceding. The mother's sistar living exactly opposite had two tubercles of molluscum contagiosum on her face at the same time. She frequently nursed the children. In the next series an infant, eighteen months old, was brought with numerous molluscum tubercles on her face, and her mother had two mollusca on her breast, of which she appeared ignorant. These patients were exhibited. The next series were two little children, living next door, associating much together, both affected with the characteristic tubercles. These patients were also exhibited. Next were narrated the cases of two patients with molluscnm contagiosum, who were said to have come in contact with persons similarly affected. A case was also given in which a family predisposition seemed to exist, for four out of six children had been affected between the ages of two and three years, no two being simultaneously affected. The youngest had not reached the susceptible age. An account was then given of some unsuccessful attempts to inoculate the disease. The sebum and expressed gland substance had been rubbed into parts, and the matter introduced by sacrification, but in no case was the disease propagated. To ascertain whether the non-success was due to non-susceptibility in the persons experimented upon, a series of inoculations were made in persons the subject of the disease, the sebum from their own molluscum tumours being employed. No better success attended these experiments.

Mr. MORRANT BAKER had seen two or three instances in which the mother had molluscum contagiosum on the breast, and the child the same on its face. He had also seen the disease symmetrically distributed on the mother and child.

Mr. MALCOLM MORRIS said that no English dermatologists, with the exception of Mr. Erasmus Wilson, doubted the contagiousness of this disease, and Dr. Mackenzie's cases would still further confirm them in that opinion. He had seen at St. Mary's Hospital a child with the disease, from whom an infant had caught it, and afterwards the mother from the infant.

Dr. SANGSTER had had under his care at Charing Cross Hospital a child in which the disease began on one side of the thigh and vulva, whence it spread to the opposed surfaces of the other thigh and other side of the vulva. He attached but little importance to the non-contagiousness of the disease

when artificially inoculated ; and thought that constant contact with friction was probably necessary to its propagation.

Mr. G. BROWN had seen several cases of the kind, especially in children. In no instance was the child affected without the mother's breasts being also similarly diseased. He thought the disease very common, almost endemic, in the East of London.

Mr. HULKE had at Moorfields seen many cases of the kind, and thought the evidence of contagiousness very strong.

Mr. MARSH thought the same.

Dr. MACKENZIE said that dirt was not an essential of the disease. He thought that Dr. Sangster had hit the point in saying that constant friction, with warmth and moisture to assist, would produce the disease.

### Dr. D. B. LEES

#### ON TWO CASES OF PARALYSIS OF THE SERRATUS MAGNUS AS A PART OF INFANTILE PARALYSIS.

The cases were shown at a meeting of the Society a few weeks ago.

Elizabeth M. was seized with general paralysis at the age of 9 months. When brought to the Hospital for Sick Children the muscles in worst condition were those of the left shoulder and right leg. In most of the muscles of these limbs Faradic response was absent, and in many of the muscles of the left leg and also in the right deltoid it was much impaired. After the child had been brought to the hospital for a few weeks, it was noticed that there was marked falling-in of the left side of the front of the chest during inspiration, instead of the normal expansion. The position of the scapula was found to be altered on the left side ; it was drawn up to a higher level than the right scapula, the upper angle was drawn nearer to the spinal column, and the lower angle had left the chest wall and projected backwards in marked contrast to the scapula on the other side. These symptoms seemed to justify a diagnosis of paralysis of the serratus magnus. On applying the electrodes of a battery over this muscle, a forwards movement of the scapula at once responded to a current from 17 Leclanché cells on the right side, but no movement could be obtained by the use of a much stronger current on the left. It was possible that in this case the inter-ossei were also paralysed, and certainly the rhombodei had suffered, there being no muscular resistance when the scapula was pulled forwards. The child's general condition had since improved, but the position of the scapula and the electrical reactions were nearly unaltered.

Herbert P. æt. 12 months, was found completely paralysed one morning early in December, 1878. When brought to the Hospital for Sick Children on December 20, it was found that in him also the parts most deeply affected were the left shoulder and arm and the right leg. The right deltoid also was decidedly paralysed. It was observed that the angle of the left scapula projected from the chest wall. On turning the child on his back the left scapula fell away from the ribs. It was doubtful whether a less degree of a similar condition was not present on the right side also. Respiration was entirely diaphragmatic. There was no unilateral depression of the thoracic wall during inspiration. No response to electricity could be obtained in either serratus. This child had considerably improved under treatment. The right scapula was now in normal position and the left nearly so. Some response to Faradism had reappeared in both serrati, and both deltoids had regained much power. He could now raise the hand above the level of the shoulder on the right side, but was still unable to do so on the left. In both these cases the serratus was only one of many muscles paralysed, but the signs of its affection were distinct. Paralysis of this muscle was a rare condition, and Dr. Lees was not aware that attention had been previously drawn to it as an occasional complication of infantile paralysis.

### Mr. B. BRODHURST

#### ON A CASE OF GENU VALGUM.

Lucy T., æt. 17, was admitted into the Royal Orthopædic Hospital, on Dec. 30th, 1878, with very severe genu valgum and talipes varus of the right side, which had existed from the earliest childhood. The internal malleolus was 10¼ inches removed from the median line. A cast of the case taken on admission to the hospital was exhibited. On January 13th, 1879, the biceps tendon was divided, and one week later the external lateral ligament of the knee-joint and the ilio-tibial band. After three days a long external thigh splint, with a cog-wheel, and with a Scarpa's shoe attached, was applied. On February 3rd ether was administered, and the limb was somewhat extended. Afterwards gradual extension by means of the cog-wheel was made day by day without causing pain, and at the same time the talipes varus was overcome. On March 4th the knee was found in a straight position. The splint was removed, and another cast, which was also exhibited to the meeting was taken. Mr. Brodhurst thought this one of the most severe cases of genu valgum he had ever met with ; yet in seven weeks after an operation which interfered with no bony structures, the limb was straight, and he reported that it was then strong enough to bear the weight of the body. There was also a certain amount of motion of flexion and extension at the knee. Mr. Brodhurst combatted the supposition that in genu valgum there was lengthening of the inner and wasting of the outer condyle of the femur, and said that Professor Billroth also denied the existence of this pathological condition. He thought the operations of Dr. Ogston, Dr. MacEwen, Mr. Barwell, and that known as subcutaneous extra-articular osteotomy for genu valgum, were all liable to be attended with danger of inflammation, suppuration, and loss of joint motion, and even with fatal results. He asserted that the deformity was not always removed by those operations, or that it recurred, or that a worse condition (viz., genu extrorsum), examples of which he had seen, was thereby set up. Recently, in such a case, after both inner condyles had been operated on he had found the inner malleoli nine inches apart. For these reasons he drew attention to the above described less hazardous operation of division of the biceps tendon and the external lateral ligaments, which he had never known to give rise to any ill effects, or to fail to remove the deformity.

Mr. REEVES congratulated Mr. Brodhurst on the result of his case up to the present, but thought it too early for it to be possible to come to any conclusion as to the ultimate result. He felt that perhaps he was egotistical in complimenting Mr. Brodhurst, because the operation adopted was that which was first adopted by him, and recommended in the *British Medical Journal* early last year. Langenbeck, who had divided the external lateral ligament for knock-knee forty years ago, had abandoned the method because it left a weak joint, and Mr. Reeves thought that the patient shown would have permanently to wear an artificial leg, *i.e.*, an orthopædic support. He thought that all impartial surgeons were agreed that different cases of knock-knee required different treatment, according to the main cause of the deformity, and that, in some cases McEwen's or Barwell's plan, and in a large number the extra-articular mode, which he had done in a great many cases, was the preferable plan, especially if the internal condyle were elongated, as occurred very commonly, and particularly in the frequent rachitic cases. He could not agree with Mr. Brodhurst's remarks as to subcutaneous osteotomy, as, in his own experience—which, he thought, all round, was, in this matter, larger than that of any other surgeon—although in a few cases there had been temporary effusion, there never had been suppuration, anchylosis, extrorsum, or a return of the deformity. He presumed that Mr. Brodhurst did not mean—as he had said—that the internal condyle was removed, because nothing of the kind was done, the condyle being simply pushed up out of the way. Mr. Reeves showed photographs of a case on which he had operated on Tuesday last at the London Hospital. Until this case was sent to him the case exhibited by Mr. Brodhurst was the most severe he had seen. The subject was a lad, æt. 17, with right extreme genu valgum the malleoli being 13¼ inches apart, and the affected leg 4 inches shorter than the left. The internal condyle was very much elongated, and the lower part of the femur much flattened. An extra-articular method was not attempted, and when the condyle was chiselled nearly through, and the biceps tendon divided, the limb was forcibly brought nearly as straight as the other. There had been some hæmorrhage and effusion, but this had disappeared, and the boy was that afternoon doing very well. It had been clearly proven that subcutaneous osteotomy in the continuity of bones, and the extra-articular method of it, for knock-knee, was not dangerous. No mischief had occurred in any of Mr. Reeves's knock-knee cases, nor in any cases similarly operated on by other surgeons, and in the three cases of osteotomy of the tibia for rachitic curvature, which had suppurated, the ultimate perfect recovery

with straightened limbs was but slightly retarded. The modern rapid method had certainly done indirect good by inducing orthopædic surgeons to adopt more speedy means, such as tenotomy, followed by immediate forcible straightening. The advantages of subcutaneous osteotomy were putting the limb straight at once, saving much time in the treatment and dispensing with any subsequent apparatus.

Mr. GOULD said the weakness of the knee was not due to lengthening of the external lateral ligament, but to elongation of the internal lateral ligament.

Mr. BARKER had recently examined all the recorded cases in England, France, and Germany, and had found that not a single death, or of ill-effects arising from osteotomy in these cases had occurred after any of these operations, not even after Dr. Ogston's, which was, perhaps, the most serious. He was, of course, excepting the single fatal case following Ogston's operation, which he himself had already recorded in this Society during the present session.

Mr. HOWSE said that it would be a great pity if suppuration, anchylosis, or death, had followed any of these operations, and it should not be recorded. He had done ten operations of the kind himself, and seen several more done by other surgeons, and had never seen any bad results follow. Moreover, no orthopædic apparatus was required after the operation had been performed. Mr. Brodhurst seemed to have been under misapprehension altogether as to the nature of Ogston's operation; the internal condyle was not removed, only shifted. Further, the division of the lateral ligament gave the patient a sense of insecurity, owing to the looseness of the parts about the joint. One could scarcely judge of the result of the operation until after about four years. Up to the present time the results seemed to be by no means so successful as they would have been seven weeks after an Ogston's operation.

Mr. BRODHURST said that he had now done this operation for six years, and that nothing could be better than the result in some of his earlier cases. The external lateral ligament was not stretched, but divided, and the limb was gradually, though somewhat forcibly, brought into good position. Langenbeck had given up the operation, because he had not the means in his day of applying afterwards the necessary instruments. Mr. Brodhurst now introduced his patient, who could not walk except with her orthopædic apparatus applied.

Mr. MARSH suggested that she should be brought for a second inspection at the end of another year, or during the next session of the Society.

Mr. BARKER thought that in such cases there was a great tendency to recurrence of the disease after a time. Mr. Brodhurst had said the internal condyle of the femur was not elongated, but in a very able paper in *Langenbech's Archives*, accompanied by pictures of sections of the bones, there was undoubtedly such elongation; as also there was in a case of the kind recently seen at his (Mr. Barker's) own house.

The CHAIRMAN said that if Mr. Brodhurst had brought down the other patients operated upon six years ago, it would have been of great interest to the surgeons then present. It was difficult to see how the external lateral ligament could again become strong. The joint was now very loose, and he did not think it possible that the patient would be able to walk for some time without wearing the orthopædic instrument.

Mr. BRODHURST repeated that his opinion was that of Billroth, who had said that the internal condyle of the femur was not elongated in these cases. He promised that the patient should be brought again, and thought it probable that the instrument would have to be worn for some time to come.

### Mr. GEORGE BROWN

#### ON A CASE OF GAS IN THE PERITONEAL CAVITY IN TYPHOID FEVER, RELIEVED BY PUNCTURE.

The patient, a young man, æt. 21, was under Mr. Brown's care for typhoid fever in October last. The temperature was high throughout, ranging from 102 to 105·2° during the height of the fever. The case was complicated with double pneumonia. In the third week of the fever tympanitis developed, which was at first localised to the parts of the abdomen occupied by the intestines, but a few days later the physical signs indicated that gas had escaped from the intestines into the peritoneal cavity, or was being generated in the cavity itself. The distension of the abdominal wall gradually became more and more extreme, the tympanitic note entirely masking the hepatic and splenic dulness, and could be elicited over the sternum as high as the articulations of the fourth costal cartilages. Through upward pressure on the diaphragm there was urgent dyspnœa, the respirations reaching as high as 50 per minute, and the heart was displaced upwards and outwards, so that the apex beat was half an inch outside the nipple and in a line with it. Mr. Brown pierced the abdominal wall with a small aspirator trocar an inch below the umbilicus, and on withdrawing the canula a rush of gas took place which continued for several seconds. The gas was odourless. The relief was immediate, the heart regained its normal situation, and in a few minutes the respirations fall from 50 to 36 per minute. No ill-effects followed the operation. The patient succumbed, however, from the lung complications thirty-six hours after. As to the source of the gas, Mr. Brown dismissed the idea of perforation of the intestine on the following grounds, viz.: 1st, The gradual development of the gas in the peritoneal cavity; 2nd, Absence of symptoms of collapse which might have been expected had perforation taken place; 3rd, The fact that the tympanitic condition of the colon and small intestines was unrelieved by the operation. Had perforation existed, gas would probably have continued to escape into the peritoneal cavity after the operation, but of this there was no evidence, although the patient lived thirty-six hours afterwards; 4th, The fact that the gas was odourless. Mr. Brown advanced two theories as probable sources of the gas: 1st, The gas might have passed by diffusion through the intestinal wall, or 2nd, the gas might have been derived directly from the blood by exosmosis through the delicate walls of the peritoneal capillaries, and this was the more probable from the fact that, for several days previous to the distension taking place, the blood was highly charged with carbonic acid gas in consequence of imperfect aëration in the lungs. Mr. Brown said he was unable to decide this point, and preferred to merely record the case in the hope that other observers would be able to throw more light upon the subject should similar cases occur in their practices.

A MEMBER stated that he had seen two such cases. One occurred in a child who had scarlatina; the abdomen was perforated to allow the gas to escape, and the child died. In another case, no perforation was performed, and the child recovered.

Dr. COUPLAND also made a remark, and

Mr. BROWN replied. He thought the gas was probably carbonic acid gas.

### Mr. MORRANT BAKER

#### ON A CASE OF IMPERFORATE RECTUM FOR WHICH AMUSSAT'S OPERATION WAS PERFORMED.

The case related was that of a female infant who, when nineteen days old, came under the care of Mr. Morrant Baker at St. Bartholomew's Hospital on account of imperforate rectum. The abdomen was enormously distended; there was frequent vomiting, and the child was much exhausted. Chloroform having been administered, an attempt was made to find the lower end of the bowel through the short *cul-de-sac*, which represented the anus. The bowel, however, could not be found, notwithstanding very free incisions; and in spite of the great distension of the abdomen, no bulging of the parts could be detected, even during the action of the abdominal muscles. It was decided, therefore, after a consultation, to desist from further operative procedures in the neighbourhood of the anus, and to perform colotomy by Amussat's operation in the left loin. This operation was accordingly performed. Meconium freely escaped, and within a few hours the infant was greatly relieved. An elastic tracheotomy tube was inserted into the bowel through the wound in the loin, and had been worn continuously ever since. In this way all troubles which might have arisen from contraction on the one hand, or prolapse on the other, were avoided. A year after the operation it was noted that the child was well, and wore the elastic tube; fæces passing only once or twice in the week. The abdomen was, however, not distended. Two years after the operation, the note was the same, and the child, now nearly three years old, was shown to the Society, perfectly well in health, and still wearing the elastic tube in the loin. Instances of recovery, it was remarked, after the performance of colotomy for the relief of imperforate rectum, were curiously rare, and, probably, the case shown to the Society was the only one now in this country. The question as to the best operation to be performed in cases of imperforate rectum, in which the bowel could not be found at the outlet of the pelvis, was discussed, and Mr. Baker thought that, on the whole, a preference should be given to Amussat's rather than to Littrés method of colotomy.

Mr. M. BAKER, in answer to the chairman, said that a probe had not yet been passed down the bowel towards the anus, to find the termination of the intestine. He hoped to bring the case forward again at some future day.

Mr. G. BROWN thought that the operation in the infant in these cases might usually be deferred until actual bulging of the distended bowel occurred, as it was then more easy to cut down upon it, and find it. He had kept a child under observation for ten days before bulging had occurred, when the operation was performed.

The Society then adjourned.

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# The Medical Press and Circular.

'SALUS POPULI SUPREMA LEX.'

WEDNESDAY, JUNE 4, 1879.

## THE IRISH PUBLIC HEALTH SYSTEM.

THE policy of the late Vice-President of the Irish Local Government Board, who sought to throw every difficulty in the way of the working of the Irish Public Health Act, and who persuaded the Government to refuse proper sanitary supervision of Irish districts, continues to bear fruit in the total disregard of sanitation by local authorities, and in the high death-rate of the Irish provinces.

The Act contains a provision for the appointment of a superintendent medical officer of health where required, who should be responsible for inspecting the district and advising reforms. This proviso the Irish Local Government Board most illegally annulled, changing the designation to that of "consulting sanitary officer," and arranging so that that officer should be a mere name, without either duty to do, or payment to receive. The result has been that the Public Health Act has produced almost no result whatever. The sanitary authorities are, almost with one consent, unwilling to enforce cleanliness—the central department is in a state of blank ignorance of the sanitary state of any individual place, because, not having any inspectors, it has no means of ascertaining the truth; and, lastly, the medical officer has speedily discovered that his masters, the guardians, and their masters, the Local Government Board, are of one mind in their anxiety to leave matters as they are, and not to make use of the Act. Therefore, he draws his salary and makes just as much show of work as will entitle him to payment, and no more.

Each quarter the Registrar-General's report brings the truth of this statement to light. Out of the 890 medical officers of health in Ireland about thirty think it worth while to make report as to the sanitary condition of their district, and those reports disclose, almost without exception, an abominable state of neglect.

Here are a few examples:—

NEWRY; *Mullaghglass.*—Typhus fever has been prevalent, and a great difficulty exists as to getting patients to leave their crowded homes. I would suggest that section 141 of 41 and 42 Vic., cap. 52—Public Health Act—be printed in large posters for distribution in all dispensary districts, so that the public may be made fully aware of the powers of the sanitary authority, which at present they do not believe.

BALLYSHANNON; *Ballintra.*—The sanitary arrangements of the district are pretty fair, with the exception of a few places, and one in particular deserves attention; it is the lane of which I made a note before; although it has been reported repeatedly by the sanitary officer to the guardians, there is no improvement made.

LONDONDERRY; *Glendermot, W.*—Health of district wonderfully good, taking into consideration the abominable sanitary condition of the dwelling-houses in rural district.

BALROTHERY; *Swords.*—If the poor people were better housed they could give ample proof of the desire for sanitary improvements that is being gradually infused into them. In their present abodes, owing to the limited space allotted to each householder, their houses cannot present an appearance otherwise than, if not disgusting, very uncleanly.

BALTINGLASS; *Baltinglass, W.*—I am at present attending a case of typhoid which was caused by defective house drainage. It seems unaccountable how the poor people escape this disease, especially at this time of year, when manure has to be carried *through their houses*, and then piled at the front door before being carted off.

CAVAN; *Kilnaleck.*—The habit of feeding pigs in the dwelling-houses of all classes, so highly detrimental to health, is carried on in spite of my efforts to abate it, and the good results to be derived from cleanly habits are almost to be despaired of in this locality; with the exception of the police barracks, and my own residence, I would find it difficult to point my finger to a clean and healthy dwelling.

MULLINGAR; *Mullingar, W.*—The town is in a most unsanitary condition, owing to the want of a proper supply of pure water for drinking and flushing purposes. The wells used by the public are mostly unprotected from the sewage of the road, which is washed into them during wet weather, and some of the pumps condemned by analysis of Dr. Cameron are still in use.

CROOM; *Castletown.*—The death-rate in this district for this quarter is exceptionally high. The task of educating the poor in the commonest hygienic principles is up-hill work, as it is very difficult to make them even understand that a cow, a pig, or a horse, is not a desirable inmate of their sleeping apartments; and it is only by the strictest surveillance that such a state of affairs is not the rule instead of the exception.

We have stated, without exaggeration, the true state of the Irish sanitary system.

As we are not liable to be dismissed from our office by the Local Government Board for saying so (as a medical officer recently was), we assert that the Irish Public Health system is a discreditable sham, and that the Board presides over that system well knowing it, and being content that it should be a sham.

They well understand that, to enforce sanitation would bring down upon them the ire of the multitude of influential people who are interested in perpetuating dirt, and they accordingly refuse to make any real effort to administer the law which Parliament placed in their hands. They have refused to issue any new orders under the new Act, and they veto every attempt to provide a means for searching out the sanitary nakedness of the Irish land. Truly, a creditable position for the great Local Government Department for Ireland to occupy!

## THE ROYAL MEDICAL BENEVOLENT COLLEGE.

We offer our hearty congratulations to the Commitee of Governors of the Medical Benevolent College, through whose agency the signal victory of Thursday last was gained. We have from the outset given our support to the movement (since, on close investigation, we were convinced that the voting system does not even pretend to aim at getting in the most deserving case), which substitutes a vigorous working of a carefully devised machinery for an honourable judgment on the strict merits of the cases brought before the subscribers for their consideration. So soon as the body of governors of any charity could be brought to see this we felt certain that some change must follow. The document issued two months ago by the Reform Committee testified, through those who had had the most painful experience of the voting system, that the plan was not suited to relieve the most fitting objects of our solicitude. The replies, one and all, unmistakably proved that the most deserving amongst the candidates had but the remotest chance of success. In fact, the distribution of the charity was a mere lottery.

We were, therefore, by no means surprised to find this question had drawn together the largest gathering we ever remember to have seen present at any of the annual meetings of the College; and also this, that there was a large sprinkling of country subscribers, many of whom had travelled long distances to record their votes in favour of the resolutions about to be submitted to the meeting. Mr. Manby, who has for years shown a determined opposition to the voting system, was amongst the most enthusiastic present. There was, however, a remarkable unanimity of feeling displayed in favour of the resolutions, for in the Medical Benevolent College we have, if it is to be found anywhere, a fair example that a high principle is certainly applicable. It was then in no wise marvellous that the most enlightened amongst the governors should have determined to cast the future of the Charity upon Christian faith and love, and declining longer to have anything to do with any lower motive.

The views of the Council were expressed at considerable length in the report read to the meeting by the secretary of the College, and these were subsequently enforced by what the treasurer intended to be arguments, but which evidently failed to convince any one, that many of the subscribers will fall away because it is the wish of the majority to exercise the liberty of voting and electing on some rational principle. But, as Dr. Hare said, if a slight falling off should take place from this cause, there was every reason to believe that a far greater increase of subscriptions will take place from an opposite feeling. Let those who have the desire and the leisure, collect subscriptions if they will, to secure the election of some favoured candidate, either to our College or some other educational institution, by an act of real, instead of spurious, charity. But let there no longer be a misdirected energy, a waste of time and money lavished on printing and postages without any return either to the candidate or the charity. By the present system a sum of not less than £900 a year, the money of the professedly necessitious, is absolutely thrown, as it were, into the gutter, without benefiting one of the poorest amongst the candidates. It was said that the proposed reform in the mode of election had led to a falling off in the subscription list and in other ways proved a failure to some other societies. This, however, is scarcely a fact. In the Soldiers' Daughters' Home it has been in existence for eighteen years, and given perfect satisfaction to a large body of subscribers. In the charity alluded to there was, we are aware, an attempt to perpetuate the worst evils of a system fostered by imposition; for, without any pretence to investigate the claims of the several candidates, a certain number of those longest on the list were annually elected by the committee of the charity. So soon as this practice became known, persons subscribed their half-guinea for the purpose of proposing a candidate, a dependent possibly of their own, and then immediately ceasing to subscribe, left them to be elected by virtue of their having been unable to obtain votes, and consequently longest on the list. It is hardly necessary to say that such a plan was well calculated to stereotype the worst abuses of the charity voting system.

Notwithstanding all that was said by the Council in support of the present system, we hope they will, and without hesitation, carry into effect the wishes of the majority of the governors of the College. So far as the consequences likely to ensue from the change, the Council are certainly absolved from further responsibility; for have not 2,775 governors taken this upon themselves? Indeed, the treasurer very properly said, that whenever the governors gave full expression to an opinion upon any question affecting the interests of the College, it was the duty of the Council to give the matter its fullest consideration. The governors, after three or four years' consideration of the system of voting, have very emphatically condemned it, and emphatically request the Council to frame a bye-law founded upon the resolution passed by the meeting—in justice and mercy to the widow and orphan.

## THE HEALTH OF DUBLIN.

The returns of the Registrar-General for the week ending May 24 supply us with a commentary upon the "Sanitary officer" job of the Dublin Corporation referred

to in our last issue—more forcible than anything we could write. At the moment when the Public Health Committee is trying to shuffle through a plan for pensioning its Superintendent Health Officer, and leaving the city without sanitary supervision, we find that the mortality within the city district is terribly excessive, and shows signs rather of increase than diminution. Three months ago the Public Health Committee excused itself for the high death-rate by saying that the weather had been bad, and that the cold had carried off a multitude of old people. We are now in June, with beautiful spring weather, yet the death-rate is almost as bad as ever. In the week ending May 24, the figure stood at 34·9 per 1,000 of the population—the deaths being in that one week sixty in excess of the monstrous average of the city, and for the same week the London death-rate stood at 21·6, that of Glasgow at 21·0, and of Edinburgh at 23·5.

The deaths from small-pox did not materially contribute to the heavy mortality, for that disease only caused eight deaths; but we may shortly expect a different state of affairs, inasmuch as the new cases of small-pox admitted to hospital rose from, within the week, 33 to 63, and there are now 130 cases under treatment.

We have again to repeat the inquiry as to whether the Government is going to intervene, and why it is that the promised inquiry into the causes of the excessive death-rate—which we were promised that Dr. MacCabe and Mr. Rawlinson would hold—has been delayed.

It is no small matter that in the middle of a mild and healthy season—the benefits of which have been felt by all places but Dublin—sixty lives a week are being sacrificed to inaction.

It is nearly a year now since the Government were asked for this inquiry by a deputation of the Sanitary Association, and we are still in expectancy. We understand that Mr. Rawlinson is busy. If so, it would certainly be right to associate some other person with Dr. MacCabe, rather than permit the mortality to continue unabated, or to increase still further. As for the existing sanitary organisation of the city, it is simply beyond criticism.

Its whole energies are required for the development of its pension job, and no brain power remains available for an effort to save the lives of the citizens. We are accused of being *exigeant* and harsh in our censure; but with the sanitation of the city of Dublin in a state of chronic collapse, and the inhabitants, as it were, plague-smitten, our pen refuses to write dignified platitudes. For twelve months we have watched in vain for the least honesty of effort on the part of the Public Health Committee to stem the tide of disease and death amongst the citizens, and, instead thereof, we have seen an engrossing anxiety on their part to perpetrate a job which would make the existing confusion worse confounded. When those who object to the tone of our criticism can answer it by giving us a list of efforts made and reforms effected by the Public Health Committee in pursuit of sanitary improvement, then, and not till then, we shall be pleased to abandon censure, and assume an unwonted vein of praise and admiration for the deeds of the Committee.

# Notes on Current Topics.

## The Anti-Vivisectionists at Peterborough.

It is evident from some papers which have reached us that the anti-vivisectionists are not having it all their own way. It is a favourite habit with agitators of all kinds when they wish to prejudice the mind of the public in favour of their peculiar views, to send into the provinces some plausible and sensational lecturer, whose assurance and pretentious manner are well calculated to impose upon an audience which is probably but imperfectly acquainted with the subject on which he discourses. He may not know much about it himself, but that is of little consequence, provided he can make his credulous hearers believe he does. As a rule, too, he often succeeds. His volubility, arrogance, and dogmatism are most commonly on a par with his ignorance. His audience is generally composed of that class of people who are disposed to believe all they hear, and to take for gospel everything that comes from a platform, especially when that platform is graced by the presence of a "gentleman from London." Besides, as a rule, the more sensible portion of the community (one or two clergymen and old spinsters excepted), stop away from these meetings, and if there are a few wise heads among the assembly, they may be too modest, too timid, or too disgusted to express their opinion on the subject. Consequently, the "lecturer" has it all his own way. The public gape with wonder, applaud, pass resolutions in favour of their hero's cause, and then go home complacently talking of the clever man they have just been hearing.

Such are often the history and outcome of these interesting episodes in social and provincial life. This time, however, the people who filled the Assembly Rooms at Peterborough, were made of different stuff, and were not to be so easily cajoled by the plausible utterances of an itinerant lecturer. When, therefore, the representative of the London Anti-Vivisection Society honoured that town with his presence, in order to enlighten its inhabitants on the subject of "vivisection, morally, socially, and scientifically considered," he must have found himself in something like a hornet's nest. Whether, however, his conscience was stung we will leave the reader to guess, but, at all events, the tables were completely turned upon him, his magniloquent resolution came to naught, and he had to "eat the leek" in the form of a counter resolution, which was passed by a large majority, amid loud and prolonged applause. Truly, this gentleman must have felt himself very uncomfortable on his return to town, whither he was, of course, bound in order to give an account of his stewardship to the "Anti-Vivisection Society."

We shall not trouble the reader with any select passages from the lecturer's discourse, suffice it to say, that it was about as frivolous, one-sided, and incoherent as such discourses usually are. The audience found a bold and eloquent exponent of their opinions in the person of Dr. T. J. Walker, who had not much difficulty in refuting what little argument the lecturer could bring forward on behalf of the society he represented. Dr. Walker

showed how vivisection had really done a great deal of good; such good, as he and every other medical man had been able to apply to the practical duties of his calling. The amendment which he proposed, and which was so vigorously applauded, was "That vivisection as at present restricted by law, is a justifiable means of advancing science in the interests of humanity and the human race," a proposition, the truth of which few, but the most prejudiced, will deny. The *Peterborough Standard* very wisely hopes it will "hear no more of a society which seems to subsist on a mistaken sentimentalism scarcely to be credited in this age of scientific research and discovery." We hope so too, but our contemporary should remember that such parasitic growths of our social economy are not easily dislodged when once they have taken a good hold upon the community.

## Opium-Eating.

APROPOS of our Note on this subject last week there is some reason for believing that our Transatlantic neighbours have also a *penchant* for this objectionable habit. In a new medical periodical, called the *Medical Herald*, we are informed that "reports from cities, towns, and villages throughout the land, indicate the alarming fact that the opium habit is not only very extensively indulged in, but is largely on the increase." Our young contemporary (which, by the way, shows a good deal of vigour), goes on to remark that the medical profession should be very careful to acquit itself, as far as possible, of the charge of letting this demon loose amongst the people. Nothing short of special legislation of the strictest and, at the same time, most judicious character, will close the several avenues through which this drug is made an article of commerce, rather than a remedy to be prescribed by the doctor.

## Freedom of New York from Small-pox.

As a favourable contrast to the above Note, we are told by another American journal that, "It has been a very long time since as many as three cases of small-pox have been known to occur in New York." A short time ago, however, a child was reported to be dead in a tenement-house in the eastern part of the city, and when a health inspector went to investigate the case he found a well-marked variolous eruption covering the body. Of course, every effort was promptly made to disinfect the premises and vaccinate the inmates, but a number of them, being ignorant Bohemians (to which nationality the dead child belonged), refused to have the vaccination performed. Three days afterwards two other children in the same house were taken down with small-pox, and when Dr. Janes, of the health department, and his assistants came to visit them preparatory to removing them to the Riverside Hospital, on Blackwell's Island, the parents and the rest of the family, learning their intention, became desperate, and endeavoured to escape with the children, so that it was necessary to guard the trap-door on the roof and all the other doors of the house until the arrival of the ambulance. The tenement-house has again been thoroughly disinfected, and a still more strict watch will now be maintained in the neighbourhood. As yet no further sickness has been discovered, and no apprehensions of an epidemic are entertained. The origin of the first case stil remains a mystery.

## The Solar Rays as a Caustic.

FOR some years (*La France Médicale*), an Italian physician has successfully used the heat of the sun for the destruction of nævi, warts, and other excrescences on the skin; while more recently this method of cauterisation has been applied to the treatment of syphilitic ulcers and condylomata. It is characterised by absence of hæmorrhage or inflammation, it causes very little pain, and the cicatrix which it leaves is small and little noticed. The eschar separates on the fourteenth or sixteenth day, leaving a wound which rapidly closes. The instrument employed consists of a bi-concave lens, of 2½ inches in diameter, and having a focus of about 10 inches. Directly the solar rays penetrate the skin the characteristic crepitation of combustion is heard, while the coagulation of the blood and the retraction of the blood-vessels are quite visible. The name of the physician is not mentioned, but further particulars of this method of cauterisation will be found in the *Gaz. Méd. Ital., prov. Venete.*

## The Sentence passed upon Adam Addison.

THE medical profession cannot but acquiesce in the justice of the sentence which has been passed upon the prisoner Addison. Had it been in their power to have meted out the punishment for such a crime as that for which he has been found guilty the sentence would not have been less severe, inasmuch as he has not only committed an offence against society, but is a disgrace to the profession to which he belongs. We must own, too, and with a feeling akin to shame, that the judge had some reason to pass such a sentence as would be "a warning to others in a similar position," for, unfortunately there are some "black sheep" amongst us who do not shrink from committing such an odious and dangerous offence as that of producing criminal abortion. The sentence passed upon the nurse Boyce may also be a salutary warning to all who, in a similar position, may be tempted to take a part in any criminal practices or proceedings of a suspicious nature. A remarkable feature about the death of the woman Robinson was, that no marks of any injury to the pelvic viscera were, as is often the case, found on post-mortem examination. The prisoner's counsel contended that there was evidence of peritonitis having been present two or three days before that on which the operation was alleged to have been done; and had it not been for circumstantial evidence of another kind the prisoner might not have been convicted. It follows, therefore, that the production of abortion or premature labour is not unattended with danger, however carefully or skilfully the operation may be performed. There is also another point about the case which is of some importance in a medico-legal point of view, for it shows the possibility of a perfectly innocent practitioner being charged with, or suspected of, producing abortion, when, after all, the woman has been the victim of her own or some other person's malpractices. So that the greatest circumspection is necessary before passing judgment respecting the guilt or innocence of a man accused

of this crime. In the present case the evidence of the prisoner's guilt was pretty clear, but it may not be so in all cases.

## The London Temperance Hospital.

THE sixth annual general meeting of the subscribers and friends of this institution was held last week at the Memorial Hall, Farringdon Street, under the presidency of Mr. George Palmer, M.P. The report of the board of management stated that during the past year nothing had occurred to interrupt the steady course of usefulness of the institution, whilst the experience of five preceding years had received the corroboration of another year's evidence in favour of the principles upon which the practice of the hospital was based. It had not been deemed necessary during the year by the medical staff to act in a single instance upon the proviso allowing the exceptional use of alcohol. The board expressed their belief that the success attending the institution was, in a great measure, consequent upon the absence of all administration of alcohol, whether in the form of beverages and tinctures, or simply as a drug. The directors, judging from past results, considered that, with a wider field and a much greater increase of verified data, the non-alcoholic treatment would attract public attention and regard in a high degree, and that medical observers who valued scientific truth more than traditional rule would give due weight to the facts thus accumulated and guaranteed.

In reference to the above statement, we are surprised that, considering the non-alcoholic treatment of disease is so successful at this institution, the medical and surgical staff do not take more pains to demonstrate to their professional brethren the truth of their doctrine and the happy results of their method of practice. It is not every one who can go to the London Temperance Hospital and watch the progress of the cases there treated. Perhaps, although we much doubt it, a report containing a precise and detailed account of the management and progress of a number of those cases in which it has been hitherto the custom to allow alcoholic stimulants, might remove much of the prejudice that at present exists against the non-alcoholic treatment. Or the publication of cases in the medical journals might have the same effect. We are quite open to conviction, provided adequate proof is adduced in support of the sufficiency of that treatment, and shall be happy to publish any of the clinical records which the authorities of this hospital may feel inclined to send to us.

## Disease amongst Swine.

IT will be seen from a discussion which took place in the House of Lords last Thursday night, that swine arriving in this country from America have been found to be affected with trichinosis. The Duke of Richmond and Gordon stated that in consequence of reports from abroad he had caused some of these swine to be examined by officers of the Veterinary Department with the result of discovering trichinosis in several of these animals. Investigations were still going on, but he was unable to say what steps, if any, had been taken, to check the evil that would necessarily result from the importation of diseased pigs. Owing to the high price of beef and mutton the poor are now consuming more pork than they ever did before. It is to be hoped, therefore, that the Government will exercise a close supervision over the sale of trichinosed pork, so that it may be condemned by the proper authorities before it finds its way into the shops of the retail dealers. The Duke of Richmond, however, was quite right in saying that the best way to prevent trichinosis extending to the human species was to see that the pork, ham, or bacon, was thoroughly well-cooked before it was eaten. This is an important matter, and one reason why the disease has been both prevalent and fatal in Germany, is that many of the inhabitants of that country are in the habit of eating pork, bacon, sausages, &c., in a half raw state. In 1863, out of 103 persons who ate sausages made from an affected pig, at Hettstadt, no less than 83 died from trichinosis. It is a well-known fact that, in order to prevent much loss of weight by cooking, the proprietors of our "beef and ham" shops are in the habit of under-boiling their hams. Consequently we caution the public against eating any that are not well-cooked.

## "Charge of Murder against a Physician."

SUCH is the sensational announcement which, in large type, meets the eye of every one as he takes up a newspaper, or hurries past a railway station. Much as we should regret a charge being brought against a physician such as that which has been brought against Mr. Adam Addison, we should have no reason to complain of his crime being as widely exposed, and as open to public reprobation, as if he had been the poorest in the land. But it is scarcely advisable for people to believe, or for the press to foster the belief, that every practitioner is a physician who puts on his door-plate "Physician and Surgeon," or who may have received from some College of Physicians a licence to practise medicine. The prisoner, who is now charged with the murder of Mary Ann Robinson, through his attempt at producing criminal abortion, was simply a general practitioner, engaged in general practice, and had no more right to call himself, or to be called a physician than the boy who carried out his medicines. It would, therefore, be as well if our contemporaries, for whose good judgment we have the greatest respect, were not to encourage a fallacy that is only too prevalent among the lower classes, especially as such inadvertency reflects the scandal upon a class of men to whom the prisoner does not belong, and who would not have reckoned him among their number, however respectable he might have been. The public are very prone to take men at their own value, and if "gentlemen of the press" honour these *soi-disant* physicians with a title to which they have no claim, we cannot wonder that the ignorant poor should do the same.

## Cæsarian Operation in Rome.

WE extract the following from an Italian lay contemporary:—"Yesterday in the Tiberine District, Rome, the death was announced of Angela Caperna, residing at No. 1 Via della Lungara, and at the same time the Registrar was informed that the deceased was *enceinte*.

A messenger was at once despatched for a surgeon, but he returned without having found one. The Duke di Torlonia happened to be in the Registrar's office, and he at

once gave orders that Professor Cocchi be sent for in his name. The messenger hurried to Cocchi's house, and, luckily found him at home, and he at once proceeded to Caperna's residence, and successfully performed the operation of extracting a living child from the body.

From the announcement of the decease of the woman to the result of the operation, three quarters of an hour had had hardly elapsed.

## A Cure for Leprosy.

A CORRESPONDENT of an Indian contemporary writes :—A native physician, of great repute in Southern India, addressed the Local Government Board, stating that he has a specific for the above disease, and requested that he be permitted to try his remedy in the Leper Hospital at Madras. The Madras Government, after careful consideration, informed the native doctor that they are unable to give him a ward in the Leper Hospital, and referred him to the Surgeon-General, Indian Medical Department, who gave him a few lepers to be treated, and brought back to him in six months.

The native, with the zeal and energy which characterises them, commenced his treatment at the beginning of the year, and up to this date has effected the cure of three lepers, the others are on a fair way to recovery. The Government, on the report of the Surgeon-General, are to take measures to procure the services of this native in the Leper Hospital.

## Registration of Medical Students in Ireland.

HAVING taken the trouble of calculating in the "Medical Students' Register," lately published in London, the number of students attached to each of the medical schools in Ireland, who were registered during the year 1878, we submit the following analysis :—

| | No. |
|---|---|
| School of Physic | 58 |
| Queen's College, Galway | 43 |
| Queen's College, Belfast | 85 |
| Queen's College, Cork | 53 |
| Catholic University School | 15 |
| Carmichael School | 10 |
| Ledwich School | 58 |
| Steevens' Hospital School | 12 |
| Royal College of Surgeons School | 28 |
| Miscellaneous | 8 |
| Total | 370 |

As the actual number of students entered at the various schools is, as far as Dublin is concerned, kept secret by the Anatomical Committee, it is our intention to publish in each year a statement similar to the foregoing, in order that the profession may arrive at an approximate estimate of the number of students in each school, and may see which of the schools discourage registration.

## Marriageable Age.

THIS is in Austria 14 for both sexes ; in Germany, 18 for men and 14 for women ; in Belgium, 18 for men and 15 for women ; in Spain, 14 for men and 12 for women ; in France, 18 for men and 15 for women ; in Greece, 14 for men and 12 for women ; in Catholic and Orthodox Hungary, 14 for men and 12 for women ; in Protestant Hungary, 18 for men and 15 for women ; in Italy, 18 for men and 15 for women ; in Portugal, 14 for men and 12 for women ; in Russia 18 for men and 16 for women ; in Roumania, 18 for men and 16 for women ; in Saxony, 18 for men and 16 for women ; and in Switzerland, in different cantons, from 14 to 20 for men and from 12 to 17 in women.

A MOVEMENT is on foot for the purpose of raising some memorial of the late Dr. Murchison in connection with the University of Edinburgh, of which the deceased was a graduate. A meeting in furtherance of this object will be held in London to-morrow (Thursday), at 5 o'clock, in Willis's Rooms, St. James's.

A STUDENTS' memorial has also been started at St. Thomas's Hospital to perpetuate his memory, and to show the gratitude of all who have been educated at that hospital, of which Dr. Murchison was a distinguished physician and teacher, by the erection of a marble bust, should sufficient funds be collected. The hon. secretaries are Messrs. W. H. Battle and T. D. Acland, at the hospital, to whom subscriptions should be sent.

THE rates of mortality per 1,000 last week in the principal large towns were—Brighton 16, Leicester 17, Bristol 17, Portsmouth 18, Leeds 19, Bradford 19, Oldham 19, Plymouth 19, Sheffield 19, Nottingham 20, Sunderland 21, Glasgow 21, London 22, Wolverhampton 23, Birmingham 23, Hull 23, Newcastle-upon-Tyne 23, Liverpool 24, Manchester 24, Edinburgh 24, Salford and Norwich 25, and the highest rate, Dublin 35.

LAST week the annual death-rate in the large towns from the seven principal zymotic diseases averaged 2·6 per 1,000. The fatal cases of whooping-cough were proportionally most numerous in Sheffield, Birmingham, and Salford ; scarlet fever in London and Newcastle-upon-Tyne ; and measles in Salford. Small-pox caused 17 more deaths in London, 8 in Dublin, but not one in any of the other large towns.

THE rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 34, Madras 37 ; Paris 29 ; Geneva 25 ; Brussels 26 ; Amsterdam 27 ; The Hague 27 ; Copenhagen 29 ; Stockholm 28 ; St. Petersburgh 43 ; Berlin 24, Hamburg 30, Dresden 23, Breslau 31, Munich 40, Vienna 34, Buda-Pesth 41, Rome 21, Naples 31, Turin 25, Alexandria 40 ; New York 22 per 1,000 of the population. Small-pox caused 20 deaths in Paris, 34 in St. Petersburgh, 15 in Vienna, and 12 in Buda-Pesth.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ANTI-VIVISECTION PRAYER MEETING.—An anti-vivisection prayer meeting was held on the 27th May, at 5 St. Andrew Square, Edinburgh.

THE DEATH-RATE IN GLASGOW.—The deaths for the past week (ending 24th May) were at the rate of 21 per 1,000

per annum, against 22 in the preceding week, and 23, 30, and 25, in the corresponding periods of 1876, 1877, and 1878.

GLASGOW UNIVERSITY—CHAIR OF BOTANY.—Dr. Balfour, son of Professor Balfour, late Professor of Botany in the University of Edinburgh, was installed on the 26th ult., as Professor in connection with this Chair. Amongst others present were—Professors Balfour, Gairdner, MacKendrick, Ferguson, Cleland, &c. Professor Gairdner, in the absence of the Principal, introduced Professor Balfour.

GREENOCK POORHOUSE AND ASYLUM.—The new buildings at Smithstone, erected by the the Greenock Parochial Board for a poorhouse and asylum were formally opened on the 29th ult. Their total cost has been nearly £100,000, and they will accommodate about 1,000 inmates and officials. The lunatic wards are finely finished, and are licensed for 240 patients. The architect is Mr. Starforth, of Edinburgh.

STRANGE MORTALITY AMONG CHILDREN IN NEW MONKLAND.—A peculiar mortality prevails among children in this district, whether owing to hard times and the exceedingly inclement weather for this season, it is difficult to say. Scarcely a day, indeed, elapses but sudden and unaccountable deaths of children are reported to the police, and to-day (May 28th) another has been announced to the county police at Airdrie as having occurred at Whiterigg, an infant three weeks old, the son of Peter Hewart, a miner, having been found dead in bed, although it was perfectly well in its mother's arms only a few hours before.

REGISTRAR-GENERAL'S RETURN.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending with Saturday, the 24th May, says:—The death-rate in the eight principal towns during the week ending with Saturday, the 24th May, 1879, was 23·3 per 1,000 of the estimated population. This rate is 1·7 above that of the corresponding week of last year, and 1·3 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 20·2, and the highest in Paisley, viz., 38·3. The death-rate from the seven most familiar zymotic diseases was 3·7 per 1,000, being 0·2 under the rate for the previous week. Deaths from measles occurred in Glasgow, in Aberdeen, and in Paisley; and from whooping-cough in all the principal towns except Aberdeen.

# Correspondence.

## DIPHTHERIA AND CROUP.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been favoured with a brief communication from Mr. Moore, of Bourton-on-the-Water, respecting some cases of diphtheria that occurred some time ago, which may be of interest now in connection with the question of the identity of diphtheria and croup.

The first case was that of a child who died of diphtheria in an outlying village. The second case was that of a man aged 40 years, who had lain down on the bed by the side of the sick child. He took the disease and died. Three other children also died in this same house. Examination of the premises showed a percolation of drainage into the well through a rat hole. A girl, aged 12 years, belonging to the family, came home from school, but by the doctor's order was located with a relative at a distant farm, and strictly forbidden to approach the infected quarter. In four days this girl sickened and died of diphtheria, and it was then ascertained that she had been taken to see her brother as he lay dead in his coffin in an outhouse. Possibly she kissed the corpse. She did not enter the house. No other cases of diphtheria had occurred on that side of the village.

In the village where these fatalities took place, there occurred during one year 92 cases of diphtheria, of varying degrees of intensity. Of these 19 were fatal. The wells with which these people were supplied with water were all more or less contaminated by sewage percolation.

During this epidemic Mr. Moore observed that a blistered surface became affected by diphtheritic exudation, and in the instance of a newly-born infant a diphtheritic exudation appeared about the navel.

Croup in these districts up to 1858, when diphtheria first appeared, is described as being chiefly of a spasmodic form. Since diphtheria has appeared this form of croup has been less frequent. Inflammatory croup, when met with, has not appeared to spread by infection.

From the foregoing facts, recorded by an experienced and unprejudiced observer, I am confirmed in the belief I have always held, that true inflammatory croup (exudative tracheitis) is a distinct disease from diphtheria. When, however, diphtheria prevails in a district, no more will be seen for a time of inflammatory non-infective croup, for owing to epidemic influence, this complaint, if it occur, will most probably assume a malignant and infectious character, and present all the characters of a true diphtheroid tracheitis.

Under unfavourable hygienic conditions, such as exposure to drainage emanations, and imbibition of polluted water, I believe that tonsillitis or tracheitis, originally simply inflammatory and non-contagious, may be developed into malignant and contagious pharyngeal, laryngeal, or tracheal, diptheria.

The disease would be of the so-called sthenic or asthenic type, according to the predominance of the inflammatory or of the septic poison element in its constitution.

I am indebted to Mr. Moore for drawing my attention to Huxham's Dissertation on Diphtheria, published in 1764. What Huxham, and also Fothergill, describe as an ulcerous sore throat, "contagious, and attended with a fever of a malignant and pestilential kind, in which the blood became highly acrimonious, dissolved, and putrescent," must have been a disease very closely allied to, if not identical with, the diphtheria of the present day.

I remain, sir, yours, &c.,

JOHN C. THOROWGOOD, M.D., F.R.C.P.

## USES OF IPECACUANHA IN UTERINE HÆMORRHAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I regret to say that owing to your having placed it between the pages of another journal the enclosed letter has until now (Saturday, May 31) quite escaped my notice. I trust, however, it will not be too late for insertion, and I leave it to you to answer as you think best.

I am, &c.,

THE WRITER OF THE ARTICLE ON "IPECACUANHA."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly ascertain the amount of "contraction at the brim" referred to in a leading article in your last issue which two grains of ipecacuanha is able to overcome. Also if four grains would enable the fœtal head to pass through a brim which has hitherto necessitated the use of the perforator?

AN INQUIRER.

[The above queries are evidently intended to discredit if not to ridicule, certain statements made by Dr. Carriger, of New York, respecting the action of ipecacuanha in some cases of tedious labour. But "An Inquirer" was not justified in insinuating that either we or any other sane person would be so foolish as to suppose that four grains of ipecacuanha could ever obviate the use of the perforator. We said nothing of the kind, this instrument not being so much as mentioned in the article referred to. It is true that our American *confrères* are now and then apt to indulge in a little hyperbolism, but that is no reason why "An Inquirer" should question the deliberate statement of a practitioner whose experience may be as trustworthy as his own, especially when that experience is supported by other evidence

the validity of which can scarcely be impugned. When our correspondent throws doubt on the possibility of nauseating or emetic doses of ipecacuanha relaxing a rigid os and augmenting the expulsive forces brought into action during parturition, he should remember that such means are, after all, simply carrying out a suggestion which Nature herself so often throws out during the progress of a tedious labour. We are, moreover, not alone in drawing attention to Dr. Carriger's paper, for in turning over the pages of the *Practitioner* for May we find that an epitome of that gentleman's views and practice has not been deemed unworthy of a place in the pages of that journal. In conclusion, we cannot help remarking that it would have been in better taste had our correspondent sent his criticisms under a cover instead of through the medium of a post-card.—Ed. M. P. & C.]

## Literary Notes and Gossip.

We understand that it is the intention of the *Lancet* proprietors to commence the next volume by cutting the edges. When this is done, all the leading medical journals will have emulated the example set by us so many years since. Conservative to old traditions and usages, they have, one by one, had to yield to the requirements of their patrons; and "though the circulation was so large" in former years that "it was impossible to cut the edges," the leek has had to be eaten at the risk of a gentle purge.

* * *

In an interesting biographical sketch of the life of the late Dr. George B. Wood, the eminent American physician, it is stated by his nephew, Dr. H. C. Wood, that he never, even during his student life, witnessed the complete process of parturition. According to his own statement, the nearest he ever came to seeing a child born was when he was hastily summoned, in the night, to a fashionable boarding-school, to see one of the pupils who was said to be suffering from colic. Placing his hand upon her abdomen during a paroxysm, the true condition of affairs flashed upon him, when, saying to the anxious principal, "Send for Dr. Hodge," he turned upon his heel and fled.

* * *

The death of a gentleman intimately allied with medical and scientific literature has recently occurred in Paris, in the person of Victor Masson, the well-known and esteemed medical publisher of that city. Next to Messrs. Baillière, M. Masson had the most extensive business relations with the profession throughout France; his dealings being, at all times, characterised by an intelligent appreciation of an author's work and his requirements, by liberality and strict honesty. Nor is his name unknown in this country, as many of his best books have been translated with his permission, and are now standard treatises with us. He also founded that excellent medical journal, the *Gazette Hebdomadaire*, and the well-known *Dictionnaire Encyclopœdique des Sciences Médicales* was issued by him.

* * *

A recently published French work "Les Peuples Etranges," gives some curious information about medicine among the Chinese. A regular gradation, it appears, is established among medicines; there are 120 remedies of the first order, holding the rank of sovereign in the medical empire; 120 of the second order, with rank of ministers or higher mandarins, and 125 of the third and last order, like subaltern officers.

* * *

Mrs. Gladstone has made a specialty of cottage nursing, and appears to have acquired a fair and practical knowledge of the inside of cottagers' homes. The directions given in her modest little pamphlet do not exceed the possible needs of the attendant, who has often to conjure up appliances of the most primitive description for cottage patients; and none of her suggestions appear to be of the annoying character by which nurses have been led to disturb the patient with a view to carry out some extreme principle of nursing. The "Guide" may therefore be safely placed in the hands of those for whom it is designed.

We have in type reviews of Eustace Smith's "Wasting Diseases of Infants and Children," Blyth's "Manual of Practical Chemistry," Thudichum's "Pathology of the Urine," Eulenberg and Guttman's "Pathology of the Sympathetic System of Nerves," Richardson's "Nature of Life," Bale's "Anatomy and Physiology of Man," McKendrick's "Outlines of Physiology in its Relation to Man," together with about a dozen short notices of minor works and pamphlets; all of which we hope to find space for during the present month, as we have an accumulation of other works sent by authors or publishers to elicit our opinions.

* * *

We are glad to receive a copy of the second thousand of Routh's trenchant pamphlet against the Checks to Population-mongers. Such a wholesome onslaught cannot have but good effect, and its rapid sale proves the interest excited. Wilson's "Naval Hygiene" just to hand, is much wanted, albeit a much better treatise could be written; the second edition is an improvement on the first, but there is room for the third to put Nos. I. and II. entirely in the shade.

* * *

"They do these things differently in France" was an everyday expression in the Napoleonic Era. This might now be changed to America, as Republican France is *de trop* for the time being. We are uncertain as to the number of medical journals of all shades and grades in the States, but they number something like ten times those of the United Kingdom, with a smaller reading population; and as a leading authority recently remarked, the whole might advantageously be reduced to a number represented by a unit. Still, a month rarely passes but that, mushroom-like, fresh ones crop up; and to day we have before us the first number of a new journal called the *Medical Herald*. Now Louisville is a State of about a million and a half inhabitants, with about 2,500 members of the profession, and as the existing two medical journals were not sufficient for the consuming powers of the said 2,500, a third is now started, and a fourth will appear shortly. Number one of the *Medical Herald* is as good as all number ones are; number two is usually disappointing; in number three all the promises of the initial issue are usually forgotten; we hope the new venture will discover an improved method of procedure.

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During the past month there have been issued in all languages, works in medicine and collateral sciences the following:—In Anatomy, including Histology, 11; Physiology, 9; Chemistry, 5; Medicine (General Diseases), 38; Nervous System, Insanity, &c. (including Asylum Annual Reports), 31; Circulatory System, 12; Generative Organs, Urinary, &c., 17; Skin, 9; Climatology, 3; Hospital Reports (exclusive of Asylums), 8; Materia Medica and Therapeutics, 19; Surgery (general and especial), 33; Gynæcology, Obstetrics, &c., 21; Diseases of Children, 6; Ophthalmology, Otology, &c., 21; Dentistry, 2; State Medicine, Hygiene, &c., 50; Medical Jurisprudence and Toxicology, 5; Veterinary Medicine, 4. This *résume* is, of course, exclusive of pamphlets, of which over 500 were issued during the same period.

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The past month has been very fertile in the production of new works and new editions in medicine and surgery. Since the publication of our last list, April 30th, we have received the following for review: "Lectures on the Diseases of Women," 4th ed., by Drs. Charles West and Mathews Duncan (London: J. and A. Churchill). "Lectures on Syphilis of the Larynx," by W. McNeill Whistler, M.D. (London: J. and A. Churchill). "The Notation Case-Book," by H. Veale, M.D. (London: Smith, Elder & Co.). "Atlas of Histology," Parts 3 & 4, by Drs. Klein and Smith (London: Smith, Elder & Co.). "Organic Chemistry," by Hugh Clements, C.E. (London: Blackie and Son). "A Manual of Midwifery," by Fancourt Barnes, M.D. (London: Smith, Elder, and Co). Godlee's "Atlas of Human Anatomy," Part IX. (London: J. and A. Churchill). "The Dissector's Guide," by D. J. Cunningham, M.D. (Edinburgh: Maclachlan and Stewart). "Student's Guide to the Practice of Midwifery," by D. L. Roberts, M.D. (London: J. and A. Churchill). "Principles and Practice of Gynæcology, by T. A. Emmett, M.D. (London: J. and A. Churchill). "Aids to Chemistry," Part III., Organic, by C. E. Armand Semple, B.A., M.B. (London: Baillière, Tindall, and Cox). "A Manual of Examination of the Eyes," by Professor Landolt; translated by Dr. Swan Burnett (London: Baillière, Tindall,

and Cox). "An Introduction to Pharmaceutical and Medical Chemistry," by J. Muter, M.A., Ph.D. (London: Baillière, Tindall, and Cox). "An Introduction to Analytical Chemistry," 2nd ed., by J. Muter, M.A., Ph.D. (London: Baillière, Tindall, and Cox). "Diseases of the Urinary Organs," by Sir Hy. Thompson, F.R.C.S. 5th ed. (London: J. and A. Churchill). "The Diseases of Live Stock," by Lloyd and Tellor, M.D. (London: Baillière, Tindall, and Cox). "Manual of Naval Hygiene," by J. Wilson, M.D. 2nd ed. (London: Baillière, Tindall, and Cox).

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PAMPHLETS.—The following have been received since the publication of our last list, April 30th:—"The Treatment of Pott's Disease," by F. R. Fisher, F.R.C.S. (London: J. and A. Churchill). "Réunion Primitive," par le Dr. Azam (Bordeaux: Feret et Fils). "The Difficulty and Dangers of Battey's Operation," by G. J. Engelmann, M.D. (Philadelphia: Collins). "The Metropolis Water Supply and Sewer Questions Answered," by G. P. Pond. "Capital Punishment," by James Ellis. (London: Allen). "The Climate of Davos," by A. C. Pope, M.D. (London: Gould). "Annual Report of Mortality from Zymotic Diseases in Leicester," by W. Johnston, M.D. "Clinical Remarks on Gleet," by J. C. Ogilvie Will, M.D. (London: J. and A. Churchill).

## THE ROYAL MEDICAL BENEVOLENT COLLEGE.

The Annual General Meeting of the Governors of the Medical Benevolent College was held on Thursday last, the 29th ult., at the offices in Soho Square. There was a very full meeting of Governors interested in the charities who met to consider the system of electing the beneficiaries of the College, and a very decisive vote was taken adverse to the principle of voting in connection with the College.

Dr. C. G. Jonson, the chairman of the Council, presided, and there were present Sir Rutherford Alcock, K.C.B., Dr. Broadbent, Dr. Sieveking, Dr. Hugh Macpherson, Percy Wyndham, M.P., Messrs. John Birkett, Erasmus Wilson, Ernest Hart, N. Clifton, J. France, F. Manby, Jabez Hogg, J. W. Mason, Dr. Joseph Rogers, Dr. McIntyre, Dr. Heywood Smith, Dr. Hawkesley, Dr. Lavies, Dr. Day, Dr. Langmore, Dr. Harry Leach, Dr. Harcourt, Dr. Hoar, Dr. Bryant, Walter Lears, Dr. White, Messrs. Thos. Bryant, Fuller, Streathfield, Spencer Watson, Mocatta, &c., &c., together with number of lady governors who were present to testify to the ladies' interest in the question. Letters of apology were announced from Lord Lichfield, who was to have moved the first resolution, but was prevented by illness, but desired to express a strong opinion on the subject, also from Sir Wm. Gull, Sir Thomas Watson, Dr. M. de Bartolomé and various others.

After the reading of the report Mr. Hogg took exception to certain words in reference to himself, and Mr. Mason objected to its adoption, lest it should be thought that the meeting endorsed the views expressed by the Council on the question of the voting system. It was ultimately agreed that it should be formally received and entered on the minutes. After the formal election of members of the Council and declaration of the poll, Dr. Hare rose, and, in a very argumentative, and able, and conclusive speech, moved—

"That the Council be instructed to frame a bye-law to the following effect:—

> (1) That a Committee of Examination be appointed by the Council, whose duty it shall be in the month of April of each year (*a*) to carefully investigate the relative claims of those who have been admitted by the Council as candidates, severally for Pensionerships and Foundation Scholarships; (*b*) To select of each class a number of names exactly equal to the number of vacancies in each class, the names selected being those of the respective candidates who, in the opinion of the Committee, best deserve election; (*c*) To send to the Council the names of the candidates so selected.
>
> (2) That the Council, with each ballotting paper made out as at present—and, of course, leaving to every Governor the absolute right of voting for any candidate as he or she may please—do inclose a slip of paper on which shall be printed the following words, or words to the following effect: 'The Committee of Examination recommend the following cases as being in their opinion the most urgent,' after which shall be printed the names of the candidates for Pensionerships and Foundation Scholarships selected as above by the Committee of Examination."

This was seconded by Mr. Ernest Hart, who argued that the charity would be benefited by the change, which was necessary alike for the advantage of the subscribers and the candidates who expended large sums of money needlessly in begging for support, a large majority of the Governors having declared that it was time to abolish a system that was cruel, mischievous, and unjust.

Mr. Hird, in a temperate speech, supported the views expressed by the Council in their report. He was followed in the same order by Mr. France, and the resolution was then put to the meeting and carried by a very large majority.

A vote of thanks to the chairman brought the meeting to a close.

## THE SELECT COMMITTEE ON THE MEDICAL BILL

WILL be appointed on the 9th of June, and has been already nominated by Lord George Hamilton. It consists of—

*English Members*—Messrs. Forster, Heygate, Goldney, Simon, Lord George Hamilton and Wheelhouse, Dr. Lush, and Mr. Dalrymple.

*Scotch Members*—Drs. Cameron and Playfair, Sir Trevor Lawrence, and Mr. Arthur Mills.

*Irish Members*—Mr. Errington, Mr. Mitchell Henry, and Mr. David Plunket.

The proposals for Medical Reform which are already before the House are represented by Messrs. Mills and Goldney, Dr. Lush, Sir Trevor Lawrence, Mr. Errington, and Lord George Hamilton. The Scotch obstruction has its exponents in Dr. Lyon Playfair and Dr. Cameron: and the quacks and herbalists in Mr. Sergeant Simon.

We consider the proposed Committee an excellent selection, and creditable to Lord George Hamilton's judgment. Its members are, as a rule, progressive men possessing a special knowledge of the subject, and we hail with unqualified satisfaction the promise afforded by the constitution of the tribunal that reform is near at hand. It may be taken for granted that reconstitution of the General Medical Council is decided upon, possibly by the method of direct representation, for there does not seem to be a man on the proposed Committee likely to stand up in its defence. We are not without hope that in the two months of the Session still remaining a decision may be arrived at and passed into law. If not, there will at least have been a great stride taken towards medical reform which will make its attainment almost certain next year.

## THE ANNUAL MEETING AT THE IRISH COLLEGE OF SURGEONS

For the election of the Council of the College for the ensuing year, and the yearly assemblies of the Irish Medical Association, and of the Royal Medical Benevolent Fund Society of Ireland, took place on Monday last—being the first Monday in June. The day's proceedings opened with the breakfast of the Irish Medical Association at the Shelborne Hotel, at which the Chair was occupied by the President, Dr. Robt. MacDonnell, and about sixty gentlemen sat down. At noon the Association reassembled at the College of Surgeons, and proceeded to receive the Report of the Council, and to debate the resolutions submitted for adoption. The meeting was largely and influentially attended, and was in all respects successful—the proceedings of the Council and Executive Committee being warmly approved.

At one o'clock the chair of the Royal College of Surgeons was taken, in accordance with the Charter, by the President, Mr. Smyly, and the minutes having been read, the ballot for president, vice-president, and council,

was opened. In addition to the vacated seats for which outgoing councillors offered themselves for re-election, there was an unfilled seat vacated by the recent appointment of Mr. Croly as an examiner. For admission to the Council new candidates offered themselves, Messrs. Baker, Wheeler, Swanzy, Bennett, and Curtis, and Drs. Roe and Meldon.

On the declaration of the poll, it appeared that Messrs. Wheeler and Swanzy had obtained seats in addition to the re-elected councillors, Mr. Croly going out. The election resulted in a tie between the three candidates lowest on the poll.

The Royal Medical Benevolent Fund Society also held its annual meeting at the College, and the day's proceedings concluded with the dinner of the Irish Medical Association.

We hope to publish in abstract next week the proceedings of these Societies.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. J. WILSON.—Full particulars will be found in our "Students' Number," Sept. 18, 1878. There are not likely to be many changes of moment for the next session.

PHYSIOLOGIST.—Messrs. Corbyn, Stacey, & Co. manufacture a reliable preparation of the drug.

MR. J. ADAMS.—"Case of Psoas Abscess with Disease of one of the Lumbar Vertebræ" received.

### MEDICAL COMMUNICATIONS TO LAY PAPERS.

OUR attention is called to the publication in the *Limerick Chronicle* of May 22 of cases of "Excision and of Perineal Section," which are stated to have occurred in the Limerick Union Hospital "under the care of Dr. T. O'D. Russell. The cases are not quoted from any professional periodical, and we are therefore bound to assume that they were communicated by Dr. Russell to the *Limerick Chronicle*, and our opinion on the propriety of doing so is asked.

We give it without hesitation.

Apart from the questionable taste of printing in a public paper minute details about the nature of a fistula of the perineum arising from "gonorrhœa" and involving the "scrotum," the publication of medico-chirurgical contributions in the lay papers is unusual, most objectionable, and altogether improper from a professional point of view. It cannot be conceived that such matter is published by the *Limerick Chronicle* as of interest to the general public, and we must, therefore, regard it as a simple advertisement of Dr. Russell's skill which differs nothing from the other advertisements of pseudo-doctors, except in being published in a different part of the paper, and probably not paid for in money.

OBSTETRICAL SOCIETY OF LONDON.—To-day (Wednesday), at 8 p.m., Specimens: Midwifery Forceps, by Dr. Thorburn; "Abdominal Tumour removed during Pregnancy," by Mr. Knowsley Thornton; "Tubal Gestation," by Mr. Alban Doran; the adjourned discussion on the "Use of the Forceps and its Alternatives in Lingering Labour."

DR. SEMPLE.—Your letter is unavoidably postponed until our next.

QUERY.—There does not appear to us sufficient demand for professional appointments for ladies to justify the publication of a list of vacant appointments for them.

THE SALE OF SPECIMENS.—A few weeks back there was a correspondence in a contemporary in which one or two of the writers felt themselves dreadfully shocked at the sale of specimens of "drunkards' liver" and similar subjects of pathological interest. The Editor of the *Philadelphia Medical Times* turns this to good account as a reminder to defaulters thus: "These correspondents are shocked by this public barter of human viscera, but we should like to see the custom extended. We have seen specimens of 'sclerosis of cheek' on the part of patients trying to dodge the payment of bills, which, properly mounted, could be made most effective as warnings to young and inexperienced doctors inclined to trustfulness."

DR. H. D.—The letter has been addressed and posted to the proper quarter.

DR. R. H. will find the subject treated in the April numbers.

THE LEGION OF HONOUR.—We are asked to mention, as evidence of the supremacy of British industry, that, in addition to the Gold Medal (L'Academie Nationale) and the Silver Medal awarded to Messrs. John Brinsmead & Sons, the founder of the firm has been created Chevalier of the Legion of Honour, this being the highest award to any British Pianoforte Manufacturer.

DR. TILT'S paper, "On Uterine Inflammation at the Change of Life," received, and will appear, if possible, in our next.

### BOGUS DEGREES.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—I thank you for your kind attention to my last letter in your "Notices to Correspondents. Would you oblige me by answering the following questions:—

What is the meaning of a "Bogus Degree?" My M.D., as I told you, came direct from one of the Medical Colleges in New York. I observe that several Scotch clergymen have got D.D.'s from American colleges, and when any of such publish one of their sermons, or any book written by them, I find they have D.D. on their title-page, and in our Scotch newspapers also.

Ought not medical men to have the same privilege given them? I mean those who have got American M.D.'s.

The point I am drawing your attention to: Is an M.D., when conferred and sent direct to an already qualified medical man, of any use? Can I put M.D. after my name in the local directory?

Yours, &c.,

X. Y. Z.

[*** The word "Bogus" is, we believe, of American origin, signifying "bought," as distinguished from an educational qualification obtained in the regular legal form.

The danger of "Bogus Degrees" does not arise when they are conferred upon an already legally qualified practitioner; but because what he can obtain the most disreputable quack can purchase for a consideration, without the remotest knowledge either educational or medical. With the degree of D.D. the matter is altogether different; the snob who plies his trade six days and rants religion in his village Bethel, or at the corner of the street on the Sunday, can call himself a "Rev." or "Rev. Doctor," and the law takes no cognisance thereof, he not being engaged in the "cure of bodies," and, therefore, not deceiving the public to their hurt. In one respect only are the holders of Bogus Degrees alike—the M.D. cannot gain access to the "Medical Register," nor the D.D. to the "Clergy List." The one cannot legally sign a death certificate, the other cannot legally unite persons in marriage.

Our correspondent's Scotch qualifications are quite sufficient for all purposes, and if he were anxious to have the privilege of signing "M.D." after his name he could have obtained the legal permit in his own own country; "St. Andrew's" would doubtless have been glad of the money.

With reference to the last question, our correspondent would doubtless gain access for his "M.D." to any book or print, except official organs, provided he placed after those magic initials "New York,"]

ABBATOIR means a slaughter-house.

THE lectures at the Royal College of Surgeons of England will be resumed to-day (Wednesday), June 4, by Mr. B. Lowne, who will deliver on this day, and on the 6th and 8th of this month, three lectures on the Physiology of Sensation; Mr. Jonathan Hutchinson will conclude the course for the present year by delivering six lectures on the Influence of the Nervous System in the Production of Disease, chiefly with reference to the Skin, Eye, and Joints.

### VACANCIES.

London School of Medicine for Women.—Lectureship on Materia Medica. Applications to the Dean before June 12. (See Advt.)

Manchester, Owens College.—Demonstrator and Assistant Lecturer on Anatomy. Salary, £150. Applications before June 13. (See Advt.)

### APPOINTMENTS.

BUTLIN, H. T., F.R.C.S., Demonstrator of Surgery to St. Bartholomew's Hospital.

LOVEROCK, R. G., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Ballyjamesduff Dispensary District of the Oldcastle Union, co. Meath.

MACDOUGALL, A. R., M.B., C.M., M.R.C.S., House Surgeon to the Royal Hospital for Sick Children, Edinburgh.

RUDKIN, G. M., L.K.Q.C.P.I., Visiting Surgeon to Dunnington House Private Asylum, near York.

SCORESBY-JACKSON, T., M.D., M.R.C.S.E., Medical Officer for the Claines District of the Droitwich Union.

SELLS, C. J., L.R.C.P.L., M.R.C.S.E., Medical Officer to Abbotts Hospital, Guildford.

SHEA, J., M.D., Physician to the Royal Berks Hospital, Reading.

TAYLOR, G., M.B., C.M., Medical Officer for the Borrowby District of the Northallerton Union.

WINGFIELD, Mr. J. L., Registrar to the Adelaide Hospital, Dublin.

## Deaths.

FROST.—On May 27, at Newcastle-on-Tyne, Samuel M. Frost, M.D., aged 88.

HIRD.—On May 20, at Bramshott, Hants, James Hird, M.R.C.S.E., F.S.A., aged 38.

LEESE.—On May 19, at Camden Road, George Macartney Leese, M.R.C.S.E., aged 68.

MACNAB.—On May 21, at Skipton, William MacNab, L.R.C.P.Ed., aged 45.

POLLARD.—On May 20, at 55 Milnrow Road, Shaw, near Oldham, John Henry Pollard, L.S.A.L., aged 34.

SMITH.—On May 19, at Clevedon, Alfred Smith, M.R.C.S.E., aged 65.

SMITH.—On May 26, at Forfar, Andrew Robertson Smith, L.R.C.S.Ed., late Staff Surgeon-Major, Army.

TOMS.—On May 27, at Plymouth, Philip Toms, Ext. L.R.C.P.L., F.R.C.S.E., Surgeon R.N., aged 79.

# IRISH POOR-LAW INTELLIGENCE.

## ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

### BELFAST BRANCH.

THE Committee of this Society held their quarterly meeting in the Chambers, 33 High Street, on the 7th ult.

On the motion of Dr. Higginson, Bangor, the chair was taken by Dr. Browne, J.P., R.N.

Dr. Wilberforce Arnold (Honorary Secretary), read the minutes of last meeting, which were confirmed.

The Hon. Treasurer then made his financial statement, and added that he had to close his accounts early in this month. He would feel obliged if subscribers who had not yet paid their subscriptions would kindly send them to him at once. The reports from honorary collectors were then received.

A Member—Before passing from the subject of finance I would desire to give a word of friendly counsel to any medical man, if such there be, who, having the means to do so, denies himself the privilege of contributing to the funds of this royal society. I would say to such a man, look at the roll of the illustrious living men in our profession ; I would say, further, look to the roll of the illustrious dead who lived during the period of this society's benevolent operations, and point to a single man who was not a member and a generous contributor to the funds of this institution. Such a man is not to be found. I agree with the great and good William Stokes, who at the annual meeting of the Royal College of Surgeons in the year 1848, said, when speaking of the membership of this Society, that he expected "every year to see the signatures to so honourable a roll increase."

The time being near at which the funds at the disposal of the present society are annually distributed at the meeting of the general society in Dublin, several applications were submitted for the consideration and disposal of the meeting in order to being transmitted to the parent committee for placing on the roll for grants in sums proportioned to the exigencies and urgency of each case. After careful consideration, all the cases which came before the committee were approved of as suitable to receive assistance. All of them were the cases of widows of deceased physicians or surgeons. It was remarked that no application for aid from any medical man within the bounds of this branch had been received for many years, all medical gentlemen having relation to this branch being aid givers, and none aid receivers.

The Hon. Secretary intimated that the committee of the parent society in Dublin were exceedingly anxious to procure for preservation copies of the annual reports of the Royal Medical Benevolent Fund Society of Ireland from the years 1843 to 1850 inclusive, as also those of the years 1860, 1861, and 1873. Bearing in mind the noble and purely benevolent aims of the society, the hon. secretary was sure when this wish for copies of the old reports became known to their professional brethren who took an interest in the society in its early struggles, and would, therefore, not unlikely have these documents within their reach, they would gladly respond to the invitation of the Dublin committee, and forward these interesting papers either to the committee of this branch or directly to Dublin.

Dr. Moore, R.H.A., having been called to the second chair,

Dr. M'Gee moved that the best thanks of this meeting are due, and are hereby tendered, to Dr. Browne, J.P., R.N., for his proper and dignified conduct in the chair, and for the lively interest he had so long maintained in promoting the best interests of the Royal Medical Benevolent Fund Society of Ireland.

Dr. Higginson seconded the resolution, which was passed amid applause.

The chairman conveyed the resolution, and the meeting separated.

## NAAS UNION.

### LEAVE OF ABSENCE.

MR. FENELON said as the subject of leave of absence to one of their medical officers was now before the board, he wished to call attention to the return he had moved for that day month with respect to the leave of absence to the doctors, and the cost of their substitutes. By the return, which the clerk had just now handed him, it appeared the medical officer of Kildare dispensary was granted six weeks' leave of absence in 1876 through ill health, and five weeks' leave of absence in June 1877, on the occasion of his marriage. The medical officer of the Newbridge dispensary was granted three weeks' leave of absence in 1876, one week in 1877, and two weeks, afterwards renewed for two more weeks, in 1879. The medical officer of the Rathmore dispensary was granted four weeks' leave of absence in 1876, and four weeks' in 1879. The medical officer of the Clane

dispensary was granted four weeks' leave of absence in 1878. The medical officer of the Blessington dispensary was granted eight weeks' leave of absence in 1878, with a renewal of four weeks'; and the medical officer of the Robertstown dispensary was granted four weeks' leave of absence in 1878. His object in moving for this return was to elicit an expression, not from any member individually, but from the board generally, as to the expediency of adopting some rule by which leave of absence would be regulated for the future. What he (Mr. Fenelon) would suggest was that where any medical officer applied for leave of absence for recreation, pleasure, or any other business, he should be compelled to pay his own substitute; but, on the other hand, if a medical officer wanted leave of absence through ill health or some disease caught in the discharge of his duty, then it would be only fair to pay his substitute the whole time he was ill. The times were at present very depressed, and the outside public would look to the guardians to be as economical as possible. For the last three years a sum of £141 15s. was paid for substitutes for medical officers. It may seem a small sum, but small or large it was £141 15s. In conclusion, Mr. Fenelon said he was not going to move any resolution, but would be satisfied with an expression of opinion from the board.

The Clerk said the question of leave of absence was one which would have to be settled by dispensary committees.

Mr. Mansfield concurred, observing that when the matter came before the board they had only to say whether they would sanction it or not.

The Chairman said he clearly perceived what Mr. Fenelon's views were, and he agreed with him in so far as saying that when a medical men went away for his own convenience or pleasure he ought to pay his substitute; but if he went away on ill health, then it would be only right that the committee should pay his substitute.

Mr. Fenelon said he saw the other day where the Local Government Board stated that such a resolution would not be binding on a subsequent board. He was much better pleased with what had fallen from the chairman than any resolution.

In the course of further discussion, a guardian observed that a doctor might sometimes require rest.

Mr. Fenelon said he could quite understand a doctor being fatigued after a serious epidemic or something of that kind. He would say then he should have recreation and pay for it.

## DROGHEDA UNION.

Mr. McKenna, in a lengthened speech, moved that the salaries of the medical officers of the union should be reduced ten per cent. as the times were so bad.

Mr. Daly, P.L.G., in a very able speech observed that it was in bad times the people suffered most from sickness, consequently the doctor's duties were doubled, and therefore it would be *very unjust to reduce* their salaries, Much to the credit of this respectable board, no one seconded the motion, which consequently fell to the ground.

## CASE ON BEHALF OF THE PRISON SURGEONS OF IRELAND, FOR THE OPINION OF COUNSEL.

A question of great importance to the members of the medical profession in Ireland, and coming home directly to the status of those members of the profession who are, or consider themselves, prison surgeons, has arisen, on which the opinion of counsel is desired.

The question involved turns upon the true meaning or proper construction of a few Acts of Parliament, passed from the year 1826 to the year 1877, to which the attention of counsel is requested as referred to in the following case:—

An Association was formed some years ago of county infirmary and gaol surgeons, to look after and protect their rights and interests, and Dr. Brunker, of Dundalk, for many years surgeon of the County of Louth Infirmary, was appointed honorary secretary of that Association.

By 7 Geo. IV., c. 74, sec. 72, passed 31st May, 1826, the Grand Jury was authorised to appoint and present salaries for the medical officers of prisons, such person to be either a member of one of the Royal Colleges of Surgeons, or a member or licentiate of one of the Royal Colleges of Physicians.

The next Act of Parliament bearing on the question is the Grand Jury Act, 6 and 7 Wm. IV., cap. 116, passed 20th August, 1836.

By sec. 86 of that Act, the Grand Jury are enabled to present to each assizes any sum not exceeding £47, to be paid to the surgeon of the infirmary, provided he gave attendance at the gaol, if within five miles, without further payment.

Schedule S. to that Act gives table of salaries, &c.

Next comes the Act 19 and 20 Vic., cap. 68, passed 21st July, 1856, entitled "an Act to further amend the laws relating to prisons in Ireland." Years ago by the 18th and 19th sections of that Act, the appointment of Prison surgeons was taken from the Grand Jury, and given to the board of superintendence of each gaol.

It was under this Act that the surgeons to the gaols have ever since been appointed, and their appointment was not merely incidental to their being infirmary surgeons, as seems to be supposed by Mr. Bourke, in his circular of the 3rd May, 1879, hereinafter referred to.

The governors of the infirmary elected the infirmary surgeon, and the board of superintendence, which often consisted of the same individuals, usually, but not necessarily, elected the gaol surgeon.

The appointments, however, were separate and distinct, and made by totally different bodies.

It was obviously convenient to have the same surgeon filling both offices, but he might have been elected to one and rejected for the other.

The next Act to which the attention of counsel is requested is the Act 36 and 37 Vic., c. 51, passed 28th July, 1873, and entitled "an Act to amend the law relating to the superannuation of prison officers in Ireland." This is a very short Act containing five sections. The 3rd section repeals the Act 6 and 7 Wm. IV., cap. 116, sec. 125; 3 and 4 Vic., cap. 44, sec. 5; and 19 and 20 Vic., cap. 68, sec. 23.

The two first dealt with the superannuation of turnkeys and matrons of prisons. The last Act extended the provisions for superannuation to all other officers of prisons, medical officers included, whether such medical officers act in virtue of their office as surgeon of the county infirmary or by direct appointment as medical officer of the gaol.

The 4th section of the Act 36 and 37 Vic., cap. 51, enables the Grand Jury, in certain cases to grant a superannuation annuity not exceeding two-thirds of his salary and emoluments.

Such was the state of the statute law when the General Prisons (Ireland) Act, 1877, was passed, 16th August, 1877, 40 and 41 Vic., cap. 49, which bears directly upon the question being submitted to counsel.

The especial attention of counsel is requested to the 27th section of this Act. It provides that the officers attached to prisons on April, 1878, shall hold their offices by the same tenure, and upon like terms and conditions, as if the Act had not passed. This clause in the Bill was considered by the profession as giving security to existing officers.

The section further provided that after the 1st April, 1878, no surgeon of an infirmary was to be bound (by 6 and 7 Wm. IV., c. 116, sec. 86), in order to get his presentment to attend the gaol gratuitously.

This was introduced after a correspondence with the attorney-general deliberately and designedly.

By the 28th section, from and after April 1st, 1878, all medical officers were to be appointed by the Lord Lieutenant.

Sections 52 and 53 impose very considerable additional duties and very grave responsibilities on the medical officers, which make the post one involving immensely greater time and labour, as well as anxiety, than under the old Acts. The amount of daily written reports is alone a serious duty, in fact, if anything go wrong, the surgeon is the responsible party. The rules which the prisons board have the power of making may increase this indefinitely. By a circular from the prisons board dated 30th November, 1877, the medical officers of prisons were required to enter at once in the new and increased system of duties.

A deputation of the prison surgeons on the 15th April, 1878, waited on the prisons board, and were assured by the chairman that the surgeons' salaries was under consideration, in order to be submitted to the treasury, but no reference made nor intimation given as to their not being officers any longer.

Various communications since passed between the board and the surgeons in which they are directed, ordered, and addressed as the medical officers of the prison.

March 28th, 1879.—In answer to a question by Mr. Macartney in the House of Commons, Sir Selwyn Ibbetson stated that a scheme had been drawn up for the payment of the medical officers, and that the salaries would be paid from the date of the transfer of the prisons from the county to the Government authorities.

On the 3rd of May, 1879, a circular signed Charles Bourke, Chairman of the General Prisons Board, Dublin Castle, was addressed to all the medical officers of prisons stating—that the opinion of the law adviser having been taken as to the precise position those officers were to be regarded as now occupying in relation to the prison service, and *that that opinion* was to the effect that the *surgeons in question were no longer prison officers*, and could only become so in the event of their receiving that appointment from his Grace the Lord Lieutenant.

The circular then proceeds to inform the parties that their office was vacant, and that his Grace would in due course advertise for properly qualified candidates, &c. but that they could apply to be re-appointed, and would in any case be paid from the 1st April, 1877, according to the new scale of salaries—not communicated.

May 9th, 1879.—The surgeons having held a meeting in the Royal College of Surgeons, sent a reply to the chairman of the prisons board.

The opinion of the law adviser referred to in the letter has not been sent, but in the case of Dr. Boxwell, who in October, 1878, had resigded, in consequence of failing health. the following opinion of the law adviser was communicated, "That Dr. B. is not legally entitled to claim any salary or remuneration after April 1st, 1878. The appointment of medical officer of prisons (40 and 41 Vic., c. 49) vested and still vests with the Lord Lieutenant, and the rate of remuneration must be fixed by the Lord Lieutenant with the consent of the treasury (27th clause Prisons Act). If Dr. B. thought fit to continue to act as medical officer without being appointed, he cannot legally claim any salary. It will be for the prisons board to say whether under all the circumstances they woud recommend his Grace to advise any sum to be given."

February 14th, 1879.—Mr. Charles Hemphill, Q.C., gave a not dissimilar opinion, though not free from doubt.

If these views be correct, then the effect of the 27th section was not to afford any protection whatever to the then existing officers, though it appears to have been specially framed for that object and no other, and was supposed by the profession to effect that object.

The prison surgeons contend strongly for very different views—

1. *They were appointed to the gaols quite separately from he county infirmaries by the 19th and 20th Vic., c. 68.* Those appointments were valid on the 1st April, 1878, and therefore they were then "officers *attached to the prisons*"—a very wide expression.

As such they required no *re*-appointment, but were entitled to continue to hold office until they resign, or are dismissed for cause. They conceive themselves medical officers despite any act of the Lord Lieutenant. The question of *salaries* is quite distinct, and does not really touch the real question.

2. They conceive the 28th section to apply only to new appointments made after April 1st, 1878, *in case of vacancies*. If it were not so then the 27th section would have no meaning or effect at all.

3. The prisons board have from the first recognised them as medical officers, ordered their duties—often very arbitrarily—promised them salaries, and adopted them by their acts and correspondence while it suited their convenience. A question now arises: Is it not too late legally to repudiate them?

Even if the legal interpretation of the 27th section does not protect the holders of office, it was evidently meant and supposed to do so, and it is presumed it would have been at once amended if it were known not to do, and therefore it is a clear breach of good faith to render it nugatory.

4. The surgeons were, and are aware that the question of the amount of salaries was left wholly to the prisons board and treasury, and they rest their claim to such mainly on the *vastly increased duties and responsibilities*, imposed on them by the new Act, of which the prisons board is fully aware. It is not correct to *say that* under the *old Act* they were bound to perform these new duties gratuitously to April, 1878. They were only bound to perform the duties imposed by the old Act—a very different matter.

Counsel will be good enough to advise querists on the following points:—

1. Are the gaol surgeons holding office April 1st, 1878, entitled to continue to hold their places under the 27th section without re-appointment.
2. Can the Lord Lieutenant declare any such post now vacant.
3. In what form can tnis question be most quickly and simply tried? Can the appointment of new surgeons be prevented by an injunction or mandamus or otherwise? or must querists await an appointment, and try the question by *quo warranto*? or what course would counsel suggest?

I have read and considered the sections of the several statutes bearing upon the questions submitted to me. I am of opinion that medical officers of prisons in Ireland, duly appointed by the respective boards of superintendence in pursuance to the 19th and 20th Vic., c. 68, s. 18, or by the Grand Jury before that Act, are continued in office by the 27th section of the 40th and 41st Vic., c. 49; and I am of opinion that this is so in the case of those gentlemen who held the appointment to county infirmaries. This opinion does not, I conceive, conflict with that which deals with the case of a gentleman who gave his medical services to the prison solely by reason of his being surgeon to the infirmary pursuant to sec. 86 of the 5th and 6th Wm. IV., c. 116. But as regards the question before me, that is, the status of medical officers of prisons duly appointed, I am of opinion that the Lord Lieutenant has not power to declare their offices vacant. A mandamus lies to restore to an office any officers illegally removed, but I think it will on the whole be wisest to wait until there be an intrusion into the office, and then proceed *quo warranto*.

JOHN O'HAGAN,

22 Upper Fitzwilliam Street.
May 15th, 1879.

## MOUNTMELLICK UNION.

### FEES FOR EXAMINING DANGEROUS LUNATICS.

A letter was received from Dr. Tabuteau inquiring why he had not received a fee of £2 for examining a dangerous lunatic, for which the magistrates at Portarlington Petty Session, Mr. Kirkpatrick and Mr. Thomas Arlington, R.M. had certified some time ago.

The clerk said the board had refused to pay Dr. Tabuteau more than £1.

Mr. W. H. Cobbe—Let him process the board; that is all he can do.

Mr. Gaze—There were two processes at the last sessions, and there were decrees against the board in both.

Mr. Thomas Cobbe thought that any doctor would make these examinations for £1.

The Chairman—I don't know the circumstances of this case, whether there was a second visit.

The Clerk—I believe there was no second visit, but he had to go to Bishopswood.

The Chairman thought that £1 would have been sufficient remuneration; but as the magistrates have certified for £2 he thought they should pay the amount.

The Clerk thought it right to inform the board that he heard it was Dr. Tabuteau's intention to fight the matter. He (Dr. Tabuteau) would apply for a mandamus, and anyone who voted against paying the £2 would have to pay the costs.

Mr. Thomas Cobbe said that if the magistrates went on granting certificates for such large amounts the guardians should grant out-door relief to every one who applied for it. The magistrates were showing them an example of wrong-doing.

Mr. J. Dunne, jun., thought £2 was too much, but then they had no right to refuse to pay it when the magistrates had certified for it.

The Chairman—Is it the order of the board that it be paid?

Mr. W. H. Cobbe—We protest against it, and we won't vote.

The Chairman—The amount to be paid under protest. Will that do?

An order was then made for the payment of the amount.

## THE LOCAL GOVERNMENT BOARD AS TO REDUCTION OF SALARIES.

THE following letter has been addressed by the Local Government Board to the Dundalk guardians in reference to their proposal to reduce the salaries of all union officers :—

Local Government Board, Dublin,
May 23rd, 1879.

Sir,—I am directed by the Local Government Board for Ireland to acquaint you for the information of the board of guardians of Dundalk union, that the Board have given the resolution of the 19th inst, relating to the proposed reduction in the officers' salaries, their careful consideration, and have had the advantage of an interview with three of the members of the board of guardians, whose views and arguments on the subject have received due attention.

It appears to the Local Government Board that on the occurrence of any vacancy in an office it would be a legitimate question for the guardians to consider whether the salary of such office might not properly be altered and reduced, but the board think that when a person engages in the service of the guardians at a certain salary, and that the terms of his appointment are that he shall be paid such a salary, it is not reasonable or just to reduce that rate of payment on such grounds as those now assigned by the guardians, while he satisfactorily discharges the duties which he undertook to perform.

The board find, however, that this is the course which the guardians propose to adopt in several instances, and that in the case of six of the workhouses, viz., the master, schoolmaster, schoolmistress, infirmary nurse, fever hospital nurse, and porter, they wish to reduce the salaries which are not by any means exorbitant, to a lower rate than at which those persons were elected.

With reference to other officers whose salaries have been raised after many years' efficient service, the board are of opinion that it would be ungenerous to deprive them of part of the advantages so gained while their duties remain unchanged, and that such a proceeding would tend to produce discontent, and a feeling of insecurity in regard to their position which would have an ungenerous effect on the administration of the affairs of the union, as it would discourage zeal and attention on the part of the officers in the performance of their duties. The board observe that in two instances the persons whose salaries the guardians desire to reduce are the medical officer of the workhouse, who has acted in that capacity for about thirty-seven years, and the clerk of the union, who has been in office for about twenty-nine years, and it would certainly appear reasonable that the length of service of these officers should render them deserving of consideration in regard to the continuance of their existing emoluments.

With respect to the poor-rate collectors, whose remuneration varies every year according to the amounts of the warrants, the board will not raise any objection to the guardians reconsidering their poundage when the next rate is made, and as mentioned in my letter of the 26th ult., it is open to the guardians to propose a reduction of salary in any other instance in which there has been a change in the circumstances under which it has been fixed or increased, but for the reasons given above, the board feel it necessary to withhold their sanction to a general reduction of the officers salaries in the manner proposed, which, while it would effect a saving of less than one farthing in the pound on the reduction of the union, would operate unjustly on several of the persons affected thereby.

By order of the Board,
B. BANKS, Secretary.

## REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAY 24, 1879.

| | |
|---|---|
| Total registered deaths in Dublin and suburbs* ... | 211 |
| Ten years average of same week ... ... ... | 152 |
| Decrease of mortality below average ... ... ... | 59 |
| 10 weeks' ratio of deaths Rathmines | 29·2 per 1,000 |
| " " " Donnybrook† | 29·0 " |
| " " " Blackrock | 17·3 " |
| " " " Kingstown | 24·4 " |
| " " Entire Dublin District | 34·9 " |
| COMPARATIVE RATIOS—London ... | 21·6 " |
| " " Glasgow ... | 21·0 " |
| " " Edinburgh ... | 23·5 " |

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Forty deaths from zymotic diseases were registered, being 6 under the number in the preceding week, but 13 over the average for the 21st week of the last ten years: they comprise nine from fever (3 typhus, 5 typhoid, and 1 simple continued fever), 8 from small-pox, 5 from scarlatina, 4 each from measles and croup, 2 each from diphtheria and diarrhœa, 1 from erysipelas, &c.

There were not many cases of measles, scarlatina, typhus, typhoid fever, or pneumonia admitted into the principal Dublin Hospitals during the week.

Three accidental deaths were registered.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 11, 1879.


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## Original Communications.

### REMARKS ON THE ROUTINE USE OF THE OPHTHALMOSCOPE IN CEREBRAL DISEASE.


By J. HUGHLINGS JACKSON, M.D., F.R.S.,

Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.



(*Continued from page* 441.)


From a scientific point of view the necessity of not overlooking a decided pathological condition is obvious. Then it is of some importance in a case of severe cerebral disease to be able to tell the patient's friends that sight may become impaired or be lost, for this prediction, when verified, will satisfy them that we have not misunderstood the nature of the case in its early stage. There are few cases on which such different opinions are given as those of cerebral tumour and other kinds of coarse disease." They often begin by symptoms which are not specially nervous, although really dependent on brain disease. The early symptoms are often put down to stomach derangement, to over-work, or to some other minor cause. The patient is naturally very anxious to put forward the view that his severe headache, vomiting, &c., are owing only to some temporary derangement, and mostly accuses the liver. He may urge that his illness began by "attacks of bile." I have known the friends of a patient lament bitterly the different opinions that have been given at the early and late stages of a case of cerebral tumour. Every practitioner will know of cases of young men who have first severe headache, and, perhaps, urgent vomiting, and scarcely other symptoms, and who occasionally for weeks, or even for months, remain able to do their work somehow, especially if, as occasionally happens, the severe pain in the head only comes on in the night. The absence of renal disease being ascertained, the symptoms are strong evidence of the existence of "coarse" disease inside the head. We often see patients blind from optic neuritis, especially in children who are reported to have had "bilious fever." It is frequently the "fever" that attends coarse disease of the brain. I feel sure that the use of the ophthalmoscope would sometimes save us from the mistake of declaring the symptoms of a case to be of non-cerebral origin, because superficially considered, they seem to refer to other organs than the brain. In all such cases the ophthalmoscope should be used, *whether the patient complains of defect of sight or not, and when he can read the smallest type.* Although the absence of optic neuritis would not negative the existence of coarse disease within the cranium, the presence of the neuritis (double) would, I think, render the existence of this kind of change *almost* certain in many cases of very severe headache without renal disease; we cannot be quite certain. I had, about a year ago, a patient under my care, the whole course of whose symptoms—and double optic neuritis was discovered—seemed to point to coarse disease of the brain; but there was no such change found post-mortem; the brain was very much wasted. Nevertheless, I repeat, double optic neuritis occurring along with intense headache, and especially with vomiting (perhaps bilious), is *almost certain* evidence of the existence of coarse disease of some kind—not of any particular kind—within the cranium.

Let me relate a case showing, in a very striking way, the value of the recognition of the fact (case recorded *Med. Times and Gaz.*, Nov. 16, 1872). The patient was a blooming healthy-looking girl, æt. 20. Although she had attacks of headache and vomiting, yet she was apparently so perfectly well in the intervals of these attacks that the diagnosis of intra-cranial tumour must have seemed *preposterous* to those who did not use the ophthalmoscope or who could not interpret its meaning.

Now this patient had a nervous symptom, or rather a pathological nervous condition; that is, as above implied, she had acute double neuritis; but, as she could read the smallest type, and did not know that there was anything the matter with her sight, this valuable evidence did not exist for those who do not use the ophthalmoscope by routine. Her sight failed before death. (Tumour and cyst of the right lobe of the cerebellum were found.)

For some time this patient had only three symptoms,

the three so often found together—viz., headache, vomiting, and double optic neuritis. Now, at the most important stage of the case, the third symptom (optic neuritis), as I have said, would not exist for those who do not use the ophthalmoscope *by routine*. Without it the diagnosis would have been erroneous. It is true that from *very* severe headache and vomiting we may *guess* intra-cranial tumour, but who *would* ever guess it in a perfectly healthy-looking blooming girl, who was in good flesh, and occasionally apparently absolutely well. This indeed, is the *beau-ideal* of a case to be mistaken early in its course for "disease of the liver." How often do we hear of amaurosis caused by "bilious" fever? To encourage such a mistake was the fact that the girl had always been subject to "bilious attacks." Another mistake would be hysteria. Neither of these mistakes could be made in such a case if the patient's optic discs were looked at. We did look at them, and from what we saw we were absolutely certain that there was intra-cranial disease, and we predicted tumour.

But we may overlook the neuritis altogether. The patient may die of intra-cranial disease before his sight begins to fail, or the neuritis may pass off, leaving sight quite good. It is obviously a serious matter to overlook so striking a pathological condition. In cases of loss of speech (aphasia), there may occasionally be discovered severe optic neuritis when there is nothing in the patient's bearing to suggest that his sight is defective.

In young children it is absolutely necessary to use the ophthalmoscope when they suffer from severe cerebral disease. We occasionally discover optic neuritis in a child whose parents have never noticed anything the matter with his sight. In cases of acute cerebral disease, the patient may be too ill to take any notice of our attempts to test his sight. Here, again, we must use the ophthalmoscope.

In the following cases, without ophthalmoscopical examination, we could never have inferred that the cerebellar abscess which was found post-mortem had produced any changes in her optic discs. I saw this woman by Mr. Maunder's permission. I take the report from the "Mirror" of the *Lancet*, March 29, 1873:—

"For the notes of the first of the subjoined cases we are indebted to Mr. Wallace Drew.

"S. B——, æt. 16, admitted May 25, 1872. The patient, a fair, delicate-looking girl, stated that about a fortnight before admission she had earache, which was soon followed by giddiness and discharge from the ear. The discharge and giddiness continued up to the time of admission. Previous to this she had always been healthy. She had scarlet fever and measles when a child, and small-pox six months ago, from which she completely recovered. No history of injury; no history or signs of syphilis.

"On admission there was a thick yellow discharge from the left ear, and she complained of deafness, frequent attacks of violent retching and vomiting, and said her 'head felt going round and round.' She had great pain 'all over her head,' which was increased by pressure over the mastoid process. Temperature normal.

"May 28th.—Condition and symptoms unaltered. Ophthalmoscopic examination disclosed double optic neuritis. She passed urine in the bed during the night.

"June 5.—The nurse states that at 7 a.m. 'she gave a scream, and a stupor came over her, from which she could not be roused. The eyeballs and eyelids kept moving during the attack.'

"6th.—At 4 a.m. patient had a fit, described by the nurse as 'clenching of the hands and feet and foaming at the mouth,' which lasted about four minutes. She did not bite her tongue. She remained in a stupid condition all day.

"7th.—Patient can be roused with difficulty. Continues vomiting. Dr. Hughlings Jackson saw her and dictated as follows:—'There is double optic neuritis; minute examination impracticable. She is very much thinner than she was a week ago. There is no paralysis apparently, but she is too ill to get out of bed for careful examination.'

"8th.—Two fits this morning, one at 9 a.m, the other at 10 a.m. Nurse states that before the first she had a rigor, which lasted a quarter of an hour. During the fit she had twitching of the muscles of the face and eyelids, but both upper and lower extremities were apparently powerless. The second fit was similar to the first, except that the twitching of the face was absent. Passes urine in the bed. Tongue is moist, tremulous, and red.

"14th.—She has improved very much since the 8th. Vomiting, pain, and giddiness much less. Discharge from the ear is very profuse. Passes better nights. Bowels constipated.

"29th.—Her general symptoms have been much the same since the last report; some days she has been sufficiently well to get up and do needlework, at others as bad as ever. Has had no more fits. Dr. Hughlings Jackson made the following remarks:—'The optic discs are still swollen, and very prominent over a small area. Veins are very dark. Effusions of blood at the edge of the swelling. General manner much improved since I last examined her.'

"July 31st.—Dr. Hughlings Jackson saw her again, and made the following remarks:—'She has been much worse for the last two days; but since I saw her on June 29 she had been very much better, had been up, and had done needlework. She made two aprons. The last observation shows that her sight has not been considerably affected, although it has not been tested by types. She would read, and the nurse thought she saw well. She had taken her diet (half 'fancy'), and had also eaten part of other patient's diet. Indeed, she seemed to be getting well. Now she is very ill, and has great pain in the head. There is no paralysis. It is of course impossible, as the patient is in bed, to say that her legs are not weak; but before she took to her bed there had been no difficulty in her gait. Certainly there is no paralysis of any cranial nerve; and it is particularly to be noted that speech, articulation, and voice are good. There is, however, still double optic neuritis. The existence of this pathological condition of the optic nerves would never be guessed from her manner. The disc patch is about three times the diameter of a healthy disc. There is no distinct edge, but a general boundary of swelling over which the large veins turn to be lost to sight, re-appearing beyond. No arteries are traceable in the patch.'

"The patient died a quarter of an hour after the ophthalmoscopic examination was made, and the above remarks dictated by Dr. Hughlings Jackson. From the nurse's description of her death, she appears to have become rapidly comatose. Her temperature (night and morning) all through her illness was normal, excepting on the 8th of June—the day she had two fits—when it reached 99°. Trephining was suggested by Mr. Maunder, but was counter-indicated by the absence of any localising symptom.

"The friends refused to allow any examination of the body, and removed it, but on the following day (Aug. 2), after great difficulty, permission was obtained to examine the head. The left half of the cerebellum was found to be completely hollowed out, forming a large abscess cavity. The cyst-wall was soft, with little or no fibroid thickening, and the pus it contained was of a yellow colour, tinted in some parts with a green hue. At the receding angle in posterior fossa of skull, formed by the junction of the mastoid with the petrous portions of the temporal bone, where the lateral sinus makes a bend, a spot was found which communicated directly with the abscess in the cerebellum, and from which pus oozed when the periosteum was removed. At this point the bone was found softened, and readily broke under the point of a probe. There was rather more fluid in the lateral ventricles than normal, otherwise the brain was quite healthy. There was not the slightest trace of lymph or even dulness of any portion of the arachnoid."

Illustrations of the second statement, that neuritis may exist with good sight and may pass off, leaving sight good are often given. I refer again to the two drawings in the "West Riding Asylum Reports." The uppermost draw-

ing shows acute neuritis ; the second, the disc on recovery almost normal, No one would dare to say that the patient had had neuritis from the appearance depicted in the second drawing ; the patient never had any defect of sight from first to last.

*(To be continued.)*

## ADENOID TUMOURS OF THE NASO-PHARYNX; THEIR INFLUENCE ON HEARING, RESPIRATION, AND PHONATION ; AND THEIR TREATMENT.

By Dr. B. LÖWENBERG, Paris,

Translated by H. Macnaughton Jones, M.D., &c., Professor Queen's University, Ireland.

*(Concluded from page 445.)*

### *The Annular Knife.*

M. Meyer reccommends operation by means of a little oval ring with a sharp interior and anterior edge.

This little instrument consists of a thin flat blade, only 2 millimètres in breadth, it is one centimètre in its transverse axis, and seven millimètres in the axis perpendicular. The ring is fixed at a slight curve with a strong metal handle, 11 centimètres long, at the extremity of which is an ebony stem of the same length.

The instrument is used in the following manner : We introduce it with the right hand, by the nares, on which ever side enables us most easily to reach the morbid growths, till it is passed into the pharynx ; then the left index finger is introduced by the mouth, in order to fix the morbid growths, and to press them against the sharp edges of the knife.

The results of this operation are the same as those which we have explained in treating of the use of the curette.

As regards the value of this instrument we must confess that we have often found it useless, sometimes because we found it impossible to pass it by the nasal fossa, or that it would cause too much pain to the patient, at other times because, on account of the situation of the tumours they could not be reached by the knife, the space in the interior of the nose being restricted to allow of free manipulation of the instrument. (We must add that the regretted Wendt has, in two cases, seen the use of this annular knife followed by acute purulent otitis with perforation of the membrana tympani.)

### The Author's Method of Operating.

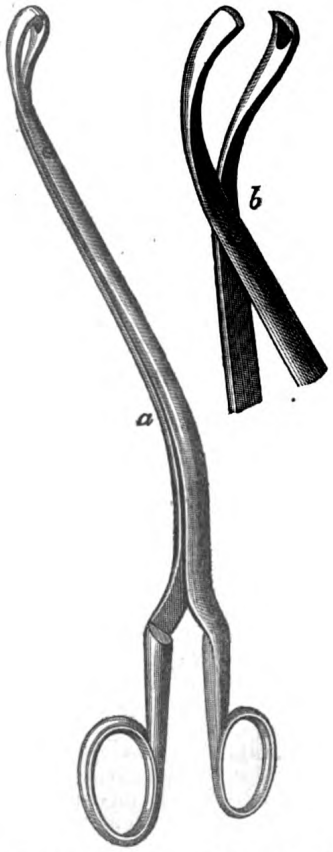
Amongst the various operative methods that we have employed, the use of the curette appears to us the easiest and most efficient, but nevertheless it is not without its drawbacks. The introduction of this instrument with sharp edges, may indeed becomes dangerous in cases where the patients are restive or unmanageable, even when we take the precautions we have explained (see above). Moreover, when it is introduced into the naso-pharynx, the curette may make an incision so deep as to extend below the limits of the tumour which is to be removed.

We have thus been induced to substitute, for the instruments already known another of our own invention, which we believe to be as efficient as these, and at the same time, more sure in manipulation, and less distressing to the patient. (See accompanying figure.)

It is a forceps, the extremities of which are two sharp blades, the cutting edges being applied against one another, when the instrument is closed. It, like the curette and caustic holder, is formed in a double curve, somewhat resembling an S. The joint is placed near the bit so as to secure a considerable length of the handles, this gives a powerful leverage, and enables us to cut easily. The blades cut by approaching one another. They are slightly curved and concave on the interior surface.

We use the instrument in the following manner :

Guided by the rhinoscopic mirror, or by the index finger of the left hand, we introduce the forceps closed ; we then open it and cut the growths as closely as possible to their base. A thin pedicle, or a sessile growth of small size, may be cut through by one stroke of the instrument, while it will naturally require several to remove a large tumour. True pharyngeal polypus can be operated on in a similar manner by means of our instrument.




*a* Two-fifths the natural size. *b* The extremity two-thirds natural size.

When the morbid growths are divided we withdraw the closed forceps, and generally with it also the tumours that we have just removed.

Having frequently employed our forceps with complete success, we can recommend its use to those who find it necessary to operate on adenoid tumours or polypi of the pharynx.

### *The Galvano Cautery.*

Adenoid tumours may be also destroyed by a platinum wire rendered incandescent by the continuous current. We cut through the pedunculated growths with the sharp handle, and destroy the sessile ones with the galvano-cautery.

We have not yet tried the thermo-cautery in these special cases. When it is employed we should suggest to cover the instrument, except that portion with which we cauterise the tumours, with some material which does not radiate heat, and is at the same time a bad conductor. We propose the same means for the galvano-cautery, with the intention of protecting the healthy parts ; we could, for instance, cover thus the circumference of the shank for the platinum wire. We offer this suggestion to any surgeon who may find it necessary to attempt this operation in the interior of a cavity whose walls should be protected against the enormous radiating heat of the platinum, which conveys the current from the battery.

### Treatment of Concomitant and Consecutive Affections.

The following pages do not profess to enumerate every

method of treatment employed in contending against the affections above described. Moreover, we can easily obtain this information in special works. We wish only to explain here the methods which, by long personal experience, we have found useful in the concomitant affections of adenoid tumours of the pharynx.

We have seen that chronic inflammation of the mucous lining of the pharynx and the cavities adjacent to it, coexists in a great number of cases with adenoid tumours of the posterior cavities of the nasal fossa ; we have always found pharyngitis, and very often rhinitis.

It is necessary to treat these different groups or disorders, independently of the measures to be taken with regard to the adenoid tumours themselves. We will now give the means which we have employed in the treatment of these numerous symptoms.

When the affection has attacked the *nose or the naso-buccal pharynx*, we employ *alum*, an excellent astringent, by means of gargles and the naso-pharyngeal douche.

The *gargle* is used, as we have explained above, with a solution of alum at the temperature of the surrounding atmosphere.

*Naso-pharyngeal Injection.*—We must take important special precautions to insure the success of this excellent method. We must avoid the use of pure water without the addition of some salt ; for simply cleansing injections, we use water containing chloride of sodium, 1 to 3 parts in 100. We also add salt to the astringent solutions, for without sea-salt the water is very irritating to the pituitary membrane, probably on account of a too violent osmotic process ; while table-salt, possessing a very slight osmotic action, the presence of which limits that of certain other salts, prevents the exaggerated interchange and consequent irritation, which would take place between the fluid injected and the elements of the Schneiderian membrane. (*a*)

Alum is used in the nasal douche, in the proportion of 1 to 3 parts in 100 of water.

All medicated fluids should be warm, so as to avoid irritation of the nasal mucous membrane.

The astringent solution may be used also in powder, but we then lose the cleansing effect of the current of water, which is indispensable in carrying away the secreted products, which are often so abundant, compact, and adherent, that without the aid of Weber's douche, all the efforts of the patient cannot succeed in expelling them.

If alum, or other astringents, as, for instance, tannin, are not sufficient to effect a complete cure, we may increase their action by local cauterisation ; we must have recourse to this where pharyngeal granulations exist, or actual swellings of the pituitary, such as we have often noticed. We very frequently use the galvano-cautery for these cauterisations.

*Measures to be taken with regard to Respiration by the Mouth and its consequences.*

It is evident that we cannot hope to re-establish respiration by the nose until after all the adenoid tumours which interfere with this normal function have been removed. But as we have already seen, operative measures are not sufficient to accomplish this successful result in the greater number of cases ; even after a pathological condition of the nasal fossa, which to a greater extent interferes with the permeability of these channels has been cured, the habit of the young patients of breathing by the mouth, often remains still unconquered. On the other hand, the re-establishment of the normal method of respiration is all the more desirable, as the simple fact of the passage of air through the nasal fossa, would, in its turn, materially assist in restoring their physiological condition.

In what manner should we act in these cases ? When the passage is sufficiently free we begin by advising those who are in charge of the child to check his old habit by constantly reminding him to close his mouth. It is all the better if the child finds this surveillance annoying. He will then attempt to render it unnecessary by remembering of his own accord to breathe by the nose.

M. Guye, of Amsterdam (*a*) proceeding more energetically, proposes simply to close the child's mouth by means of an apparatus, somewhat similar to the respirator of the English, but differing in this respect, that the "anti-respirator" of our Dutch colleague and friend is completely impermeable to air.

But this apparatus will not be efficient unless it is applied so closely that it adds to the little patient's annoyance by preventing him from speaking. Moreover, it may happen in these cases that the nose, particularly if the mucous membrane has not completely regained its normal condition, is temporarily closed, and how can the child who has been strictly forbidden to remove the apparatus then breathe ? And how can he expel the pharyngeal secretion, which is generally so abundant, or even the saliva ? These questions are all the more important, since, instead of losing time which should be utilised, we ought to begin the supplementary treatment as soon as there is the least possibility of breathing by the nose.

We have devised a more gentle means which has already been serviceable in some cases. It is the use of a simple chin-piece, but we replace the end which passes round the scalp by two bands, making between them almost a right angle, so as to bind the head firmly. There is a slit in the inferior portion for the reception of the chin. This chin-piece brings the two jaw-bones with their dental arches in contact with one another, thus preventing respiration by the mouth. In cases where a small opening still exists, it is only because there are spaces between the teeth of the same row, or that some of the molar teeth are removed at the back ; not only are these spaces insufficient to serve for regular prolonged respiration, but, if availed of, it would be also very troublesome, as it would necessitate the patient keeping his lips separated, while the chin-piece tends to close them by pressing the inferior against the superior maxillary bones. But this mode of breathing may be used for a short time if the nose is temporarily closed. This system has, moreover, the advantage of permitting the patient to speak, if not well, at least sufficiently for anything that is absolutely necessary. We, therefore, propose its use, and beg of others to try it in appropriate cases, as our invention being of recent date, cannot be brought into general use until it has been tested in a greater number of cases than those in which we have hitherto had an opportunity of trying it. It would be important, for instance, to study its effect in cases where the jaw-bones, with their dental arches, are differently shaped, and in the numerous varieties of dental formations. All that we have seen up to the present appears to prove that our device may with gentleness teach a child to breathe by the nose without imposing on him a restraint beyond his age.

Where *snoring* does not disappear spontaneously, as soon as the naso-pharyngeal passages have recovered their normal permeability, the chin-piece should be still used, but only during the night.

*Defective pronunciation* should be conquered by reading aloud, an exercise which is also very useful for the whole extent of the respiratory tract, as it stimulates and regulates the mechanism of respiration.

As to the *thoracic deformity*, suitable gymnastics should be tried under the supervision of a doctor especially familiar with orthopædic surgery, and its anatomical and physiological basis. The earlier it is used the greater will be the chance of a successful result. Electricity may be used with advantage in the treatment of the deformity.

### Therapeutics of Aural Affections.

The affections of the ear caused by adenoid tumours of the pharynx, require different treatment according to their nature and intensity. Two groups are to be

(*a*) Graham, in "Philosophical Transactions," 1865. Part i. "On the Diffusion of Liquids."

(*a*) International Congress of Medical Science. Brussels. 187.

specially distinguished, simple catarrh and purulent otitis (we shall find specimens of these two groups in the cases related above). In both of them removal of the growths is the first essential condition of all efficient treatment. This being accomplished, each group requires special cares, which we shall briefly explain. We may say at once that it is necessary to begin the treatment as soon as possible.

### Treatment of Catarrhal Inflammation of the Middle Ear.

The most frequent cases of aural troubles arising in the course of an adenoid affection, are those of simple chronic inflammation of a catarrhal character. We advise that it should be dealt with in the following manner: by means of the catheter we insufflate air into the Eustachian tube and cavity of the tympanum. We prolong the beneficial effect of the air-douche by substituting for the ordinary atmosphere hydrogen, or air which has been inspired and expired alternately four or five times, according to the methods proposed by us in our treatise, "De l'Echange des Gaz, &c." (*a*)

We can also insufflate air or other gases, and even vapours, into the middle ear by means of the method of M. Politzer, of Vienna. This method of our Austrian colleague is practised in the following manner:—We introduce a tube into one nares (see our modification, page 57), which communicates with a caoutchouc bag, and we hermetically close all communication between the interior of the nasal cavities and the surrounding atmosphere, by closing the patient's nose. The end of the tube should not extend at the most farther than one centimètre into the nares. We then compress the bag, and thus inject its gaseous contents, at the same time making the patient perform the movement of deglutition. This facilitates the operation in two ways: 1st. It raises the soft palate and thus closes the naso-pharynx from the buccal-pharynx. 2nd. It diminishes the resistance of the Eustachian tube, and renders the access to the cavity of the tympanum more easy.

In an immense number of cases this excellent method may replace catheterisation, an operation which is naturally more annoying to the patient; but M. Politzer's method is especially indispensable in the case of little children where catheterisation is impossible.

We have lately proposed some modifications of this method, which consist in obtaining the elevation of the soft palate by means of the pronunciation of certain letters, rather than by the act of deglutition. But we should not forget that these modifications do not imply, as deglutition does, the freeing of the passage through the Eustachian tubes, a condition not less important for the success of the operation than the elevation of the soft palate. Nevertheless, when we are dealing with little children, we employ this method, which consists in making the patient pronounce a prolonged *a*. It is indeed easier to practise insufflation during the emission of this vowel than to seize the moment of deglutition, as children will not swallow at the instant they are desired.

For a similar reason we reject the use of another plan, which consists in saying "hack" or "huck." We may sustain a vowel for a considerable time, and thus keep the soft palate raised for so long a period that the surgeon is enabled to choose the moment at which to inject the air, while the pronunciation of the consonant *k* only lasts an instant, and we must seize exactly that moment, or else the operation fails.

Besides, it very often suffices with little children to introduce the tube of the bag into the entrance of one nares, to close the nose and blow the air forcibly into the cavity of the tympanum, simple pressure being generally sufficient at this period of life to overcome the resistance of the Eustachian tube.

Finally, in certain very rare cases, even with adults, we succeed more easily in performing the operation by making them pronounce some words rather than by deglutition. The causes of this peculiarity are as yet unknown to us.

We shall conclude with some practical advice which a long experience has suggested to us. It is often difficult, even with adults, to perform insufflation at the exact moment when the Eustachian tube is open during deglutition. We recommend the surgeon in these cases to watch the patient's neck, and to compress the ball at the moment when the larynx is seen to ascend. In this manner we succeed more certainly.

In those cases in which the insufflation of air does not give a satisfactory result we inject astringent solutions through the catheter, for instance, sulphate of zinc (1 to 2 grammes to 100 of water). In cases of very great swelling of the mucous membrane of the tube, it may be often necessary to use a whalebone bougie; but only very skilful surgeons should venture to employ this instrument, even they must at the same time take the precaution of using the otoscope (an elastic tube which puts the surgeon's acoustic ear in communication with that of the patient); the aid of the rhinoscope is also necessary in very difficult cases. The proof that these precautions are not superfluous is, that the least imprudence in handling this instrument may produce false channels in the tissues of the pharynx or Eustachian tubes, and that if we persist in attempting to practise insufflation we shall produce emphysema, which may affect the pharynx, the soft palate, the uvula, the face, and the neck, and descend even to the sternum, the arms, and between the shoulders. According to Triquet (*a*) this emphysema may even reach the larynx and stifle the patient.

### Treatment of Purulent Otitis Media.

This form of otitis accompanies the adenoid affection more rarely than simple chronic catarrh. We advise the following manner of treating it. If the membrana tympani resists the pressure from within outwards of the liquid accumulated in the cavity in acute otitis, and that it is impossible to open a natural exit for the pus, by freeing the Eustachian tube, we must without delay perforate this membranous barrier (the membrane), and relieve the walls of the cavity from a pressure which is so painful to the patient. It is principally in these cases that we may advantageously employ the myringotome, which has been, and still is, often used in so culpable a manner.

When once the acute stage is passed, leaving perforation of the membrane, whether caused by artificial means, or by the internal pressure which has ruptured it, we use the catheter, or Politzer's method. At the same time we treat the external meatus, and the cavity of the tympanum, by means of daily injections of warm water, followed by astringent instillations. Since the year 1868 we have used *absolute alcohol*, with or without the addition of tannin in solution. We use it at first mixed with four or five times its volume of water. Gradually we increase the strength, and with many patients we finally apply absolute alcohol (alcohol called "absolute" in the pharmacopœia still contains two to five per cent. of water, but this is of no importance).

In a certain number of cases the insufflation of powdered alum has also given very satisfactory results.

We take this opportunity to remark, *en passant*, on two facts, the knowledge of which should be spread as widely as possible, though every day brings us fresh proofs of how little they are generally known.

1. A prolonged discharge from the ear does not, 99 times out of 100, proceed from the auditory meatus, but from the cavity of the tympanum, and is naturally complicated with perforation of the membrana tympani, a pathological condition which must be treated without delay.

2. Contrary to the almost universal opinion, perforations of the membrana tympani of recent date, may be cured, so to speak, with the most simple treatment, pro-

(*a*) *Loc. cit.*

(*a*) "Legons Cliniques sur Maladies de l'Oreille," p. 150. 1863

vided it is employed in time; it is also very often possible to lead to complete cicatrisation even of old perforations, and at the same time to dry up the discharge which accompanies them in nine cases out of ten, we need hardly say that this result is extremely advantageous to the patient.

If we have devoted so much attention to this study of adenoid tumours of the naso-pharynx, and have published it with so many details, it is because the considerable number of cases that we have observed, confirms us in our belief in the very great frequency of the affection in general. Indeed, many of our colleagues to whom we have explained the results of our studies, have been struck with the pathological group of symptoms, which we attribute to the presence of adenoid tumours, and each could remember having frequently met with similar cases in his own practice amongst his young patients.

We venture then to hope this publication may prove useful to those of our colleagues who are not as yet familiar with its results, but which, nevertheless, may be contended against with the greatest success, if we adhere to a treatment established on the principles which we have here laid down.

## ROYAL MEDICAL BENEVOLENT COLLEGE AND CHARITY VOTING.

### DECISION OF GOVERNORS.

[Owing to great pressure of matter we were able last week to give but a very brief outline of the proceedings at the Annual Meeting of the Royal Medical Benevolent College. The subjects discussed, however, were of such an important character, and the meeting one of the largest and most influential ever held, that we now present our readers with a verbatim report, from our own reporter.]

The Annual Meeting of the Governors of this institution was held on the 29th ult., at the offices in Soho Square, Dr. Jonson presiding, when a decisive vote was taken in regard to the system by which the recipients of the charity are elected. In the preliminary business the scrutineers' report was presented, giving the result of the election, and expressing sympathy with the unsuccessful and congratulating the successful candidates. The Annual Report of the Council was then read, and it stated that the Council had delegated to a committee the task of inquiring into and reporting upon the system of electing by votes the recipients of the charity. The committee, in their report, which was signed by Mr. Erasmus Wilson, opposed the abolition of the voting system as tending to the injury of the charity. The fairness of election in the institution had never been questioned, while the alternative mode would leave the choice in the hands of a committee. Besides, the funds would be likely to suffer, as, under a new system, the friends of a candidate would think it would be no use to subscribe, while, under the present system, every new candidate brought new subscribers, some of whom continued, and the fresh additions kept the list of subscriptions to the average. The Report referred to the circular issued by the Committee for the Abolition of Charity voting as Jabez Hogg's.

The Chairman, in moving the adoption of the Report, spoke in the highest terms of satisfaction of the educational standard attained by the Epsom College scholars, and moved that the Report be adopted and entered upon the minutes.

Mr. Jabez Hogg.—I beg, Sir, to take exception to one part of the Report—that part which speaks of "a paper issued by Jabez Hogg." The paper alluded to was not issued by me individually, but was issued by an influential committee, of which I am the honorary secretary. I beg to say that the Report should be corrected in this particular. I shall not now go into the merits of the Report read. I have individually no complaint to make against the Council in reference to the slip issued with the voting papers, and which casts a reflection on me. The view therein expressed has had a contrary effect to that which the Council anticipated, inasmuch as, since it was issued I have received nearly two hundred communications from Governors asking me to add their names to the requisition for the abolition of the voting system. (Cheers.) I would now simply remark that we are asked to meet here in a formal manner to ratify the acts of the Council, who virtually select the members of their own body, but refuse to act as a selective body when it concerns the interests of the beneficiaries of the institution. Have not the Council always acted as a selective body in putting forth the names of gentlemen for the vacant seats in Council, and who are called upon to discharge most important functions, and who frame our laws? With regard to the voting at these annual gatherings, it does appear also to me that the bye-laws on some points require altering, particularly as regards the voting of country members on questions of importance as that which will come before this annual meeting, since Governors, as Dr. Bartolomé, of Sheffield, and ladies especially, are virtually disfranchised. The votes of country Governors should be taken by proxy, and the Council should at once alter the bye-law and enfranchise those who are disfranchised by reason of their living too far from London.

The Chairman.—In reply to the first observation of Mr. Jabez Hogg, allow me to say that nothing invidious was intended by speaking of the paper referred to as his. In speaking of the paper issued by the committee of which he is honorary secretary as that "issued by Mr. Jabez Hogg" we spoke of him as representing the Committee.

Mr. Jabez Hogg.—I shall be quite content if you say in the Report "the paper emanating from the Committee, of which Mr. Jabez Hogg was secretary." (Hear, hear.)

The Chairman.—That shall be done.

Mr. Mason.—There is another point. We have with the Report of the Council, an important report from a Committee, and before we are called upon to vote upon this as an adopted Report, I should like to know our position. There is much in the Report from which I differ. (Hear, hear.) It was carefully read, but we have not had time to consider it. It ought, I think, to have been issued with the balloting papers. (Hear.) I am not about to enter upon this subject of the system of voting, but I may say this—as far as the report goes, I think I am in the right in declaring that one candidate at least of those elected on this occasion has friends who could have supported him, and we have had an example of this before. I trust that the Governors, in the interest of the poor candidates themselves will look into the question, and see how the system operates. (Cheers.)

Mr. Mocatta.—I venture to ask one question before we proceed to adopt the Report. I rejoice to see the brilliant position occupied by the College, but I should like to know how far we shall be endorsing the views of the Council on the voting system by adopting the Report? We must, I think, pause before we adopt the Report.

The Chairman.—It is usual to adopt the Report and enter it on the minutes.

Mr. Ernest Hart.—The best plan will be to let the Report be received and entered on the minutes.

The Chairman accepted this, and the Report was "received," and ordered to be entered on the minutes. The Chairman then remarked that the meeting of Governors had no power to alter the bye-laws, but could recommend the Council to do so.

Dr. Hare then rose and moved

"That the Council be requested to alter the bye-laws to the effect that a committee of investigation be appointed, the duty of which shall be to examine carefully into the claims of the several candidates, and to recommend for election a number of the candidates corresponding with the number of vacancies in the Colleges; that the names of such recommended candidates shall be sent with the voting papers, which should also furnish, as at present, the names, &c., of all candidates to every Governor of the College.

"That the Council, with each ballotting paper made out as at present—and, of course, leaving to every Governor the absolute right of voting for any candidate as he or she may please—do inclose a slip of paper, on which shall be printed the following words, or words to the following effect: 'The Committee of Examination recommend the following cases as being in their opinion the most urgent,' after which shall be printed the names of the candidates for pensionerships and foundation scholarships selected as above by the Committee of Examination."

He said: I rise with a deep sense of the responsibility

which attaches to me, owing to the importance of the task which I have been requested to take upon myself. I wish very much indeed that the matter had been entrusted to some one who was better able to deal with it than myself. Indeed, were it not for the illness of a very distinguished and learned nobleman—one whose life has been spent in philanthropy—Lord Lichfield, I should not occupy my present position. He would much more ably than I can state what I have now to state. By-and-by you will hear a letter read from him, going fully into this matter, and expressing his deep regret that illness alone has prevented him being here. But, Sir, if I feel the responsibility of my position; I also feel that I have a great and good cause in hand. It is a cause in which somehow or other I have been brought to the front, I scarcely know how; but so long as I have life and health left I promise you I shall be wanting in no exertion until the subject is finally and absolutely settled in the way which we require. There is one thing of which I am sure—viz., that on this occasion, I, unlike others on former occasions, shall be allowed to have my say. This time two years ago, and once before, we had scant courtesy shown, and it was only by insisting on our rights as Governors, that we were allowed to speak at all on the subject. In your hands I am sure this will not be the case. I remember, amongst other things, we were taunted with the fact that only some 500 or 600 had expressed a desire not to be canvassed. What did we do? We explained this to the Governors, and 1,160 names were added to the list. I am sure you will believe me when I say we do not undervalue in the slightest degree all that the Council has done for the good of the institution. Their Report I have listened to with very great pleasure indeed. It has been a great satisfaction to me to hear of the results which have been effected by an institution founded by our esteemed and valued friend, Mr. Propert. At any rate, it has been a source of unmingled satisfaction to know that students have distinguished themselves so well, and that so much good has been done by this institution. But while we give you every praise for this, there is a point on which we think you, as representatives of the College, require to be "educated," and it is the question of "charity voting" We have done our best to come to a knowledge of what the Governors wish, and we have learned that 366 wish the present system to go on, while 3,775 are for its abolition. In other words, nearly 8 to 1 are in favour of our view of the question, as near as I can tell. But it is not a question of 8 to 1, it is the question that we have an absolute majority of Governors who say we will have the thing altered, and therefore we come to you in that distinct and definite way. We do not ask you to change it, but request you to change it. Every one of these forms contain a distinct and definite request from Governors, that you will change the manner of election. As to the charter and the provisions of our bye-laws which have been alluded to, I may say that I never knew a more conservative charter, or more one-sided bye-laws in my life. It results in this, that we, the Governors, cannot enact bye-laws. You will observe that the resolution which has been placed there has been very carefully worded. We ask only that you, the Council, should propose that the bye-laws should be altered. We are precluded from this. We have no power whatever, and all the Governors together could not change them. But what we intend to carry is a distinct request to the Council that you alter the bye-laws in accordance with the wish of the Governors at large. In most institutions an appeal can be made from the voting which takes place in a small room—such as this, in fact, where all the governors of an institution could not possibly be present—but we have no opportunity of the kind. Whatever is carried in this room must be taken to be the will of 5,000 Governors of the College, who can have no chance of being present to express their views. If 3,775 Governors on the one side, and 366 Governors on the other, do not show a very strong feeling, I am indeed mistaken in my estimate of the views of the Governors. You have said that if this were carried into execution, you feared a considerable falling off in the subscriptions. Let me tell you there is a great fear of falling off in the other direction. It would be a poor kind of charity which would give its guinea, or its donation, simply that it might have the power of exercising more influence in the election of candidates. No! I do not believe British charity is of that grovelling kind. There are a number of institutions which flourish without any adventitious aids of the kind, and I believe that our profession, even the more conservative among them, will not retire merely because the mode of election is made more easy to the deserving. But supposing a few subscriptions dropped off, would that necessarily mean that our College would produce a less amount of good? It is not by the number of guineas subscribed that we can measure the good an institution can do. It is only by the amount of good it confers upon those for whom the institution was instituted. I think there are 60 candidates on this occasion. We have been told that no less a sum than £100 has been spent in the election of a single child. I shall merely put it as £15. This is much under the mark, and gives £900 simply wasted on advertisements, on bills, on canvassing, not to speak of the health and strength, which is of more consequence, wasted; £900 annually are wasted to do that which 900 pence would do just as thoroughly. Therefore, if our subscriptions should fall off, which I prophecy they will not, still the amount of good done by the abolition of this system would not be lessened by this diminution of receipts. It would be more than that sum gained to the institution. What do the people themselves say? One individual says (and she went through it last year): "I believe the plan to be cruel and bad." That was a mother speaking, who had toiled to bring her child into the institution. "Those who get their sons elected are the most wealthy. I think this ought not to be. Surely this excellent charity was intended for the most poor and helpless orphans! I was five years in accomplishing my desire, because I had no relative to help me." What do the Governors say? We have not asked the opinion of a single individual on any matter connected with the College, but we have had a great number volunteered to us. I will read a line or two. One thought "the last election was simply an imposture"—(Mr. Gadd, of Rugby). Mr. Campbell, of Worcester: "It is the most clamorous who succeeded." Mr. Barker (Gravesend) said the abuse had changed his ideas with regard to the charity voting. One said an election had cost a widow £100. One had withdrawn because of the abuses. Another thinks so badly of the system that he promises to raise his subscription to two guineas if it is abolished. Mr. Stephens, of Manchester, wrote the present system was an "abominable nuisance." Another withdraws his subscription until the reform is carried. Another says he has saved £50, which he intended devoting to the institution, but if the reform be not agreed to he will give it to some other charity. I appeal to the gentlemen of the Committee of the Council to alter their views. I appeal to you to give way to a majority of the Governors, at least when the majority is so large, and when you can do it without discomfort to yourselves. Will you or will you not? That is the question. If you will—right and good. If you do not you shall have no peace. So long as I have life and health left, time after time, we will come before you, and we will carry our point come, what will. We will carry our point because we have justice on our side; because we speak for the widow and the fatherless, and because we have the Governors at our back.

Mr. Ernest Hart.—I am requested by the Committee to second this motion, but to save time I propose with your permission, to withhold any observations for the present in the hope that some members of the Council will, perhaps, now rise and express the views of the Council, and thus, perhaps, save me from going over unnecessary ground. I therefore at present merely formally second the motion.

Mr. Hird said: I can only express the regret I feel that Dr. Hare should, at the conclusion of his observations, have imported into his speech anything in the shape of passion or threat. I am quite sure I do not ask more than justice for the Council when I say they are put into their position as the executive body to administer the laws of the College, such as they are. The Council have not made the laws nor framed the Act of Parliament; but they are bound so long as the laws exist to administer them in conformity with those laws, and if they, from the responsibility of their position hesitate, it is only because they feel that the law would not enable them to do what they are asked to do. I do not refer only to the present revolution, but to former ones which had been moved, and which I hoped had been forgotten, because the law could not have been altered without altering the Act of Parliament. (No.) I speak advisedly. The Council had no power to do what they were asked to do. The general body of the Governors had no

power to do it without altering the Act of Parliament. We must have had a new charter modifying certain conditions of it. The Council did not feel themselves called upon to recommend so radical a change as that. I am sure I can say on the part of the Council that whatever their opinions collectively or individually may be, whenever there is an expression from the Governors of the College, when the Governors of the College know exactly the case in point, and are in full knowledge of it, I am sure there is not one in that Council who would fail to carry it out. And if the Council do not appear to have fallen into the views which had been given expression to on this and on other occasions, it is not in a spirit of opposition, nor in a spirit of resisting that which would be a benefit for the poor people who are admitted as candidates to our charity. I ask for as much consideration on this point as any Governor. Does anyone suppose that any of the Council would give the amount of energy, or subscribe so munificently, as many who have brought thousands by their personal exertions to the charity, would hesitate at once to join with the Governors in doing that which would be a permanent advantage to the College? I am sure there is not a Governor here who would insinuate anything of the kind. But the Council first act upon their own individual knowledge of the institution they administer. There are a number—our Chairman I may say for one—who have been connected with the institution from its foundation, and who have laboured for it year by year, and who have subscribed, as I have said, thousands of pounds towards its fund through their influence. Sir, I would take the example of yourself. You take an active interest in another institution connected with our profession—the Medical Benevolent Fund. Now that is a fund of an entirely different kind from our own institution. It is a fund to give immediate relief for present emergencies. The action that it does must be a rapid action. There is no time for canvassing. They ask for relief, and at the monthly meetings they can have the vote of a small sum for their immediate necessities. There are in addition some pensioners on the establishment. But what is the difference between placing a pensioner on that institution, or giving a small contribution, and doing what our Governors have to do? Anyone admitted into our College either as a scholar or a pensioner receives what can be estimated at a money value of between £300 and £400. Now this is an amount of patronage of a very large extent. On this occasion there would have been so many scholars receiving each £300 or £400. The pensioner would also receive a money value varying according to the age of recipients. Who really are the parties who have this great patronage? Is it the patronage that is to be awarded by the whole of the Governors individually, or is it to be put into the hands of a small select body or committee—in fact, some six Governors, either members of the Council or not—and are they to tell the something like 5,000 Governors "these are the proper people for you to give your votes to?" Now the Council, from their experience, feel that most of the Governors wish that they should be able to give their vote as to who they think fit for the benefits. Now what is to be the practical effect of adopting this resolution? The Council are of opinion that such a list would practically amount to this, that the names mentioned by the committee would be the names elected. Now we wish to mention what our experience is, what we have learnt from other institutions. I take it that most of the large institutions in the country have their elections upon the same lines as we ourselves have. There are some others who do not have canvassing or even voting. But there are some that have been started upon the principle of not canvassing and of having no selected list, and the institutions have simply drifted into inanition; their funds have diminished, there was no vitality in the institution, and the good done for the parties who it is intended to benefit was comparatively small. One of these was the Royal Benevolent Institution, which was started many years ago upon the principle of not canvassing, and not having a selected list. After a few years they found that it began to diminish in interest, the subscriptions fell off very considerably, and after a number of years they felt something must be done or the charity would die. They altered the plan—returned to the principle of not sending a printed list out to the Governors. The Council have not been influenced by any doggedness or spirit of resistance to what is proposed; but they have before them an amount of facts that they believe they are justified in the course they pursue. I am sure the few alterations, which were made, were made with the spirit to meet the demands that were made on them, and we are only glad to see the Governors of the College take the interest to come here and favour other Governors of the Institution with their particular views. Instead of the Council resisting them, the Council are very glad to listen to them. But it has been stated, and Dr. Hare has said, that you come to demand these measures because you find seven out of every eight favourable to your views. I am sure Dr. Hare will pardon me if I do not accept this as strictly correct. I have no doubt he is correct in saying he got eight replies to the papers he sent, against one not in favour. But I take it that that might be interpreted in a different way to the way Dr. Hare has intepreted it. I take it that a lot of people did not consider themselves called upon to send any reply at all. The College has been formed on certain lines. It has been conducted successfully on these lines; it never was in a more flourishing condition than at present; it never did more good than at present it is doing. Now, supposing the subscriptions did fall off. Here we are with a very large and expensive institution, a large building, a large number of expensive masters, and we do not save a shilling; we have no surplus fund, we have no profits from the school portion of the institution. Those who are not upon the foundation simply pay what it costs. Supposing the subscriptions fall off we must at once diminish the number of those who are on the foundation. Instead of having fifty perhaps we should fall off to twenty-five. Instead of having all the pensioners we have we might have only half that number; and I am sure therefore that the Council feel that they could not accede to this request unless they have a more special request from the majority of the Governors.

Mr. Ernest Hart.—The Council have had practically two speeches, the Report, and the courteous one from the gentleman who has just resumed his seat. I venture to differ with him, especially on the question of the fulness of the knowledge which the Governors have on this question. I believe there is no question of which they have a fuller knowledge, as it has been brought before them frequently during the last few years, and it has been brought before them by circulars, resolutions, reports of Council, and discussions in the public press. Therefore, I believe the Governors have given this vote with a deliberate knowledge of all that can be said against the view they have taken. I am sure the Governors agree with me as to the value of the services rendered to the institution by the Council. Nevertheless, I venture to say on this particular question the whole of the profession are against the Council. Nothing in the way of argument has been brought forward against the views which the Governors take on the subject. We all respect the conservative instincts which make the Council pause ere they take a leap in the dark, and I think the motives which induce them to adopt this course are worthy of respect. But when we hear all that can be said by them, I think Mr. Hird spoke as a man who knew that he was talking in a lost cause. I admire the constancy and courtesy with which he brought forward that which took the place of argument. As to having a majority of Governors "knowing the facts," a majority has been gained after a consideration of the facts for the last three years. Knowing this stale argument, that a certain amount of money would be lost by persons who wish to buy charity, they gave this deliberately written opinion. Not obscure, or men of a hasty judgment, but such men as Sir William Gull, Sir Thomas Watson, Sir Rutherford Alcock, and almost every eminent man in the profession, have spoken strongly in our favour, and they have taken the trouble (against the weight of authority) to join their names to the majority of the Governors, and signed a special resolution issued by outsiders calling on the Council to make this change. I hope there will be no hesitation in complying with it. Mr. Hird has said that the Council cannot make laws, but they can make bye-laws, and they can make the one we ask them.

Mr. Hird—I did not refer to the present resolution; it is perfectly legal.

Mr. Hart—As to the falling off in the subscriptions, that is the responsibility of the Governors now; and of the 2,775 persons who have called on the Council to make their bye-law, one or two instances were quoted where certain institutions were said to have dwindled away from certain causes. But it will not be right to accept these as cases in point until we are able to decide whether the absence of charity voting was

really the cause of the bankruptcy, or whether it resulted in the presence of certain officials, or their absence from the working of the institution. I trust we shall be able to proceed at once to vote. I believe the Governors have had a very full opportunity of making up their minds on the subject. I hope, whatever the result may be, it will be accepted in the fullest way possible, as a proof of the views held by those most interested in the institution.

Mr. FRANCE, a Member of Council, said his opinion was that this meeting was very far from representing the great majority of those supporting the institution.

Mr. MOCATTA thought there was a very strong feeling among people acquainted with the working of charitable institutions on this subject. He had had great experience in charities, and was aware of the demoralisation and suffering caused by the canvassing system. That day he had received a card from a respectable tradesman saying, "I hope you will send me some money, because I am in great difficulty, and before I can get admitted into an institution I shall have to spend a great deal of money; and what am I to do with my poor children?" Mr. Mocatta referred to the gross injustice and hardship inflicted upon the poor by the Surgical Aid Society, and said he believed there was a loss of money to charities by the present system, because there were a number of people like himself who were willing to support charities, but not voting societies.

Mr. MANBY said he had spoken on this subject several years ago, and he had come up from Norfolk to support the resolution. The present system merely had the effect of crushing out the most and most deserving indigent amongst the candidates, and therefore he should hold up both hands for it.

On the motion being put to the meeting it was declared to be carried by a very large majority.

The usual vote of thanks to the Chairman brought the meeting to a close.

# Department of Lunacy.

## PSYCHOLOGICAL LITERATURE.—I.

IT is our intention to devote a series of articles to the general consideration of psychological literature. We propose in the first place to discuss the periodical journals, and reports of the various asylums which we have received. The first to which we shall allude is the *Journal of Psychological Medicine*, edited by Dr. L. Forbes Winslow. This is Part I., of Volume 5, of the new series. The *Journal* is the oldest of all those devoted to the consideration of psychological subjects. It first made its appearance in the year 1848, and in consequence of the interesting tone of its articles, it was read by the public as well as by the profession. We are glad to say that the present editor has kept up the style and reputation of the *Journal*. In the current number we find many interesting as well as instructive articles, which will be read with general interest. Mr. Paget, who for fifteen years has discharged the duties of police magistrate, gives us a very comprehensive and instructive article on "Constance Kent and the Road Murder." He is of opinion that the mystery of the murder still remains unsolved, as opposed to the statement of Dr. Bucknill. Mr. Paget in an able way argues the case, and arrives at the conclusion that the supposed confession of Constance Kent was a delusion, emanating from an insane imagination. In coming to this conclusion, Mr. Paget compares the story she told to Dr. Bucknill five years after the event—"and after two years seclusion from the world, under the spiritual guidance of the Rev. Mr. Wagner, her memory, full of the horrors of that fatal night, and her soul oppressed by the dark cloud of suspicion which she knew was hanging over herself and every one that was dear to her—with the simple and plain tale she told under the sanction of a judicial inquiry, and subject to the test of hostile cross-examination by a skilful and experienced counsel. Let it be asked, which bears most strongly the indications of truth? Is it strange that her reason should have given way, and that she should have fancied that she had been an actor in scenes which had impressed themselves so vividly on her memory and her imagination?"

Mr. Paget concludes his able article with a *resumé* of the leading authorities, on the weight generally to be given to confessions which are self-criminating; and illustrations are given to prove that very little credence must be attached to such. The opinion that Constance Kent is innocent, and that her confession only emanated from an insane imagination, is entertained by the majority of psychologists who have considered the question, and also by a vast number of the general public. The article is well written, and is worthy the careful perusal of all interested in the question of insane confessions.

Dr. Winn comes again to the front as an uncompromising advocate of the independence of the human mind, in an article on "Mind and Living Particles." With reference to the hypotheses of some modern physiologists he observes: "Modern neurologists are guilty of a serious and culpable error in their attempt to explain mental phenomena by a hasty generalisation from the very few facts that are known respecting the nature and properties of the ganglionic cells, so extensively diffused throughout the cortical substance of the brain. Their hasty and illogical conclusions would have mattered comparatively but little, if the question at issue had reference only to physical science; but when their haphazard speculations tend to shake a belief in the independence of the human mind—a belief that has been upheld by the greatest philosophers both of ancient and modern times—they might surely have paused before enunciating doctrines which, if true, would make man an irresponsible agent, and sap the foundations of morality and religion."

In "Mad Poets" we welcome a series of most brilliantly written essays on the insanity of several of our poets. We have no difficulty in recognising in these the able pen of Dr. W. A. F. Browne, of Dumfries. The article is a very long one, but most interesting. It is the second of a series on the subject, and doubtless will be published as a separate work. The article is headed:—

> "This wretched brain gave way,
> And I became a wreck at random driven,
> Without one glimpse of reason or of Heaven."

It alludes to the madness of Robert Ferguson, Hoffman, Charles Lamb, Nathaniel Lee, Charles Lloyd, James Gates Percival, Edgar Allan Poe, Riddell, Rousseau, Savage, Schiller, Smart, Jonathan Swift, Tannahill, and Torquato Tasso. As each of these is brought forward as an illustration of a vast mind "fallen from its high estate," it will be read with melancholy interest by many. Dr. Bateman, Physician to the Norfolk and Norwich Hospital, gives us his address which he delivered before the annual meeting of the Eastern Counties Asylum on "Idiocy." Dr. Bateman makes some valuable remarks upon the histology and pathology of idiocy, and asserts as a positive fact that it is the result of "defective physical organisation." The paper is a valuable addition to the literature of the subject. Dr. Semple gives the fifth of his articles "On Pathology and Treatment of Cerebral Disease," which will be read with much interest, as from its high scientific value it deserves careful perusal. The editor republishes a paper which appeared in our journal on the "Psychology of Hamlet." He considers that there is conclusive proof of mental aberration followed by restoration to health previous to the termination of the play. The *Journal* contains articles on the "Pathology of Nightmare," "Localisation of Cerebral Disease," and "Criminal Lunatics." We have great pleasure in recommending the present number of the *Journal of Psychological Medicine* to the profession as well as to the general public.

The April number of the *Journal of Mental Science* is remarkably good. The articles are all of an essentially practical character, and many of its readers will be pleased

to notice the freedom from that irreligious tone which was for a long time so conspicuous in its pages.

*Brain*, for April, contains a valuable article by Dr. Crichton Browne, "On the Weight of the Brain and its Important Parts in the Insane," and there are excellent contributions by Drs. Sharpey, Althaus, Hughlings-Jackson, and Gowers. We think Dr. Bucknill's disquisitions on the "Physiology of Hume," by Prof. Huxley, are quite out of place in a journal devoted to the study of the pathology and physiology of the nervous system, and their strong materialistic character must prove offensive to many. We consider four editors for one journal an anomaly. If we may be excused for using a very homely phrase, "too many cooks are apt to spoil the broth."

*The Report of the St. Andrew's Hospital for Mental Diseases.*—This first-rate institution for the care and treatment of the middle and upper class of patients with limited means was, until the commencement of the year, called the Northampton General Lunatic Asylum. The average number of cases during the year has been 282, and 112 have been admitted, and 84 discharged; 22 deaths have occurred, and the number remaining on January 1, 1879, was 288, the same as the average resident during the year. The number of admissions was 15 less than during the year 1877. This was caused by the inability to admit a large number of cases, in consequence of the fulness of the wards. Out of 84 patients discharged, 55 are stated to have recovered, and the percentage of recoveries to admissions during the past year has been 40 males and 56 females. Considering the fact that nearly 400 cases have been under treatment during the past year, and many of them with strong homicidal and suicidal tendencies, no accident has happened to either patients or attendants. This speaks volumes as to the management and general supervision of the inmates. Dr. Bayley, the able superintendent, gives us some interesting and valuable statistical records, and the Report concludes with the general rules for the admission and visitation of the patients. It may be of interest to our readers to know that patients can be received into this most excellently managed hospital from £1 5s. and upwards, according to the requirements of the cases and the accommodation provided. This hospital, without doubt, may be regarded as the first asylum in England for the reception of middle-class patients on very low terms.

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Peculiar Lunacy Case.—On the 27th May, medical and other evidence was led at great length before Sheriff Bell, at Coupar, in reference to the state of mind of George Aberdein, farmer, Pitkinney, who had been incarcerated in the Fife and Kinross Lunatic Asylum, at the instance of the fiscal authorities, as a person of unsound mind, and as being dangerous to the lieges. Aberdein, it seems, had lost several cases at law, and imagined that the Lords of Session and several Sheriffs had conspired to withhold justice from him. He forwarded a petition to the House of Lords, and several letters to the Home Secretary, and when these were not attended to in the manner he desired, he threatened to go to London and waylay Mr. Cross in the street. Two doctors deposed that he was sane, and two that he was insane. The trial was adjourned.

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The rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 30, Madras 28; Paris 27; Geneva 22; Brussels 34; Amsterdam 27, Rotterdam 26; The Hague 25; Copenhagen 25; Stockholm 23; St. Petersburgh 47; Berlin 26, Hamburg 31, Dresden 28, Breslau 35, Vienna 32, Buda-Pesth 51, Rome 24, Naples 33, Turin 30, Venice 26, Alexandria 36; New York 24 per 1,000. Small-pox caused 31 deaths in Paris, 29 in St. Petersburgh, and Buda-Pesth.

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# The Medical Press and Circular.

'SALUS POPULI SUPREMA LEX.'

WEDNESDAY, JUNE 11, 1879.

## PROGRESS OF MEDICAL LEGISLATION.

It is now about six weeks since we last touched upon that everlasting topic, Medical Reform. If we have not very recently said anything about the subject it was out of fear that the patience of our readers was almost, by this time, exhausted with waiting for news which gave some prospects of the labours of medical reformers coming to a speedy and satisfactory end. At the same time it must be admitted that until quite lately the business which has been transacted during the last few months has been one of progress, and had it not been for the great outcry for the immediate reconstruction of the General Medical Council, the Government Bill would, in all probability, have been by this time law, and a Conjoint Board for each division of the United Kingdom in process of organisation. We say one of progress, because every fresh alteration that has taken place in the attempt made by the Government to meet the wishes of the profession has been an improvement upon the one preceding it. At first, the great flaw in their Bill was that it was merely a permissive one, and left the Scotch Examining Bodies to do as they liked. Then came the compulsory clauses, as well as the amendments which threw the onus of regulating the examinations upon the Medical Council, and made provision for a uniformity of fees and of examinations. There still remained that great stumbling-block, the present and unpopular constitution of the Medical Council; but when the Government decided upon submitting the

question of the reconstruction of that body to a Select Committee, upon whose report the Bill might be amended before it became law, it seemed as if we had arrived at the last act of this eventful drama.

We quite agree with the Council of the Irish Medical Association, that a more direct representation of the profession in the Council is advisable, but more than eighteen months ago we expressed an opinion that the effect of medical reformers insisting upon its immediate reconstruction might be an indefinite postponement of the whole question of medical reform, as well as the loss of the opportunity we then had of obtaining all the other objects which it was, in the interests of the public and the profession, so desirable to secure. It would seem now as if our prediction was likely to come true, for not only has the agitation with regard to the Medical Council led to this question being delegated to the consideration of a Select Committee of the House of Commons, but the new move on the part of the Government has led the whole question of Medical Reform, and of the respective merits of the various Bills on the subject, to be submitted to the same Select Committee. We do not, however, wish to imply that this important step is necessarily either a retrograde or an obstructive one. But as much of the ground, over which the Medical Council and medical reformers have alike laboriously trodden, will have to be gone over again, as some considerable time must elapse before the Committee can examine witnesses, collect evidence, and send in their report, it follows that another year must elapse before any further progress can be made with regard to settling the great questions at issue.

The Select Committee consists of Mr. William Edward Forster, Dr. Lush, Dr. Cameron, Dr. Lyon Playfair, Mr. Mitchell Henry, Mr. Arthur Mills, Mr. Serjeant Simon, Lord George Hamilton, Sir Trevor Lawrence, Mr. Errington, Mr. Goldney, Mr. Heygate, Mr. Wheelhouse, and Mr. David Plunkett.

Now what, it will be asked, may this Select Committee be expected to do beyond what has been already proposed or accomplished? Will their decisions lead to medical reform being more thoroughly carried out than it otherwise would have been? Will they satisfy the aspirations of those ultra-medical reformers who wish to make a clean sweep of all existing institutions, and of that other party who see very little necessity for any reform at all, or will they adopt the policy which Lord Beaconsfield adopted on a recent occasion, and agree to a "compromise" on the subject? As is usual when there is a great move of any kind, each faction may hope or think his own side will come off best. It is curious to observe that the two extreme parties above-mentioned are equally rejoicing over the appointment of this Select Committee. He, who in his seat at the General Medical Council is the great champion of the Scotch corporations, who has been throughout the consistent and eloquent opponent of medical reform, was the very first to propose that the whole question should be submitted to the consideration of a Parliamentary committee. On the other hand, this "great concession of the Government" has been received with unmeasured praise by that organ of medical opinion which has gone as far as any one in agitating for a total revolution in all existing institutions, and a radical change in the present system of medical examinations. How plausibly Dr. Wood spoke at the last session of the General Medical Council in favour of the appointment of this committee, how strongly and on what grounds it was opposed by the great majority of the Council, must be fresh in the memory of our readers. No doubt Dr. Wood thought that, were his advice taken, the settling of the question would be indefinitely postponed, that further obstruction might be thrown in the way of those reforms to which he was so hostile, and that, as he intimated in his speech, the Government Committee might find that the existing state of things and the present condition of medical education, &c., both in this country and in Scotland, was not after all so defective as they had been represented, and that, consequently, very little change was desirable. It must be confessed that those who share Dr. Wood's opinion have, in this new phase of the question, something to hope for, while we, on the other hand, are not without some misgivings. One of the members of the Select Committee, Dr. Lyon Playfair, is a strong and influential opponent of medical reform. The witnesses examined may be, for the most part, persons who are interested in maintaining the present order of things; while those who represent the Scotch Corporations will lose no opportunity of holding up the merits of their system of medical education, and indeed the condition of the profession generally, to the admiration of the Committee. Nor are we very sanguine about the constitution of the Medical Council being so changed as to make that body much more efficient than it is at present. Much will depend upon the number and character of the witnesses examined. If these honestly represent all sides of the question, and not merely the opinions and vested interests of the corporations which have hitherto had the chief voice in the matter, then we may expect to have a Government Bill that will give universal satisfaction. It is impossible to say at present what will be done, and when anything will be done. Perhaps we shall be like the dog in the fable, and find that while we imagine we are in reach of a substantial modicum of reform, we are but grasping at a shadow, and losing a good deal of the advantage already obtained. At all events it may be doubtful whether we shall gain much by allowing this great question of medical reform to drift into the hands of a Parliamentary Committee. There, however, it is at present, and all we can do is to hope for the best.

## DUBLIN SANITATION.

Our Dublin contemporary, the *Irish Times*, takes us to task for "the bitterness, hostility, and the personal character of" our strictures on the sanitary administration of Dublin, complains that we do not explain "wherein lies the job" which we cried out against, and "who is to be benefited thereby." We can say with truth that we would greatly prefer to treat the subject without the use of strong language, especially as the emphasis of our remarks necessarily includes within its scope the medical officers of the Public Health Committee, for both of whom, as gentlemen and men of science, we have the greatest respect. But to describe in tender terms the proceedings of the Public

Health Committee since the passing of the Public Health Act in 1874, and ever since the passing of the Act of 1866, when they were first constituted, during the progress of the existing epidemic of small-pox, and in presence of the appalling death-rate of the city, would be to mis-describe, and would fail to convey to our readers what we, in common with all sanitarians, feel upon the matter. We have not ceased, during many months past, to remonstrate and complain against the faults of omission and of commission perpetrated by the Public Health Committee, giving on each occasion facts and proofs to justify our censures. It is not reasonable for the *Irish Times* to require us to re-traverse the same ground, nor is it truthful for any newspaper having omitted to look back to what we have said, to suggest that we have accused without evidence, or abused without cause.

We cannot now do more than re-state our indictment against the Public Health Committee, and refer the public back to our columns, to the repeated reports of the Sanitary Association, and to the Parliamentary returns on the working of the Irish Public Health Act, for evidence to sustain the indictment.

We accuse the Public Health Committee—

*a.* That they, being entrusted with the sanitary organisation of the city under the Act of 1874, did so arrange as to discourage the sanitary medical officers in searching out the causes of disease, did, habitually and persistently, ignore the reports sent in by those officers, and give those officers to understand that their activity was disapproved of by the Committee.

*b.* That they, having been driven by the public outcry to take notice of the excessive death-rate of the city, did, at length, require reports from their sanitary medical officers, and finding that those reports, in many instances, pointed out very emphatically that the excessive mortality was the result of neglected sanitation, did suppress those reports, snub the writers, and take no action therein.

*c.* That they did not institute any adequate inquiry as to the true causes of the excessive mortality, but, on the contrary, discouraged and resisted every proposal for the holding of such an inquiry by Government.

*d.* That they permitted, and still permit, the sanitary inspection of the city by their superior officers to be almost wholly neglected, that they have not taken, and do not propose to take, any steps towards an honest or sufficient inspection of the city, that they tolerate and, we might almost say, protect the frequent and most abominable neglect of sanitation by tenement-farmers, and refrain, usually, from acting upon the reports of such neglect made to them by their officers.

*e.* That they have, for years, paid salaries to their medical officers, superior and subordinate, whilst the duties attaching to such salaries were not even pretended to be performed, and that, to escape the necessity for compelling their superior sanitary officer to fulfil his function or else resign, they have proposed to pension him off, or to provide him with a sinecure office at the cost of the citizens, making no promise worth speaking of, for the medical superintendence of the organisation.

Finally, *f.* That in the presence of an excessive and constantly increasing mortality amongst the citizens, they have, though armed with the fullest powers and every necessary authority to enforce sanitation, remained for the last five years inactive; that their policy has constantly been to deceive the public by representing that the recorded mortality was only apparent, or was inevitable, and therefore, needing no active intervention, and that their attitude has been, and still is, one of discouragement towards those who are disposed to act energetically towards a remedy for that mortality.

All these charges we profess ourselves ready to prove by documentary evidence if, indeed, any proof were needed. We invite the *Irish Times* to give our indictment as much publicity as it has given to the charge of personal hostility made against us, and we ask the public to say that, assuming our accusations to be proved, we have not spoken one whit too strongly, when we have characterised the sanitary organisation of Dublin as a "sham," and the most recent move of the Public Health Committee as a "job."

## ARMY MEDICAL REPORT FOR THE YEAR 1877.

At the risk of taxing the attention of the reader with the dry statistics of the Army Medical Department, we venture to briefly notice a few interesting points referred to in the Report last issued.

The average annual strength of the troops serving at home and abroad in 1877 was 174,884 non-commissioned officers and men, of which force the admissions into hospital were 165,371, and the deaths 1,723. This represents a ratio of 946 per 1,000 for admissions, and 9·55 per 1,000 for deaths. In glancing at the death-rate among the troops at the different stations for the year 1877, we find that it compares very favourably with that among the troops for the ten years 1867 to 1876. Thus the annual death ratio per 1,000 men in the United Kingdom was 7·20 as against 9·00 for 1867-76; at Malta 8·28 as against 12·20; in the Dominion of Canada 5·87 as against 9·04; Bermuda 4·79 as against 13·33; India 13·75 as against 21·85. With regard to the other stations the difference between the death-rate for the year 1877, and the average rate for the preceding ten years, was not so marked; but in not one instance was the former much higher than the latter. With respect to the United Kingdom, the death-rate of the non-commissioned officers and men was 7·20 per 1,000 of the strength. The "general diseases," which gave rise to most admissions into hospital, and to the greatest number of deaths, appear to have been continued fevers, rheumatism, syphilis, scrofula, and phthisis; while among the "local diseases" those of the respiratory system, the digestive organs, the urinary organs, and the skin, were the most prevalent, and those of the nervous system, and of the heart and lungs, the most fatal. Rheumatism is a common affection in the army, as we also found it to be in the navy; and the rate of admission was much higher than usual in the Western District, and somewhat higher for the Southern, Chatham, South-Eastern, Home, Aldershot, and other districts.

As respects *syphilis*, the rate of admissions for all districts is ·8 per 1,000 lower than in the preceding year. With regard to the operation of the Contagious Diseases Acts, the report is very favourable. Thus while the ratio per 1,000 admitted for primary venereal sores was, for

the 14 stations under the Acts, only 35, it was for the stations not under the Acts as high as 91. While, moreover, the ratio at many of the former stations was remarkably low, the ratio at many of the latter stations was as remarkably high. While the ratios of admissions for Cork, Dover, Winchester, Aldershot, and Woolwich, were only 16, 19, 18, 46, and 29 respectively, the ratios for London, Manchester, and Dublin were 166, 131, and 103 respectively. The adage that "prevention is better than cure," was never better illustrated than by an examination of the figures before us. The high ratios just mentioned are for those towns which are not only not under the Acts, but in which the facilities for contracting syphilis are very great. On the other hand, where, owing to restrictions afforded by the Acts, or to the comparative isolation of the troops, the facilities for contracting this disease are very few, the ratio is remarkably small, however great may be the strength of the force. Thus, of 3,979 men quartered in London, the admissions for primary venereal sores were 660, or more than the number (657) that were admitted at Aldershot out of a force of 14,416; the ratio per 1,000 being in the former case 166, in the latter only 46. We even find, what we failed to do in respect of the navy, a great difference in the prevalence of gonorrhœa in the protected and unprotected stations, although this difference is not so marked as is the case of syphilis. The ratio per 1,000 of the strength admitted for gonorrhœa for 14 stations under the Acts was 68, that for 14 stations not under the Acts, 117. In two or three stations, however, this difference was very remarkable, while at Aldershot, out of the large force above mentioned, the ratio was only 68; for London, where the force only numbered 3,979 men, the ratio was as high as 150. Again, Director-General W. M. Muir observes that for the four years (1860-63) preceding that in which the first Contagious Diseases Act was passed, the average rate of prevalence of primary venereal sores at a group of stations each of which was successively placed under the Acts, is 130, and that for gonorrhœa is 135 per 1,000 of the strength. But in the period 1870-77, during which the Act was in full force in the subjected group, "the average rate of prevalence of the disease fell to 44 per 1,000, and to 97 per 1,000 at the unsubjected group. The rate of prevalence of gonorrhœa in the first years of the application of the Act did not materially differ in the two groups of stations; in the last year, however, the results are favourable for the subjected group, the ratio of which, in 1877, *is more than a third* lower than that of the unsubjected one." We are fully aware that statistical evidence is sometimes vitiated by fallacies that may much weaken or even upset the truth of the inferences drawn from it. It should also be remembered that syphilis, generally, is neither such a prevalent nor such a virulent disease as it was formerly; but making all due allowance for these admissions, we do not see how the facts we have just mentioned can be well explained away by those who contend that the Contagious Diseases Acts have failed to attain the object for which they were passed. At all events we have thought it advisable to draw attention to this part of the Report, especially as the Government will shortly appoint a Commission to inquire into the working of these Acts.

Passing on to quite another subject, that of *vaccination*, we notice that out of 23,508 recruits found fit of service, only 868 (equal to a ratio of 36·9 per 1,000) had neither marks of vaccination nor of small-pox. It also appears that of 7,105 men vaccinated with fresh lymph, the ratio per 1,000 of failures, was only 150, while of those vaccinated with preserved lymph, the ratio was 353·3. With regard to these *recruits*, there are a few points worth mentioning. It is somewhat remarkable that the highest ratio per 1,000 of rejected recruits (314·47) occurs among that class whose occupations are not unfavourable to physical development (as smiths, carpenters, masons, &c.) Next comes shopmen and clerks (300·66), next, manufacturing artisans (299·98), next, labourers, servants, husbandmen, &c. (290·49), next, those engaged in professional occupations, students, &c. (265·77), and, lastly, boys under 17 years (89·05). So that certain mechanics and shopmen, and clerks, show the highest, and boys the lowest ratio of rejections. With regard, moreover, to the causes of rejection, syphilis, muscular tenuity and debility, defective vision, disease of the heart, diseases of the veins, hernia, varicocele, and malformations of the chest and spine, are those which hold the most prominent place. Of a total of 9,998 rejections, no less than 1,519 were rejected for muscular tenuity and debility, and 1,669 for defective vision.

# Notes on Current Topics.

## The Fleming Testimonial.

No one, in this country, has, single-handed, done so much to advance the science of veterinary medicine, or to compel respect for the profession to which he belongs, as Mr. George Fleming. We therefore take great pleasure in congratulating him on the handsome and substantial testimonial which he has just received from his professional brethren. At the late annual dinner of the Royal College of Veterinary Surgeons, he was presented with a handsome timepiece, which was engraved with a suitable inscription, and accompanied by a purse containing three hundred sovereigns. Had the testimonial been ten times more valuable, it would not have been more than Mr. Fleming deserved. When, a quarter of a century ago, this surgeon first began to devote all his time and energies to the study and advancement of veterinary medicine, he found that science, likewise the profession generally, in a very different state to what it is in at present. In those days men studied and practised the veterinary art in a most perfunctory manner. The treatment of the diseases of animals was in the hands of ignorant and uneducated practitioners, many of whom had not so much as dissected a dog. Literature, there was none; so that "with the largest empire in the world, and an almost incomprehensible wealth in animals, in the way of veterinary science and literature we were far behind the smallest Continental State." To remedy this Mr. Fleming has sacrificed days and nights of labour, which other men give to pleasure or to sleep. To teach himself to speak, write, or read six or seven languages, to make laborious translations, to write on various subjects books which have long become classical and standard works—this was but a part of the Herculean

task which Mr. Fleming set himself to accomplish. Truly, there are greater reputations that have been earned on much easier terms. As Mr. Greaves justly remarked, he has proved himself a man gifted with talents of no mean order, and what is more, he has laid out those talents well. Wherever a life-long devotion to a work that has but few rewards is duly honoured, wherever science is cultivated, and the lower animals properly cared for, there Mr. Fleming will be considered to have deserved by fair, honest, and independent means, the perpetual esteem and remembrance of his fellow men.

## Pharmaceutical Society of Great Britain.

PROFESSOR TYNDALL'S speech at the late annual dinner of the Pharmaceutical Society was delivered in a very complimentary manner to that body. He addressed the members of the Society more as medical practitioners than as chemists, and confined his remarks almost entirely to the proficiency and progress of medical science. He justly remarked that "a strong conservative force prevailed in all corporations, and it was natural for a great profession not to be wafted about by every wind of new doctrine; hence it was that new views in medicine were criticised with severity, and even looked upon with dislike. This conservative tendency had prevented the propagation of many a weed, and sent many a quack nostrum to the wall; but when new views were true views it was in the highest degree interesting to observe how they made headway." "The prosperity of the Pharmaceutical Society" was a toast in which most medical men can heartily join, for the Society has done good work in educating chemists up to such a standard as to claim the confidence and respect of both the profession and the public. The Master of the Apothecaries Society said that both this and the Pharmaceutical Society were actuated by the desire of suppressing unqualified practitioners. That is no doubt true, and therefore it is to be hoped the Society will continue to discourage, as much as possible, among its members that "prescribing over the counter," to which so many objections have not unreasonably been made.

## The Death-Rate of Dublin.

THE mortality of Dublin in the week ending May 31, reached the astounding figure of 51·1 per 1,000. In London the death-rate was 20·6 in every 1,000 of the estimated population; in Glasgow, 22·7; and in Edinburgh, 24·8. The Registrar-General hastens to explain that "this unusual death-rate is owing to the circumstance that 137 deaths of persons interred in the several Dublin cemeteries during the first four months of this year were not registered until last week. These deaths, which form 44 per cent. of the total deaths registered during the week, came to the knowledge of the district registrars by means of the returns of burials which are now obtained under the provisions of the "Public Health (Ireland) Act, 1878," sec. 191. The information acquired through these returns may cause an apparently high death-rate for a few weeks to come, but henceforth the returns will be furnished monthly, and they cannot fail to tend to the completeness of the Registration of deaths in Dublin."

This explanation is no doubt satisfactory as regards the present week, but if so, it is obvious that the sanitation of Dublin must be really much worse than the Registrar-General's returns have hitherto represented it to be. These deaths, it would seem, should have been registered from week to week during the last four months. That they were not so registered proves that many deaths within the city have hitherto been unrecorded, and that the death-rate has actually been considerably understated.

We congratulate the Public Health Committee on the excuse thus offered for their shortcoming, which, however, seems to us to make their inefficiency more obvious than before.

## The Sanitary Institute.

THE annual meeting was held last week, Dr. B. W. Richardson in the chair. The report showed that four examinations have been held under the direction of the council for local surveyors and inspectors of nuisances. Twenty-six candidates had presented themselves, of whom 12 wished to obtain certificates of competence as local surveyors, and 14 certificates as inspectors of nuisances. Five surveyors and 13 inspectors of nuisances had gained certificates, and 7 surveyors and 1 inspector of nuisances had failed to satisfy the examiners. Sixteen candidates had expressed an intention to present themselves for the next examination in June. On the motion of Dr. Lory Marsh, who was supported by Dr. Russell, of Edinburgh, and Captain Douglas Galton, a resolution was carried suggesting that the council should proceed with as little delay as possible to carry out that part of the basis of constitution which related to the establishment of a school and classes for the technical teaching of sanitary science.

## Drug Adulteration.

A GROCER was lately charged at Stockton, England, with selling adulterated spirits of nitre and cream of tartar. The County Analyst certified the former to contain 25 per cent. more water than genuine nitre contained. The cream of tartar contained an excess of tartrate of lime—tartrate of lime 8·5 per cent., sand 1·2 per cent., sulphate of baryta 17 per cent. The defence was that although the nitre was of inferior quality it was a commercial article, and of the quality usually sold. The first quality of nitre was seldom produced, the second was usually sold in town, and the third was generally sold in the country for cattle. The purchaser paid for an inferior article, and he was entitled to no better quality than he got. Mere inferiority was no ground on which to convict a man under the Act, and he therefore asked the bench to dismiss his client. The bench fined the defendant 1s. and costs in each case.

CREMATION, having been pronounced a measure of "salutary progress" by the Committee of the Municipal Council of Paris, appointed to consider the question, is about to be introduced into Père Lachaise Cemetery. It has been decided to set up an apparatus on Siemens' principle, and a Columbarium.

## The Health of Great Cities.

APPROPRIATELY to our observations upon the excessive death-rate of Dublin, we may quote from the *Union Médicale* an analysis of the death-rate of large cities in Great Britain for the last five years. "The mortality during that period," it says, "in 23 large English towns was 24·4 per 1,000 of the population, slightly under the mean, which was 24·8. The following towns exceeded that mean: Newcastle 24·9, Birmingham 25·2, Leeds 25·3, Oldham 26·1, Glasgow 26·9, Salford 27·1, Dublin 27·3, Liverpool 28·6, and Manchester 29·0. Liverpool has made great efforts to improve its sanitary condition during recent years, and is now reaping the fruit of such activity. Its mortality for two years (1865-66) was 40·2. For the four years 1875-78 it had fallen to 27·8. The mortality in large towns should not exceed 20·0 per 1,000, and we find that Dover is permanently below that ratio. In other towns it ranges from 23·0 to 28·1, 29·7, and even 30·8 per 1,000. Most of these towns *must* be in a deplorably insanitary condition, and their public health department incurs a terrible responsibility. Above 20·0 per 1,000, all deaths must be laid at their door."

## Superannuation of Irish Prison Surgeons.

THE attention of the Attorney and Solicitor-Generals for Ireland has been drawn by Dr. Brunker, Secretary of the Association of Infirmary Surgeons, to one very serious effect which would follow the scheme attempted by the Prisons Board, and which would effect *all*—both the infirmary surgeons and regular gaol surgeons. Under the Superannuation Act, 36 & 37 Vic., ch. 51, they would be entitled to retire after *twenty* years' service on two-thirds of the salary; but should they have to submit to *re*-appointment, it is understood that the law as it stands at present is, that to obtain the pension, the time would *begin* from the date of the *re*-appointment, and thus they would lose *all* the previous years of service. It is needless to obterve that this is one of the most unjust things that could occur.

## A Catholic Medical Journal.

ACCORDING to a notice in *El Restaurado Farmacéutico* (of Barcelona), a new medical journal has been started in that city, under the title *El Sentido Católico en las Ciencias médicas* (=The Catholic Sense in the Medical Sciences), which is issued "under the censure and approbation of the ecclesiastical authority!"

The *Boletin del Colegio de Farmacéuticos de Barcelona* says that "it inaugurates its existence with the Papal benediction, and that it will not insert any article without previous ecclesiastical approval."

## Surgeons for Zululand.

THE following medical officers have received orders to prepare for service in Zululand:—Surgeon-Majors Burnett, Jackson, Kerr, Murphy, and Skew, and Surgeons Bushe, Donovan, Filvey, Geoghegan, Jennings, Leake, Lloyd, Martin, Parkinson, King, Saunders, Stokes, Usher, Ward, and Wood. This reinforcement will bring the medical forces in South Africa to about ninety, exclusive of Civil surgeons on service there.

## The Parkes Museum of Hygiene.

WE are glad to hear that this museum, of which we some time ago gave a full description, will soon be opened to the public. This event will take place on July 1st; but there will be an inaugural ceremony on Saturday, June 28th, under the presidency of Mr. Cross, the Home Secretary. Considering that the museum already contains a large and varied collection of objects and apparatus relating to every branch of sanitary science, we must regard it as both a novel and a very promising means of affording popular information on various subjects connected with the preservation of health. We trust, however, that the museum will not only "be open to the public," but that the public will be induced by occasional advertisements in the daily papers, lectures, &c., to avail themselves of the opportunity now offered to them of instructing themselves on some of the practical details of those sanitary constructions without which neither a house nor its surroundings can be called perfectly healthy.

## Charitable Bequests.

BY the will of the late Mrs. Mary Dummett, of 25 Upper Buckingham Street, Dublin, amongst others are the following bequests: The Belfast General Hospital, £200, the Lying-in-Hospital, Rutland Square, Dublin, £200, the Hospital for Incurables, Donnybrook, £100, the Adelaide Hospital, Dublin, £100, the Whitworth Hospital, Drumcondra, £100, and to the Provost, Fellows, and Scholars of Trinity College, Dublin, to found a scholarship to be called the Ekenhead Scholarship, to be competed for by students from the co. Antrim, and to be held for three years, £1,000.

## Gratuitous Lessons on Swimming.

WE have on more than one occasion drawn attention to the advisability of doing everything to encourage among the people a taste for this useful and healthy art. It is therefore very satisfactory to hear that the London Swimming Club is now projecting a scheme to add no less than eight additional plunge baths to the now scanty list, at which gratuitous tuition will be afforded to all comers. Its members give displays of swimming to schools or other institutions desirous of inculcating a love of this art amongst pupils and *protegés*, advice in the choice of professional teachers, and otherwise endeavour to forward the movement.

## Arsenical Wall-Papers.

THE subject of arsenical poisoning, by means of wall-papers, paint, articles of furniture, and wearing apparel, is being investigated by a Committe of the Medical Society of London. Any information likely to elucidate the subject will be gladly received by Mr. Malcolm Morris, 63 Montagu Square, W.

IN stating the names of the Select Committee on the Medical Bills, as proposed by Lord George Hamilton, we inadvertently set down Mr. Mills and Sir Trevor Lawrence as Scotch instead of English representatives, and Mr. Dalrymple as an English instead of a Scotch member.

## Our Bank Holidays.

A LETTER which has just appeared in the *Times* reminds us of an article on this subject which we contributed to these columns nearly two years ago. At that time we ventured to remind the public that their bank-holiday cannot be regarded without unmixed feelings of satisfaction "It may be doubted," we said, "whether this is the best way of recruiting the health and strength of the hard-worked citizens of this great city. It is all very well for people to go to church or to war *en masse*, but we are not so sure it is good for them to take their pleasure *en masse*." In the very sensible letter which "A City Tradesman" has sent to our contemporary, he draws attention to the many inconveniences and evils attending these holidays. "The institution, he remarks, "of bank-holidays has now had a fair trial, and, I venture to affirm, has not proved the boon it was intended to confer. So many people having a day at their disposal at the same time causes, as a natural consequence, every exhibition and place of amusement to be overcrowded to such an extent that discomfort, and in many cases danger, instead of pleasure, are the result." He then alludes to the crowded state of the hotels and railway stations, the lateness of the hour at which the "weary children and parents" get home, and the great amount of drunkenness which prevails on these occasions. "A City Tradesman" has not exaggerated the disadvantages attending this system of public recreation. It should be borne in mind that this British carnival—this sudden and simultaneous exodus of the working classes—is only for the day. At night you will see them all flocking home—train after train, penned in like so many sheep, with scarcely any room to breathe, and, if nothing worse, somewhat exhausted with the day's outing. The hygienic surroundings of these holiday folk can be more easily imagined than described. Re-breathed air, the exhalations inseparable from a crowd on a hot summer's day, drinking and smoking, the fatigue incidental to sight-seeing, and travelling by rail—all this must be a heavy discount upon the pleasure and salutary effect experienced by the excursionist. On the occasion to which we refer we suggested that it would be more to the advantage of the public if they could take their holiday piecemeal instead of the wholesale manner at present practised. "There are few great firms and few tradesmen who could not, two or three times a year, allow their *employés* a day's holiday, and even find that the latter did, in the long run, all the more work for their little more play." We are glad to see that we are right in that supposition. "A City Tradesman" says—"As one who employs a great number of hands, I would most willingly arrange with my *employés* to give them the same number of holidays at various times, and I am of opinion that nine-tenths of the traders would be glad to adopt the same course, for not only do we now lose an entire day's trade, but it is unfortunately the case that the week preceding and the week following every bank holiday is a period when business is thoroughly disorganised. I desire neither to curtail the relaxation of the employed, nor to disparage the benevolent intentions of Sir John Lubbock's Acts; but, writing under the conviction that bank holidays have proved a mistake, I think it would be for the welfare of all concerned if, while giving equal privileges to the employed, instead of releasing all at once, the same number of holidays were conceded at different times, so that such days might be spent pleasurably either in the country or in visiting the many interesting exhibitions with which the metropolis abounds, free from the discomfort and overcrowding which seem to increase on every succeeding bank holiday, I venture to say this would prove most beneficial to everyone."

This excellent suggestion requires no further comment, and we feel certain it will be approved of by every medical man who considers the subject from a sanitary point of view.

## The Seaman's Hospital, Greenwich.

IT appears from the report just issued that this excellent institution is still doing good work. The total number of applicants for medical and surgical relief during 1878—the ninth year of the Seaman's Hospital as an institution on shore—was 4,553. Of these 1,549 were received into the wards, and 3,004 were treated as out-patients. During the first and last quarters of the year 833 patients were admitted, and during the spring and summer months 716 patients, The highest number of admissions for one month was 196 in January, and the lowest number 84 in November. Of the total number of in-patients, 793 were passed into the medical wards, and 756 into the surgical wards. The average daily number of sick inmates is estimated as being about 156, showing a marked decrease when compared with that of the past year.

## Arsenic in the Nursery.

A CORRESPONDENT of the *Daily Telegraph* has done well in drawing attention to an exceedingly dangerous use of arsenic. In a box of Kindergarten toys were some cardboard slips for making letters. One side of these slips was covered with bright green paper, which he analysed, and found that the green pigment consists of emerald or Scheele's green, which is well known to be a compound of arsenic and copper. The colour is, moreover, readily removed by moistening with saliva, which is of the more importance as young children are in the habit of putting such things in their mouths.

## Hospital Sunday Collections in Liverpool.

THE Liverpool Hospital Sunday Committee have divided £8,600 among sixteen of the charities of the town. The Royal Infirmary received £2,580, the Southern Hospital £1,396, the Northern Hospital £1,204, the Dispensaries £860, and the others in proportion.

INSPECTOR-GENERAL of Hospitals, A. Anderson M.D., C.B., half-pay, late of the Army Medical Department, has had a distinguished service reward conferred on him.

NOTICE has been given that an examination of candidates for commissions in the Medical Service of the Royal Navy will be held at the University of London, in August next, the precise date of which will be duly announced.

Professor Cameron, of Dublin, one of the foreign editors of the Paris *Revue d'Hygiene, et le Police Sanitaire*, has been elected an Honorary Corresponding Member of the Society of Public Medicine and Hygiene of France.

The Duchess of Edinburgh has consented to open a bazaar and sale of fancy work, to be held at the Cannon Street Hotel on the 1st and 2nd of July, in aid of the funds for furnishing the new in-patient wards of the North-Eastern Hospital for Children, Hackney.

The death-rate from the seven principal zymotic diseases averaged 2·6 per 1,000 in the large towns last week. Scarlet fever showed the largest proportional fatality in Dublin, Sunderland, and Leeds; measles in Newcastle-upon-Tyne and Bradford; and whooping-cough in Sheffield and Birmingham. The deaths from fever, principally enteric, were unusually few, except in Dublin. Three deaths were referred to diphtheria in Bradford, and 2 in Brighton. Small-pox caused 8 more deaths in London, 13 in Dublin, but not one in any of the other large towns.

The rates of mortality per 1,000 last week in the principal large towns were—Brighton 15, Plymouth 15, Leicester 16, Portsmouth 16, Bristol 17, Sheffield 17, Wolverhampton 17, Leeds 18, Birmingham 19, Salford 19, London 21, Nottingham 22, Glasgow 23, Liverpool 23, Norwich 23, Sunderland 23, Bradford 23, Hull 24, Manchester 24, Oldham 25, Edinburgh 25, Newcastle-upon-Tyne 28, and Dublin 51. It should be mentioned that what appears to be an exceedingly high epidemic rate in Dublin is in reality only the addition of arrears of statistics under the new Public Health (Ireland) Act. More than 40 per cent. of the deaths in this computation occurred before the beginning of May.

# Correspondence.

## DIPTHERIA AND CROUP.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Notwithstanding the great amount of discussion which has lately taken place on the "croup and diphtheria" question, I must still beg to offer a few remarks, partly of a personal, partly of a general nature, in further elucidation of the subject.

In the first place, I maintain that the issue involved is as yet only partially understood, and with regard to myself, my opinions have been misinterpreted, in spite of the distinctness (as I believe) with which they have been expressed on repeated occasions. When I read, for instance, that "Dr. Semple, Sir William Jenner, Dr. Johnson, Dr. Dickinson, and others are convinced of the identity of croup and diphtheria," I must state, *in limine*, that I for one am convinced of nothing of the kind, and that I have never expressed any such conviction. The distinguished gentlemen with whom I am thus casually but flatteringly associated by the writer, are, of course, fully able to answer for themselves, and although I fully believe that their opinions are in accordance with my own, they have no doubt arrived at their conclusions by independent means of investigation, as I have done myself.

I deny, then, that I have ever said that I am convinced of the identity of croup and diphtheria, and I appeal to my published writings, papers, and speeches, in support of this denial. What I have stated over and over again, and with a reiteration which I have sometimes feared was tedious, is that the form of diphtheria which attacks the larynx and trachea (or laryngo-tracheal diphtheria), is the same disease as that form of croup which is attended with the formation of a false membrane (membranous croup). I have also shown by abundant evidence that the word "croup" is used by most British systematic writers to designate at least three totally different diseases, namely, laryngo-tracheal diphtheria, infantile laryngitis, and laryngismus stridulus; and I am of course aware that diphtheria in a great many cases (indeed, perhaps the majority) never attacks the wind-pipe at all. Unless, then, I am believed to be totally ignorant of the literary and clinical aspects of the question, I cannot conceive why I should be deemed guilty of uttering or defending any such absurdity as that diphtheria, a membranous disease, which is a general one attacking many parts of the body, is the same affection as the so-called croup, which, whatever be its supposed nature, attacks only the larynx and trachea; and which, moreover, is sometimes a purely spasmodic affection, passing away with the causes which produced it.

Having thus emphatically denied that I am convinced, or ever was convinced, of the identity of the so-called "croup" and diphtheria, I maintain with equal emphasis that the *laryngo-tracheal form* of diphtheria is identical with *that form* of croup which is characterised by the presence of a false membrane in the larynx and trachea. It is not very long since that the identity of typhoid fever and the fever described by Cullen and other systematic writers was vehemently denied; and no doubt there are many persons in the present day who do not yet recognise that identity, and who perhaps insist that the fevers of the present day are totally different from those described by our immediate ancestors, and that over and above the fevers now designated respectively typhus, typhoid, febricula, and relapsing, there are the synocha, synochus, and typhus of Cullen. It seems to me that this is the very class of writers and thinkers who now deny the identity of laryngo-tracheal diphtheria and membranous croup. They have been educated, as I was myself, in the doctrines of Home and Cheyne, and they still firmly believe in the correctness of those doctrines, whereas, if they had examined the question historically and clinically, they would have been convinced, as I now am, that those authors, although perfectly honest as to facts, were quite mistaken as to the conclusions which they drew.

"Laryngo-tracheal diphtheria is identical with membranous croup." That is my contention, and there I take my stand. The paper I wrote in 1875 for the Royal Medical and Chirurgical Society maintained and defended that proposition, which has been invalidated by nothing which has subsequently transpired. All the arguments supposed to controvert the proposition have merely tended to show that ordinary infantile laryngitis is totally different from diphtheria, a fact which I never denied, and which, indeed, I have always maintained. There is, therefore, no opposition to my views, for I maintain as strenuously as any one can do that croup and diphtheria represent two distinct ideas, croup being a generic term including several different affections, and diphtheria a specific disease attacking various parts of the body, but always characterised by the presence of a false membrane.

My opponents, if I have any such, must show, not that croup and diphtheria are different, which I do not deny, but that "laryngo-tracheal" diphtheria is different from "membranous" croup. It has been proved that the so-called membranous croup has propagated diphtheria, and *vice versâ* that faucial diphtheria has propagated membranous croup; but still it is maintained that the diseases are essentially distinct, a logical sequence which to me is utterly obscure, and in fact seems to be a *non sequitur*.

Many years ago, when I first wrote on the subject, and held the same opinions as I now hold, I undoubtedly encountered opposition from many quarters. Some opponents, then as now, contented themselves with the conventional expression, "Croup and diphtheria are totally different diseases;" but without condescending to examine the question I proposed. Others, however, who kindly pointed out to me my supposed mistakes, declared that the false membrane in laryngo-tracheal diphtheria was totally different, chemically and microscopically, from that of membranous croup. Others, again, recommended me to study the writings of the German school, who would prove me to be in error. Others pointed out the different situations respectively occupied by the two affections, and their supposed anatomical differences. Now I had examined all these points for myself, and although I appreciated the kindness with which the advice and information were offered, I deemed it superfluous.

But when the question which I had raised was brought, by the appointment of a Committee of the Medical and Chirurgical Society, before the whole profession, I was rejoiced that the matter would now be thoroughly investigated, and that my opponents would have the opportunity of showing the grounds of their opposition. But to my surprise and amusement, I found that those who had formerly most vigorously denounced my conclusions, were now totally silent, most of them not even replying to the printed questions addressed to them by the Committee, while the majority of those who did answer contented themselves with the repetition of the stereotyped formula, "croup and diphtheria are totally different diseases."

As I have before stated, I admit this distinction, but I ask, in conclusion, "what is the difference between laryngo-tracheal diphtheria and membranous croup?" If any of your numerous correspondents will kindly answer this question, not only I, but the whole profession, will be enlightened; for it is perfectly true that the Report of the Membranous Croup and Diphtheria Committee has not answered it. There is almost a touch of humour in the regret expressed by some of the speakers in the late debate, that no definite distinctions had been drawn in the Report between laryngo-tracheal diphtheria and membranous croup. Certainly no such distinctions have been drawn, and, as I conceive for the best of all reasons, as I have myself repeatedly declared, namely, *because there are none.* There is a theorem in Euclid which shows that if two figures have their sides equal and their angles equal, they are equal to one another, and such is the case with laryngo-tracheal diphtheria and membranous croup. The Report wisely refrains from asserting that no such distinctions will ever be found, for with his limited capacities, a mortal man can no more declare dogmatically that the features of a disease *may* not change than that some new constellation may not some day be discovered in the heavens.

I remain, sir, yours, &c.,

ROBERT HUNTER SEMPLE, M.D.,
F.R.C.P. Lond.

8 Torrington Square, London,
May 29, 1879.

P.S.—Since the above was in type, I have read in the last number of the *Medical Press* an interesting letter on "Croup and Diphtheria," by Dr. Prosser James. The writer's views are for the most part in accordance with my own, but on some matters of fact I confess that I do not understand him. He states, for instance, that the Academy of Medicine in Florence in 1874 "pronounced in favour of dualism," meaning, I presume, the distinct nature of membranous croup and laryngo-tracheal diphtheria. Now, unless there are two Academies of Medicine in Florence, which have arrived at diametrically opposite conclusions in reference to the same question, I think that Dr. Prosser James must have fallen into an error. I had all the records of the Florentine epidemic of diphtheria sent to me in the original Italian, and also the Report of the Academy of Medicine in Florence on the subject, and the Academy came to the unanimous conclusion that laryngo-tracheal diphtheria and pseudo-membranous croup were identical. The Italian words are—"La forma crouposa e la forma difterica si consociano e si succedono in maniera da apparire come fasi e modalità in ragione di tempo e di sede *d'uno stesso processo morboso.*" It is true the Academy admit, as Dr. James states, that a true primitive croup (namely, one limited to the trachea) does exist, but they add that this is *very rare;* and I may observe that this limited and localised form of diphtheria is perfectly well understood by the French writers, and is called "*croup d'emblée.*" But, as I have hinted, perhaps Dr. James refers to some other epidemic, or some other Report; and, if so, I should like to know where I can find the particulars, for I have searched for them in vain in the Italian medical journals.

## MEDICAL TITLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In answer to a question put by a correspondent in your issue of May 21st, you say "On the strength of your diploma from the College of Physicians of Edinburgh, you can assume the title of 'Dr.' and use it on your door-plate." In referring to the case of Addison (June 4th), you deny that a licentiate of a college of physicians has any more right to style himself or to be styled "physician" "than the boy who carried out his medicines." Why can a man call himself "Dr." when he is not a doctor? If a L.R.C.S. is a surgeon, why in the name of common sense is not a L.R.C.P. a physician? I do not see what else he can be called. He may be called simply surgeon, as is usual in England, but that is a relic of ancient times when a man only possessed one diploma, and when the London College of Physicians would not allow a surgeon to hold its diploma. To style himself "general practitioner" would be to get himself put down as an oddity or a quack. I am aware that some amongst the public, in England especially, take the word physician as signifying a consultant or "pene." So it probably did years ago, when men only took one qualification. But now, when everyone is doubly qualified, it seems absurd that the plain meaning of words should be ignored in deference to the old-world notions of the public. If Fellows of a College of Physicians are afraid that they will be confounded with general practitioners, let them call themselves consulting or pene physicians. That some of them are so confounded is due to themselves. Are there not Fellows who visit patients for less than a guinea? I have heard that some give two or three visits for that fee. I believe that in Germany the physician is an inferior practitioner. I have the L.R.C.P. Ed., and would be much obliged if you could enlighten me on the above points, as I am anxious to know what I *can* call myself.

Yours &c.,

PERPLEXED.

June 4th, 1879.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the heading "Charge of Murder against a Physician," page 453, of your issue of the 4th instant, you say—"It is scarcely advisable for people to believe, &c., &c., that every practitioner is a physician who puts 'Physician and Surgeon' on his door-plate, or who may have received from some College of Physicians a licence to practise medicine."

It surely must be ever advisable to write and believe the truth; if so, how is a man to characterise himself who is a Licentiate, or Member, or Fellow of a College of Physicians, or Surgeons, but as a physician or surgeon? His being what you characterise as "simply a general practitioner engaged in general practice," and "who had no more right to call himself, or to be called, a physician than the boy who carried out his medicine," will be received as a "fallacy" by all who know, and have no interest in trying to evade, the truth.

The division of labour is a very good thing, and the receipt of large fees a very pleasant one, but do all those who profess *purity* of practice act up to their professions? Let the recent revelations in the *Brit. Med. Journal* on "Physicians and their Fees" answer the question.

The only real distinction betwixt men is that of gift and culture, and the history of the profession smells sweet of men who, being "general practitioners," yet have given the brightest, the noblest, and the best discoveries, and have added the brightest and the noblest names to the roll alike of science and the medical profession.

I am *not* a "general practitioner," and a sense of the injustice you endeavour to do such members of our craft alone tempts me to take exception to what you write and your manner of doing it. I ask you in common fairness to insert this letter.

Your obedient servant,

June 6th, 1879. M.D.

[WE should be the last to say anything to disparage the position which the general practitioner holds in his profession, and are surprised that any of our correspondents should have put such a construction upon the remarks we made last week. We thought then, as we still think, that it was a mistake of the lay journals to represent men of the stamp of Adam Addison as a "physician," and we still maintain that it is not advisable for the press to foster this belief that every medical man is a physician who puts on his door-plate "Physician and Surgeon," or who has received a *licence to practice medicine* from a college of physicians. The generally accepted distinction between "physician," "surgeon," and

"general practitioners," is a good one, especially as it represents three distinct modes of practice, but it is one that can have no standpoint if a practitioner is entitled to call himself a physician, although he is neither a *member* of a college of physicians, nor *practises* as a physican. As we received the above letters shortly before going to press, there is no time to enter into further details, but we promise our correspondents to take the earliest opportunity of doing so.—Ed. M. P. & C.]

## PROFESSIONAL COMMUNICATIONS TO LAY PAPERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I take the liberty of occupying a little of your valuable space in making the following explanation with reference to the publication of an article by me in one of our local papers. The article in question was published by me in the *Lancet*, May 17th last, and not, as you are led to infer, primarily in the local lay newspaper in question. When I learned that it was to be published in the latter as it appeared in the former, I made every effort to prevent it, but unfortunately, owing to one side of the newspaper being printed one day before the other, was too late, the editor having sent it in at once, believing that as it appeared in one paper it could be published in another.

You will thus perceive that it was only a blunder; however, I deem it due to my professional brethren and myself to make the above explanation.

Your obedient servant,

T. O'N. Russell,
Limerick Union, June 6, 1879. Res. Med. Off.

[We are pleased to elicit the foregoing repudiation, which is quite satisfactory as regards the writer, but we retain our opinion that an editor has a limited knowledge of his duty to his readers or to any one else if he, as in this instance, transfers without acknowledgment an article from another paper the subject of which was of a strictly professional nature, and of very indelicate detail, especially when the author of the communication is within stone's throw, and might be consulted as to the propriety of republication.—Ed. M. P. & C.]

# Literature.

### Short Notices.

(1). "Experiments with Living Human Beings." By George M. Beard, M.D.

(2). "The Quarterly Journal of Inebriety." Lockwood and Co. Hartford, Connecticut. London: Baillière and Cox. March, 1879.

(3). "Fifth Annual Report of the Rural and Urban Sanitary Authorities of the Halifax Union." By Thomas Britton, M.D.

(4). "Hydropathy." By E. Martlett Body, F.R.C.S. London: Baillière, Tindall, and Cox. 1879.

(1). Dr. Beard, in this pamphlet reprinted from the "Popular Science Monthly," points out some of the many sources of error to be avoided in dealing with disease in the human subject, and especially in experiments, such as those made by Charcot and his coadjutors, with metalloscopy and metal-therapeutics. It is almost a matter of regret that we should require such a paper. There can be no doubt the author is justified, even at the present day, in insisting on the necessity of careful experimentation, and is not a bit too severe in his remarks at page 2. The great name of Charcot (and we are undoubtedly indebted to him for contributions of the highest value, as the columns of the *Medical Press and Circular* have so frequently testified), is not even a protection against imposture. It would be well if our experimenters bore in mind the possible sources of error, so well-pointed out by Dr. Beard in this short essay.

(2). We are glad to notice that this American Journal not only maintains it character, but is even improving. It is not sufficient to point out the evils of intemperance, or to lament over the misery caused by the use and abuse of alcoholic drinks, or to pile up weekly accounts, of the dreadful incidents and crimes committed under the influence of alcohol. We are emerging into a healthy period in reference to the drink question—a period of action. In the first place, we are truly grappling with the evil, by counteracting the temptations of the public house, by providing coffee houses and amusements; and in the second place, by endeavouring to cure inebriates. We have passed the age of controversy.

Thousands and thousands of pounds have been spent on the *Alliance News*; we hope now thousands and thousands of pounds will be spent in the direction we have pointed out above.

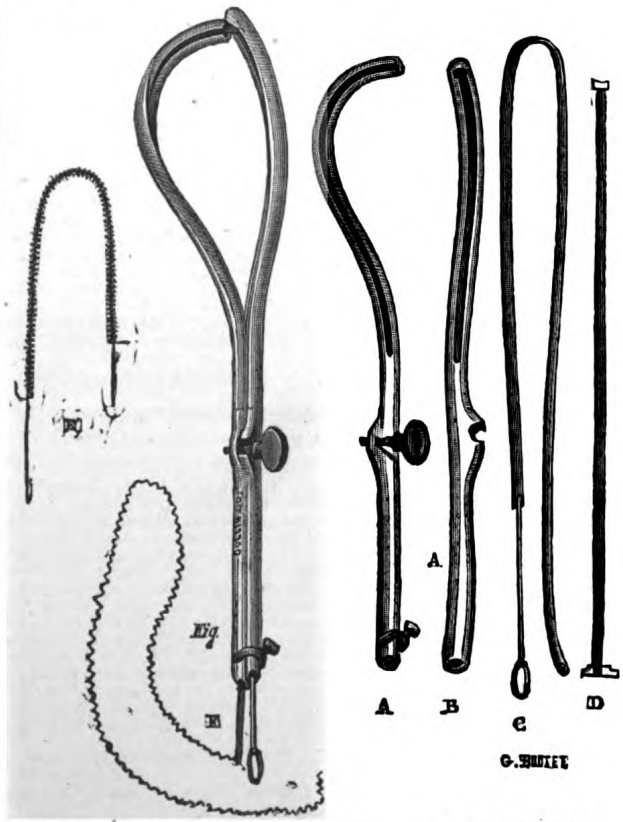
(3). We have received the fifth Annual Report of this sanitary authority, which is of the usual interesting character, showing that good practical work has been done.

(4). Mr. Boddy has republished in pamphlet form, his papers, which are already familiar to the readers of the *Medical Press and Circular*, so that we need hardly make any comment upon them. Hydropathy is a neglected branch of medical science. In a small compass, some useful facts in connection with it are here explained.

# Novelties.

## AN INTRA-UTERINE SAW.

M. Tarnier has recently presented to the Surgical Society of Paris, in the name of M. Pierre Thomas, instruments which are intended for the intra-uterine decollation of the fœtus. The description of these instruments is given in the *Progrès Médical*, of April 5, and they are illustrated in the accompanying sketch.




At A is depicted the crochet of Braun, modified and armed with the chain saw. Its use is to pass the chain saw round the neck. B is a new instrument for protecting the vagina whilst it is traversed by the saw. In use the instrument will engage the neck of the fœtus in the loop of the saw, as it is shown above the protector. The operator then seizes the handles, and by rapid to-and-fro movements, severs the neck in a few seconds. C is a hook for passing the saw quickly through the protector. The instrument is made by Collin, of Paris.

# NOTICES TO CORRESPONDENTS.

Dr. Birkbeck Nevin's letter is again held over for want of space. Correspondents should remember that our columns are not made of india-rubber. We have already reduced Dr. Nevin's letter about one-third its original length, and it still makes four columns of type.

Dr. Lauder Brunton, F.R.S.—"On Pulsation in the Jugular Vein" received.

Society for Relief of Widows and Orphans.—Members are reminded that the next quarterly court will be held on July 9th. The names of candidates to be balloted for must be sent to the Secretary at 53 Berner's Street, London, W., on or before the 17th inst.

An Inquirer.—The gentleman referred to is now practising as a consulting physician at Nice.

Mr. T. Wilson.—Sorry we can give you no information; the preparation has been but recently brought under our notice, and we have not yet had sufficient time to test it practically.

## POOR-LAW PROFESSIONAL AMENITIES.

*To the Editor of the* Medical Press and Circular.

Sir,—An election for medical officer to a certain dispensary district resulted on two occasions in another gentleman and myself receiving an equal number of votes. On the third occasion he was elected by a majority of one. After being elected, he requested me to continue to act for him for a week (I had been acting *pro tem.*), and I at once consented. He then asked me, in presence of the chairman of the dispensary committee, what I would charge him. I said, don't mind now, we will arrange it at another time. He replied, in presence of several persons, "You may afterwards claim £6 6s., and we had better arrange now." I then said, I am sorry to have promised you to act. Still, as I have done so, I will keep my word. I will charge you £2 2s. for a week.

I was receiving £3 3s. a week from the guardians, and it was my intention at the time to have done duty for him gratis.

He now refuses to pay me the £2 2s., and I am anxious to have your opinion. *Would it be unprofessional to process to quarter sessions?* By the way, this gentleman or his friends acted very ungentlemanly towards me during the election. They got bills printed and posted through the district, saying my father had quenched more fires *than Bridge*, &c., which undoubtedly had a very injurious effect on me.

Faithfully yours,
Professional Honour.

[If the facts be as stated, our correspondent certainly has good cause for disgust and anger in regard to the conduct of his professional neighbour, which, if truly represented, was simply disgraceful. Nevertheless, we deprecate a resort to law. It would, probably, dirty our correspondent as much as the defendant, and it is better to leave a person capable of such conduct to public opinion and his own conscience.—Ed.]

Mr. Cripps Lawrence.—"On Intermittent Broncho-Pneumonia" received.

Dr. Ringrose Atkins.—"On Othæmatoma" received.

Dr. Tuckey.—"Experiences of a Poor-law Medical Officer received.

The subjoined brace of advertisements appear in juxtaposition in the *Belfast News Letter*:—

*A Card.*—Doctor Henry O'Neill, late Senior Resident Surgeon, Belfast Royal Hospital, begs to inform his friends that he has removed to 5 College Square East, where he can be consulted from 9 to 10 o'clock in the morning, 2 to 3 o'clock in the afternoon, 7 to 8 o'clock in the evening.—May 9, 1879.

*A Card.*—Mr. and Mrs. Burn, Resident Chiropodists, 2 Murray's Terrace (off College Square), Belfast. Terms and hours as formerly. Reference to patients in Belfast.

Mr. Spencer Watson, F.R.C.S.—"On Double Lachrymal Fistula" received.

Dr. T. Morton.—"On the Diphtheria Outbreak" received.

## A FACT.

*To the Editor of the* Medical Press and Circular.

Sir,—Ruminating over affairs in general this gloomy weather, the thought struck me that I should like to communicate to you a "fact" on the comparative value of two businesses over a period of time—viz., a chemist's and a publican's. In this neighbourhood stands two corner houses, exactly facing each other, and of the same size and appearance—one a chemist, the other a public-house. Over a period of twenty-five years each of these houses has changed hands three times, and at the last change the purchase-money of the chemist's business was £1,000. The public-house business was sold for £14,300. This is a fact! But it must certainly be discouraging to the noble band of temperance reformers in our profession who are striving so earnestly to put down alcohol. If I commenced life again with my present knowledge, and was given a choice by my paternal relative for a living—a "medical shop" or a "public shop," I should be almost inclined to say with Shakespeare, "throw phys to the dogs, I will have none on't" give me a "public" bar.

You truly,
A Philosopher.

London, W., June 7, 1879.

N.B.—The proprietor of the "public" drives his curricle and pair; the medicine man uses a shank's pony.

Medical Bills.—A short time since we drew attention to the fact that, owing to the lax principle of general practitioners not sending in their bills every three, or at the outside six months, an enormous aggregate in fees was lost annually to the profession. The *Louisville Medical Journal*, following up this subject, says: "Doctors are almost alone in the custom of giving long credits, and they should get out of it, in justice to themselves and to their patients. Many a bill is lost because it was not presented promptly. It is painful for any one to pay for a thing which is well-nigh forgotten; and besides, when an account runs a long time it may have grown to such an extent as to put it beyond the ability of the debtor to discharge it, while in broken doses it might have been easily managed. It is all nonsense to be mealy-mouthed about matters of this sort. No patient whose patronage is worth having can take offence at the doctor for taking care of himself and family, even as the patient does himself in matters monetary."

A Novel Method of Controlling Vicious Horses.—That excellent publication, the *Veterinary Journal*, has in its issue for June drawn attention to the power electricity has in subduing vicious horses. At a recent *séance* of the National Society of Agriculture, M. Bella gave some interesting details of the subject. By the process adopted, intractable animals given to biting, rearing, kicking, &c., are rendered inoffensive, and submit peaceably to be groomed and harnessed. To obtain this result a weak current of electricity is passed into the mouth of the horse each time it becomes restive, the will of the animal seems almost annihilated. The current is produced by a small induction machine, the wires of which communicate with the bit of the bridle. In the case of resistance by the horse, the driver has merely to push a button, when a current passes immediately, and the animal becomes docile. The employment of electricity is said to produce a sort of uneasiness or torpor, rather than pain, and is much less barbarous than many taming methods hitherto adopted, such as those which depend on weakening by deprivation of food, on fatigue, &c.

## VACANCIES.

Beckett Hospital, Barnsley.—House Surgeon. Salary, £150. Applications to the Hon. Sec.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to the Secretary before June 21.

Enniscorthy Union, Oulart Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, June 24.

London School of Medicine for Women.—Lectureship on Materia Medica. Applications to the Dean before June 12. (See Advt.)

Manchester, Owens College.—Demonstrator and Assistant Lecturer on Anatomy. Salary, £150. Applications before June 13. (See Advt.)

Maynooth College, co. Kildare.—Medical Attendant. Election, June 24.

Middlesex Hospital.—Physician and Surgeon on the Honorary Staff.

Naas Union, Blessington Dispensary.—Medical Officer. Salary, £125, with fees, and £15, as Medical Officer of Health. Election, June 23.

Naas Union, Clane Dispensary.—Medical Officer. Salary, £125, with fees, and £15 as Medical Officer of Health. Election, June 17.

Samaritan Free Hospital for Women.—Physician to the Out-patient's Department. Applications to the Secretary on or before June 24.

Surrey Dispensary.—Medical Officer. Full particulars of the Secretary, Great Dover Street, Southwark, S.E.

## APPOINTMENTS.

Best, G. P., M.B., M.R.C.S.E., Resident Surgeon to the Aston Branch of the Birmingham General Dispensary.

Brown, W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Caldewgate District of the Carlisle Union.

Burnside, G. S., L.R.C.S.I., Certifying Factory Surgeon for the District of Clondalkin, co. Dublin.

Coghlan, P. F., L.R.C.S.I., Medical Officer to the Ulid Dispensary, Waterford Union.

Duigenan, J. J., L.R.C.S.I., L. & L.M.K.Q.C.P.I., Medical Officer to the Edenderry Workhouse, and Consulting Sanitary Officer.

Elliott, H., M.R.C.S., House Surgeon to the Westminster Hospital.

Fallon, J. S., Resident Obstetric Assistant to the Westminster Hospital.

Gorst, H., M.R.C.S.E., L.R.C.P.L., House Surgeon to the Liverpool Lying-in Hospital.

Hassall, J., M.B., C.M., M.R.C.S.E., House Surgeon to the Stockton Hospital and Stockton Dispensary.

James, W. C., M.D., Physician to the Westminster General Dispensary.

Kelly, Dr. T. J., Medical Officer, Medical Officer of Health, &c., for the Enniscorthy No. 1 Division of the Enniscorthy Dispensary District.

McCall, Mr. J., House Surgeon *pro tem.* to the Dental Hospital of London.

Shea, J., M.D., M.R.C.S., Physician to the Royal Berkshire Hospital.

# Marriages.

Pearsall—Stack.—On June 4, at St. Colomb's Church, Omagh, co Tyrone, William Booth Pearsall, F.R.C.S.I., to Marguerite Emily, eldest daughter of George Hall Stack, Esq., Mullaghmore Omagh.

Powell—Farrow.—On June 5, at Mundham, A. E. Powell, M.R.C.S., L.R.C.P., of Holme Dale, to Mary, only child of J. Farrow, Esq. of Mundham House, Norwich.

Waddell—Gilbert.—On June 5, at St. Mathews, Thorpe, Norwich, J. C. Waddell, M.D., of Norwich, to Caroline, only daughter of the late Robert Gilbert, J.P., of Ashby, Norfolk.

# Deaths.

Barker.—On June 5, at 18 Bayview Avenue, Dublin, after a protracted illness, James Barker, F.R.C.S.I.

Biddle.—On May 17, at Yately, Thomas James Biddle, M.R.C.S.E., aged 45.

Dunn.—On May 29, at Birmingham, George Peat Dunn, M.R.C.S.E., of Halesowen.

Heginbotham.—On June 2, at Bruton, Somerset, Edmond Heginbotham, M.D., aged 44

Hooper.—On May 28, at Jersey, George Symes Hooper, M.D., aged 79.

Kitching.—On May 26, at Milnthorpe, John Kitching, M.R.C.S.E., aged 83.

Medd.—On May 30, at Shrewsbury, John Medd, M.D.

M'Ilroy.—On June 5, at 16 Royal Terrace, Kingstown, John M'Ilroy, M.D., R.N.

Oakes.—On May 31, at Waterside, Derry, Frederick Ashton Oakes, M.R.C.S.E., Surgeon-Major, Army Medical Department, aged 51.

Stuart.—On June 3, at Reading, Surgeon-Major John Stuart, late of the Royal Engineers, aged 50.

Walsh.—At Littevant, co. Cork, Patrick Lynch Walsh, M.D., aged

# IRISH POOR-LAW INTELLIGENCE.

## MEDICAL OFFICERS OF HEALTH FOR IRELAND.

THE Council of the Irish Medical Association, having taken an opinion of counsel relative to the duties and remuneration of the medical officers of health, have addressed the following communication to the Local Governmont Board:

TO THE SECRETARY TO THE LOCAL GOVERNMENT BOARD.

Irish Medical Association,
Royal College of Surgeons, Dublin.
9th May, 1879.

SIR,—With reference to the recent correspondence between the Council of the Irish Medical Association and the Local Government Board relative to the position, duties, and remuneration of the Medical Officers of Health under the Public Health (Ireland) Act, 1878, and more immediately to the contents of your letter (No. 6,850—79, Miscellaneous) bearing date the 2nd April last, I am directed by the Council to state that, as their views regarding the effects of the repeal of the Public Health Act, 1874, and the requirements of the new Act, were so widely different from those entertained by the Local Government Board, and as the points at issue had reference to the correctness of the interpretations to be put upon the law, the Council have had prepared for the opinion of counsel a case which embraced the correspondence on the subject up to 8th April, 1879.

The case was submitted to Mr. Purcell, Q.C. (a copy of whose opinion I herewith forward, together with the questions put to him), and it will be observed the views of the Council are, in every parti ular, supported by his opinion.

I am therefore directed by the Council, in the event of such opinion being concurred in, to express a hope that the Local Government Board will now see the expediency of assigning to the Medical Officers of Health their proper duties and functions under the Public Health Act, 1878, and also of informing the several sanitary authorities throughout Ireland that it is their duty to fix anew the salaries of those officers without having regard to the amount of the salary paid to the Medical Sanitary officers under the Act of 1874, or to any scale whatsoever; and, furthermore, to determine the amount of such salary (subject to the approval of the Local Government Board) as they may deem equitable remuneration for the duties to be performed.

I am to request that the Local Government Board will have the goodness to inform the Council, at their earliest convenience, as to their intention, or otherwise, to adopt the view of the law as expressed by Mr. Purcell, as the Council are desirous of having the question finally dealt with in whatever manner may be found necessary, and as considerable time has already elapsed since the passing of the new Act. Indeed, this delay has caused great dissatisfaction to the Medical Officers of Health, who are in a state of uncertainty as to their duties, and also as to whether their services will be adequately requited.

In conclusion, I am directed to repeat that, unless the Medical Officers of Health be fairly remunerated for their services, the intentions of the Legislature with regard to sanitation in Ireland, as expressed in the new Act, must prove as great a failure as did the Public Health Act of 1874, which, however, was alleged to be but a "tentative" measure.

I am, Sir, your obedient servant,
JOHN WILLIAM MOORE, M.D.
Hon. Sec. to the Council.

The questions put to Mr. Purcell, Q.C., and his opinions thereon will be found in the Supplement to the MEDICAL PRESS of May 21, 1879.

The following reply has been received:—

No. 12,573—1879. Miscellaneous.

Local Government Board, Dublin.
7th June, 1879.

SIR,—Referring to your letter of the 9th ult., relative to the position, duties, and remuneration of the Medical Officers of Health under the Public Health (Ireland) Act, 1878, the Local Government Board for Ireland desire to state that, having found it necessary to obtain the advice of counsel on several questions arising under the 11th section of that Act, they have been advised that it is desirable to issue new orders in relation to the duties and salaries of the Medical Officers of Health. The subject of the suggested orders is now under consideration.

By order of the Board,
B. BANKS, Secretary.

To John William Moore, Esq., M.D.,
Hon. Sec. to the Council, Irish
Medical Association.

We cannot refrain from reference to the proceedings of the Local Government Board in this matter, and to the excuse pleaded by them in the foregoing reply. Here is a great public department fully cognisant that questions had been raised in Parliament with reference to an amendment of the law which they themselves were charged to administer. Being perfectly well aware that these amendments were pressed with a view of changing the state of affairs as affecting their own officers, and that Parliament had decreed these changes with deliberate intention, the Local Government Board takes upon itself to ignore the orders of the Legislature and to obstruct its wishes; and, instead of loyally and actively carrying out the terms of the Act of Parliament, as it was bound to do,

it takes not the least notice of the change of law for nearly twelve months, and even refuses to carry that change into effect when its nature was forced upon their consideration from outside. It appears from the reply of the L.G.B. that, "having found it necessary to obtain the advice of counsel on several questions arising out of the 11th section, they are advised that it is *desirable* to issue new orders." Being perfectly conversant with the terms of the Act, we fail to understand that any legal opinion was necessary, or could have altered the law. But if there existed any ambiguity it seems strange that the Local Government Board should not have taken steps to remove such ambiguity when the clause became law, or should have delayed for twelve months before taking advice thereon. It being at length satisfied that it is "desirable" to issue the new orders, we hope that no further jogging of the official memory will be needful. We trust we are not too sanguine in anticipating a change in this method of doing business under the *regimé* of the new vice-president.

## MOUNTMELLICK UNION.

### LUNACY CERTIFICATES.

Mr. Phillips said, in the *Leinster Express* he found the following words given as expressed by Mr. Cullen: "He recollected a great number of years ago a guardian came in and voted for a certain medical man, but he afterwards went to Mr. Cobbe and made an act of contrition, and said he knew he had done wrong, but that when he was ill the medical gentleman had raised him out of a bed of sickness. Well, the answer to that was that he should have paid his doctor fully for his services. It was often the case that it was the gratitude they owed to their family doctors which induced the magistrates to grant the maximum amount allowed by law in lunacy cases." He wished to know if Mr. Cullen had used these expressions.

Mr. Cullen said that some of the report gave exactly what he meant to say.

After some discussion the following resolution was passed:—"That this Board ask the Local Government Board in cases in which the magistrates order £2 to a doctor for a certificate in a case of lunacy, is it the law that any guardian voting against it could be brought by *mandamus* before the Queen's Bench; and, if so, that they will mention the Act and section where it is to be found?"

## WESTPORT GUARDIANS.

The Chairman drew attention to the claim of Dr. Johnson, under the Sanitary Act, for a guinea, his fee for the certificate of the burial of a person who died of infectious disease; and he then read from the *Freeman* the announcement that Government were about bringing in a Bill to double the vaccination fees payable to doctors, and also proposing compulsory power authorising medical officers to take lymph from children against the wish of parents, and a penalty of £2 is proposed in every case of refusal. The following notice was then read:—

"That having seen in the newspapers a report that a Bill is now before Parliament, one of the objects of which is to double the fees, and that the Government is favouring the proposition, which is brought forward solely in the interest of the medical officers and not of the public, we desire to express our strong disapproval of this large unnecessary addition to the already too heavy local taxation of Ireland. We think that in the present time of unprecedented agricultural depression, there should be a pause in the system of yearly adding to the local burdens by increasing existing payments, and by special fees to the medical officers and others for work which should be considered part of their ordinary duties. Our county members are requested to oppose the proposition to the utmost."

Mr. Louden—If you would add—that the county members be called on to obstruct this measure. I apprehend they would have a heavy bill to pay for certificates of burial. Infectious disease meant almost every disease the people die of.

## IRISH MEDICAL ASSOCIATION.

The Annual General Meeting of the Association took place on Monday, June 2, at the Royal College of Surgeons. The chair having been taken by the President, Dr. Robert MacDonnell, F.R.S., and the minutes having been signed, the Report of Council, of which the following is an abstract, was read by the Hon. Secretary, Dr. Chapman:—

The Public Health (Ireland) Act, 1878, received the Royal Assent on the 8th of August last year, and your Council consider it a subject for congratulation that it has become law.

Your Council throughout the various stages of the Bill have never ceased to advocate that efficient supervision by properly qualified medical inspectors under the Local Government Board should be provided, feeling assured that such provision is as necessary for the protection of the medical officers of health, who perform their duties in an independent and efficient manner, as it is to compel negligent sanitary authorities, or officers, to discharge faithfully the duties imposed upon them. Your Council are still of opinion that independent supervision is essential to give a thorough effect to the valuable provisions of the Act; nay, more, that unless such be provided, the public will not derive all the advantages intended by the Legislature to be conferred upon them, with regard to sanitation in Ireland. Even to the very last stage of the Bill in the House of Lords, your Council persistently advocated the necessity for providing independent supervision, and although no attempt was made at any time to refute the justice of this demand, the invariable reply to it was to the effect that the Local Government Board had power to make such provision if deemed necessary or advisable.

Your Council have availed themselves of the opportunity now afforded by the introduction of a Bill to amend "The Public Health (Ireland) Act of 1878," of bringing this very important provision, upon which the success of the measure chiefly depends, again before Parliament, and have, through the kindness of Mr. Meldon, M.P., been enabled to do so—he having undertaken to move the desired amendment.

Your Council, bearing in mind the very unsatisfactory manner in which the duties of the then medical "sanitary officers" under the Public Health (Ireland) Act of 1874 were defined, took an early opportunity of directing the attention of the Local Government Board to this subject, and requested that in assigning to the medical officers of health their duties, under the new Act, they should be specially defined, and be made consistent with the functions of professional gentlemen, without in the least degree depriving the public of any of the advantages derivable from their services. Your Council, from their reading of the new Act, consider that the Local Government Board is bound to regard the medical officers of health as new officers, whose duties as such should be specially defined, and whose remuneration should be fixed anew without regard to the maximal scale fixed by the old Act, that Act having been repealed *in extenso*; but the Local Government held a directly contrary view on all these points. Your Council instructed Mr. Clifford Lloyd, Solicitor to the Association, to submit the question at once to Mr. Purcell, Q.C., whose opinion is that the views of the Local Government Board are altogether erroneous, and that those

of your Council are correct in every particular. This opinion has been forwarded to the Local Government Board, and your Council expect soon to hear that it is adopted as the true reading of the new Act, as the assurances of Government before this measure became law could not reasonably lead your Council to arrive at any other conclusion. Thus it may be seen that an attempt has been made to override the Act of Parliament which your Council have not been slow to call in question, and which but for their vigilance would have been successful. The questions which were put to Counsel, and his replies thereto, were published in the *Medical Press and Circular* of the 21st of May.

Under the 258th section of the new Act the medical officers of health are entitled to remuneration for attending and giving evidence at sanitary prosecutions; but your Council regret that very recently a medical officer of health who claimed such remuneration was informed by the sanitary authority that if he persisted in his demand they (the Sanitary Authority) would take into consideration the reduction of his salary! So gross an attempt to stifle the provisions of the law it is to be hoped will be properly dealt with by the Local Government Board. In this case the Sanitary Authority informed the medical officer of health that he should apply for such fees to the magistrates before whom the prosecutions were heard, though the Act of Parliament directs that he "shall be entitled to remuneration *from the Sanitary Authority.*"

An instance has lately come under the notice of your Council in which the remuneration of a "consulting sanitary officer," hitherto paid by salary, has, at the request of the Sanitary Authority, and with the approval of the Local Government Board, been changed to payment by fees whenever he shall be consulted! and as it probably appeared likely to the gentleman who held the office that he would never be consulted, he resigned his appointment; it now remains to be seen whether a successor will be appointed, and if so, whether he will ever be called upon to act. Such an arrangement as to payment, tending as it undoubtedly does to make the office of consulting sanitary officer a *merely nominal* one, is highly disapproved by your Council, and is by them regarded as an act which in effect would encourage the local sanitary authority to neglect carrying out the provisions of the Public Health Act; and if this surmise be correct, it will afford another proof of the necessity for independent supervision.

### Bills to Amend "The Medical Act, 1858."

Your Council have recommended that any legislative measures which might be enacted should provide for—

1. A revision of the constitution of the General Medical Council—
   - (*a*) By a more equitable distribution of seats amongst the licensing authorities.
   - (*b*) By widening the constituencies which elect the representatives of several of those bodies.
   - (*c*) By a more direct representation of the general body of the profession.
2. The grant to the Medical Council of complete control over the education and examination of candidates for admission to the profession.
3. The compulsory establishment of a single conjoint examination for each division of the United Kingdom, which examination should be essential for admission to the licence or degrees of any of the medical authorities.
4. The enforcement of absolute uniformity in standard of examination, extent of curriculum, and amount of fees payable, required by each and all of the conjoint examining bodies.

All the bills now before Parliament to amend the Medical Act of 1858 have been referred to a Select Committee of the House of Commons, with power to take evidence, and your Council have expressed their readiness, through a representative, to give evidence. It is hoped that the Select Committee may be able to complete its labours in sufficient time to enable the desired legislation to be effected during the present session of Parliament, and your Council trust that a thoroughly satisfactory measure may soon be enacted which will secure to the public and to the profession all the desired advantages.

### Bill to amend the Vaccination Acts.

This measure contains many of the clauses of the Bill drawn up by this Association; but, unfortunately, several of the most important clauses contained in the latter have not been inserted in the Government Bill, which has already passed the second reading, and will soon again come before the Committee of the House of Commons.

Your Council have during the past three years repeatedly called the attention of the Government and of the authorities to the necessity which exists for amendment of the vaccination laws of Ireland, and are pleased to find that at length this important subject is receiving consideration in Parliament.

Mr. Meldon, M.P., and Mr. Mitchell Henry, M.P., have kindly promised to propose the other amendments which your Council consider essential to make the measure a thoroughly satisfactory one.

The two Bills drawn up by this Association suggested that the results of the operation of vaccination should be subjected to systematic inspection by competent inspectors to be appointed by the Local Government Board, as this is the only way in which universal efficiency of the operation can be obtained. The allowance of awards for special excellence of results was also suggested. This system of inspection and awards—which is provided for by law in England—is admitted by Parliament and the authorities, as well as by all official persons competent to form an opinion with regard to it, as not only highly beneficial to the interests of the State, but actually essential to ensure the best results being attained; your Council, therefore, hope that a similar provision may be extended to Ireland for the same reasons.

The new Bill proposes to allow to the Irish public vaccinators two shillings for each successful vaccination. In England the remuneration allowed for this service averages two shillings and six pence for each case; and your Council, failing to see any reason for such discrepancy, claim that the Irish vaccinators are entitled to, at least, similar remuneration to that given to the English vaccinators for the performance of precisely similar duties. As the justice of this demand cannot be denied, it is hoped it will be conceded; and as the Irish vaccinators have hitherto received the utterly inadequate remuneration of *only one shilling*, it appears to be only reasonable that their services should now be liberally requited.

With regard to the question of attendance at prosecutions and the remuneration therefor, your Council have had during the past year a long correspondence with the Local Government Board, which was ultimately forwarded to the Government, quoting the opinion of Mr. Gerald Fitzgibbon, Q.C. (now Lord Justice of Appeal), supported by another eminent Queen's Council, which stated that it is not part of the duty of a dispensary medical officer to give evidence at vaccination prosecutions, and that the Acts at present in force entitle him to remuneration for such services; notwithstanding which the medical officers have been generally required to attend and give evidence, without receiving even the amount of their actual expenses, much less a fee. This system of injustice has been the result of a circular, bearing date 31st August, 1876, which was issued by the "Executive," to the magistrates throughout Ireland, the evil effects of which were brought under the notice of the Lord Lieutenant, when your Council were informed that "the circular of 31st August, 1876, was intended to assist the medical officers in their applications to the justices for the allowance of some more reasonable compensation than the amount of their actual expenses!' Although the circular in question appeared very distinctly to forbid the allowance of

any remuneration, it is to be regretted that the justices forfeited their independence, and also the discretionary power conferred upon them by the law with regard to this matter, by adopting the course which appeared to them to be indicated by that circular, the injustice of which they have recognised.

### Registration of Births and Deaths Bill.

Your Council regret to have to report that although they have taken every step which to them appeared advisable with a view to securing the re-introduction in Parliament during the present session, of the Bill drawn up by this Association for amending the very defective "Registration of Births and Deaths (Ireland) Act," they have not succeeded in attaining their object.

### Dispensaries (Ireland) Bill.

"A Bill to give facilities for providing dispensary houses and dwelling-houses for medical officers of dispensary districts in certain parts of Ireland," has been prepared and brought in by Mr. Bruen and other members of Parliament, and has just been passed. Your Council have given attention to this Bill, the principles of which are to erect suitable houses as dispensaries, and suitable houses as residences for dispensary medical officers, in those districts only which at present do not afford such accommodation conveniently situated.

With regard to the erection of suitable houses for dispensaries, your Council need only observe that as many of the premises now in use for that purpose are quite unfit for it, it is to be hoped that suitable houses may soon be provided.

The words of the Bill appear to be clear and intelligible; the residences will only be erected in districts which require them, and it may therefore be assumed that the medical officer will gladly avail himself of the opportunity of occupying a suitable and convenient house at a reasonable rent, to be deducted from his salary. The Bill very properly does not provide that occupation of such houses shall be compulsory on the medical officer, and if he does not reside in the house no reduction can be made from his salary as rent for it. This admits of the medical officer declining to occupy the house if the rent asked for it appears to him to be not reasonable.

### Disqualification by Medical Relief Bill.

This Bill, which was avowedly introduced for the purpose of checking the spread of infectious diseases by removing the disqualification from exercise of the franchise by persons so suffering who have received in hospital medical relief, passed the House of Commons without the insertion of the amendment suggested by this Association, which was as follows, viz.:—"Provided always that such person or persons shall have paid to such (hospital) authority such reasonable charges for maintenance, medicines, medical attendance, and nursing, as may be made by such authority with the approval of the Local Government Board." The general and unnecessarily pauperising tendency of this measure is much to be deplored.

This Bill has passed the House of Lords, where it has been amended in accordance with the views of your Council.

### Medical Witnesses at Coroners' Inquests.

In the last annual report the members of this Association were informed that certain illegal practices, with regard to the employment at coroners' inquests of medical witnesses who were not, as directed by the statute, "in actual practice at or near the place where the death occurred," were brought under the notice of the Lord Lieutenant, and your Council have pleasure in reporting that His Grace's reply was to the effect that the suggestion of the Council would be carried out.

The attention of your Council having been directed to the fact that the medical officers of Irish prisons have frequently been called upon gratuitously to give evidence and make post-mortem examinations upon the bodies of prisoners, as to the causes of death, on whom inquests were held, your Council have published a letter addressed to those officers stating that they are entitled to the fees allowed by the Act of Parliament to other practitioners, and quoting a judgment given in 1861 by the late Mr. Justice Ball, whose decision was that, as it was not part of the prescribed duty of a prison medical officer to give such evidence gratuitously, the fee must be paid.

Under the existing law the medical officer of any public hospital or infirmary or of any building or place belonging thereto, or used for the reception of the patients thereof, or of any county or other lunatic asylum, or of any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, whose duty it may have been to attend the deceased person, upon whose body an inquest shall be holden, is not entitled to any fee or remuneration for his evidence, or for making a post-mortem examination. Your Council trust that the contemplated legislation to amend the law of coroners' inquests may put an end to the manifest injustice of compelling medical men, especially those whose services are given gratuitously to public institutions, to give to the State such extra services without fee or reward.

### Prisons Medical Officers, their Duties under the New Prisons Act—Compounding.

There are two classes of prisons medical officers in Ireland, viz.: those directly appointed, and the infirmary surgeons, to whose office the duty of acting as medical officer of a prison without remuneration was attached. The new Prisons (Ireland) Act does not provide for the appointment of apothecaries or compounders of medicines, and the General Prisons Board having attempted to force upon the medical officers the new duty of compounding the medicines they prescribed, which was by them declined as an indignity to their office, a duty with which they were not acquainted, and one which was directly at variance to their position, your Council submitted a case for the opinion of counsel, and were advised that the position taken by the prisons medical officers was supported by the law.

The General Prisons Board finding that they could not compel the prisons medical officers to compound medicines, have intimated to the infirmary surgeons, who as such are also medical attendants to prisons, and who have declined to accept the degradation sought to be imposed upon them, that their services are no longer required, and that they are not recognised by the Board as entitled to hold office under the new Act. In the opinion of counsel above referred to, your Council are advised that the General Prisons' Board can only dismiss a prison medical officer for incompetency or neglect. The order of the General Prisons Board, it appears, has been withheld with a view to obtaining further advice as to its legality, and beyond this point the subject has not advanced.

[Continuation of above Report, as well as report of the "Royal Medical Benevolent Fund Society for Ireland," will appear in our next issue.]

## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin offices of this paper.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 18, 1879.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## Original Communications.

### REMARKS ON THE ROUTINE USE OF THE OPHTHALMOSCOPE IN CEREBRAL DISEASE.


By J. HUGHLINGS JACKSON, M.D., F.R.S.,

Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.



(*Continued from page* 461.)


It is not at all uncommon for patients to recover from optic neuritis. I do not say recover from amaurosis (although they may recover when sight is gravely affected, if treated soon after the failure), for I now speak only of cases of optic neuritis in which there *is no defect of sight.* I give one illustration: In a case I recorded (*Med. Times and Gaz.*, Dec. 7, 1872), the patient was attending on me for convulsive seizures, when one day, May, 1871, he complained of his sight. I had examined his eyes at his first visit, Feb. 9, 1871 (the discs were then normal), but I had neglected to examine them at intervening visits (April 14 and 29), thus breaking a rule I have tried to enforce.

On May 9 I made this note: "There was nothing wrong observable about his sight, judging from his manner, but he said he could not read for many minutes together, and that he saw badly across the road. I therefore looked at his discs, and, finding neuritis, tested his vision. When near the window he could read with each eye No. 1 of Jäger. He read slowly and made one or two mistakes, but corrected them when they were pointed out to him. The discs were much swollen; the edges were lost. The veins were large and tortuous; there were irregular white patches and several recent hæmorrhages. How long these appearances had existed I could not tell. The discs were normal at his first visit on February 9.

May 16th.—He could still read No. 1 of Jäger and No. 1½ of Snellen. He read slowly and made four mistakes in about four lines, *e.g.*, he said "space" for "spade," which, however, he corrected himself. Still he complained of his sight. He said, "it comes over like a cloud now and then," and that when he looked at the newspapers "it comes over like a mist." His sight never failed altogether. He had occasionally specks in the left eye. There were no "colours." He recognised the colours in the coloured types of Snellen very well. His field of vision was normal. The left optic disc was much swollen, the veins large and knuckling over the edge of the disc. The arteries were obscured. There were very small shapeless white patches and scattered blotches of blood. The right optic disc was in about the same condition. There were no changes at the yellow spot. There was no albuminuria. He had had a slightly giddy seizure. I gave him large doses of iodide of potassium.

The discs gradually cleared up; indeed, by June 26, the appearances would have seemed normal to a careless observer, but the edge of the disc was slightly indistinct; the arteries were traceable, and the veins were not tortuous. By direct examination, streaks were seen along some of the vessels. There was "silvery-looking" matter near the entrance of the vessels in small quantity; there was also a little streaking of the adjacent retina.

1874.—He keeps well. The ophthalmoscopical changes to ordinary indirect examination are *nil*, and to direct examination they are very slight.

*At every visit the patient could read the smallest test-types.* I tried him with Jäger's, Snellen's, Dixon's, and Williams's types, so that he did not read assisted by memory.

In all the cases I have seen of recovery from optic neuritis the patients had taken large doses of iodide of potassium. Whether they would have recovered if left alone, that is, whether sight would have failed, I cannot tell. My belief is, however, that the iodide of potassium administered in the earliest stage of optic neuritis would save many from blindness. It can, of course, do no good for the tumour (unless it be syphilitic), but it does, I think, for the inflammation of the optic nerves. When I say I have known optic neuritis appear and disappear, I can speak of cases in which, in a subsequent illness, the patients have died. The ophthalmologist never sees the pathological condition until sight is damaged. But the

physician will, if he looks, often see it when there are no other permanent symptoms than headache, with or without vomiting.

Patients sometimes die suddenly, as the case of cerebellar abscess illustrates, from intra-cranial adventitious products. In the following case, reported *Lancet*, June 21, 1873, there was no autopsy, and thus we can only say that the patient died suddenly after showing symptoms of chronic cerebral disease of some kind. But the case shows strikingly the importance of the *routine* use of the ophthalmoscope. It might easily have been mistaken for one of hysteria, or, by careless persons, for some affection of the liver. The woman always looked well. But such mistakes could not possibly have been made in this case after the use of the ophthalmoscope ; optic neuritis is always a serious matter. At the very first the patient's husband was told that she was very dangerously ill. The only reason for giving this opinion was, there was optic neuritis.

A woman, æt. 28, attended first on October 26, 1872, for severe pain in the head, coming on in paroxysms, and for vomiting. The history she gave was obscure. It seemed probable that about a year before she had had double vision. She would occasionally fall down, and she had fits of some kind beginning in the left leg ; no clear account of them was obtainable. Because she had *pain in the head* an ophthalmoscopic examination was made. Being a very nervous woman she seemed slightly alarmed at this procedure, and said excitedly, "There's nothing the matter with my eyes." She did read 1½ of Snellen with each eye very easily, and, indeed, appeared to see quite well. Nevertheless, she had double optic neuritis well marked. Under iodide of potassium in large doses she got well, or, rather, to feel well, for the neuritis had not passed off when she ceased to attend. Her sight was tested at each visit, and found to be normal.

She came again for the same kind of symptoms, February 3, 1873, and for attacks of giddiness, in which she would fall. At this time some swelling of the discs remained, *but she could still see well ;* she easily read out No. 1½ of Snellen as before. The patient was again improving when, on March 23, she died suddenly. The evening before she had been out marketing with her husband. In the night she said she was not so well, got up, walked about, said she felt better, returned to bed, again said she felt not so well, and died immediately.

At her last visit she seemed to be a fine healthy woman, except for nervousness and an air of simple weariness. There was an inquest, but no autopsy.

I find I have not given the most recent of Gowers's conclusions in stating what he has observed as to optic neuritis. I am indebted to him for the following letter :—

50 Queen Anne Street, Cavendish Square, W.
June 6th, 1879.

Dear Dr. Jackson,—Later microscopic investigation has led me to modify considerably the opinion of the rarity of descending neuritis expressed in the statement you have quoted in the *Medical Press and Circular* for the 4th inst. The opinion was founded on the slightness of the indications of inflammation commonly presented by the trunks of the optic nerves in cases of intra-ocular neuritis from cerebral disease. But I have since found in several cases that equally slight changes may connect an intense neuritis behind the optic foramen, with an intense neuritis within the eye ; and I am led to the belief that these slight changes have far more weight than has commonly been attributed to them ; and that descending inflammation, instead of being rare, is a very common mode in which neuritis is produced in intra-cranial tumour. I have described the facts on which this opinion is founded in my Manual of "Medical Ophthalmoscopy."

Believe me,

Very truly yours,

W. R. Gowers.

Dr. Hughlings Jackson.

## PSOAS ABSCESS, WITH DISEASE OF ONE OF THE LUMBAR VERTEBRÆ.

By JOSIAH ADAMS,
Formerly Medical Officer, Tullyvin Dispensary.

E. W., æt. 25, came under my care in April, 1877. She was treated in England for some time after she became ill, for rheumatism. She had been afterwards in two hospitals there, in one of which she was told "she would never get well." Looking at the case with all its dark surroundings, and having obtained the opinion of Mr. O'Grady, of Mercer's Hospital, the outlook was anything but pleasing.

There was a large abscess in the right lumbar region, extending down under the crest of the ilium, also in the upper and inner part of thigh, but not large in that situation ; one of the lumbar vertebræ projected more than half an inch. She was thin, but looked cheerful, pulse 80, suffered great pain at times in hip, down the thigh, and to the ankle—the ankle often the worst ; pain not so great on the opposite side. Gave her cit. ferri et quinæ, and ordered eggs and milk. My first object was to cure the diseased vertebra, and this I succeeded in doing by repeated small blisters on each side of the affected bone. As the abscess enlarged her head got pained, and she could not sleep well. Pulse got up to 100, I therefore determined to give exit to the matter, which I did by the abscess-lancet on the 24th May. I then gave her a sedative mixture and wine.

The next day pulse fell to 80, she was cool and slept some time.

May 27th.—Some hectic symptoms appeared.

28th.—She was hot and perspired.

29th.—She slept well, not much hectic. Gave cit. ferri et quinæ. Eats well, wishes to get up.

June 1st.—Pulse up to 100, but came down after a discharge from abscess.

4th.—Abscess continues to discharge, and I encouraged it, as it keeps down the pulse.

5th.—Gave sulph. quinæ. She continued to improve, and gained flesh till the 29th July, when a redness appeared about the origin of the glutæus medius. I then got the opening healed in the lumber region, in order to force the abscess to break where the redness appeared, as I should then have a better exit for the matter. It burst on September 6th.

Sept. 14th.—I dressed it with lint to the bottom. Pulse 100, and she lost flesh a little.

24th.—Ordered her to sit up in another room.

In October sent her to friends for a change.

April 1st, 1878.—Sore about half the size and depth. She said a small piece of bone came away while on her visit. Ordered sulph. quinæ et tinct. mur. ferri.

May 5th.—Sore quite healed, and she felt quite well.

Some time after the sore got irritable and discharged matter for a few weeks, and then healed. Afterwards, a small tumour appeared below the trochanter major. As she wished to go to her brother and sister in England I gave her leave. The quinine and iron strengthened her much, and I then ordered cod-liver oil. The little abscess broke some time after going to England, healed soon, and she was rid of all her trouble. She is now in a situation earning good wages.

I would remark three things in the treatment to which I think it well to draw attention.

1st. I believe the application of blisters several times when the surface is well healed to be in every way preferable to issues.

2nd. Keeping the abscess discharging every day or second day, instead of healing and opening again.

3rd. Permitting the patient to be up and in good air as much as possible.

I may remark also that had the patient been examined sooner, and blisters applied, she might have been saved all her trouble. I am positive had I put off opening the abscess much longer I might have left her to die ; and had I another case I would open it even at an earlier period.

# UTERINE INFLAMMATION AT THE CHANGE OF LIFE.

By EDWARD JOHN TILT, M.D.,
Past President of the Obstetrical Society of London.

In the present paper I limit my remarks to uterine inflammation as it occurs from the beginning of menstrual irregularities until cessation. I begin by pointing out that, from the 35th year to the 45th year, when cessation occurs in most women, sexual life is less intense, the married have fewer children, and the unmarried think less of marriage. Perhaps this diminution of sexual energy accounts for a corresponding decrease in the number and in the intensity of inflammatory uterine affections. Many women, nevertheless, begin the change of life with uterine diseases that have been undetected or imperfectly cured, and all such diseases are sure to be aggravated and brought to light by "the dodging time," for the ovaries still draw the blood to the womb every month, and the blood, finding an insufficient outlet, or none at all, from the internal uterine surface, congests whatever organic disease may be present in the sexual apparatus. Beyond an aggravation of habitual symptoms, I have noted nothing peculiar to this epoch, in the march of diseases of the neck of the womb. Subacute cervical inflammation may wake up its usual troublesome symptoms. Failing general health, there is the usual tendency of the cervical mucous membrane to exfoliate, when the subjacent uterine tissues are more or less caco-plastic. Ulceration in and around the cervical canal may cause a purulent or a muco-purulent discharge. All such cases should be treated on their own merits, for they will be made more difficult to cure by the dodging time, and by cessation.

To explain what may occur to the body of the womb during the dodging time, I must remind the reader, that in my Handbook of Uterine Therapeutics, I insisted on defective *puerperal* involution as a little-known, though frequent cause of uterine disease. I represented it, as less a disease than as the enlargement of the area in which may spread whatever disease is inclined to arise—congestion, inflammation, papillary development into a roughened or mamimillated surface or polypoid growths. Now, *puerperal* involution proceeds at a slower rate, and is oftener defective in women confined during the last decade of reproductive life ; and I believe, that not unfrequently, a womb that has not been able to effect *puerperal* involution, is called upon to work out the ultimate uterine involution of the change of life. I am convinced that "the dodging time" is sometimes protracted to unusual length by the fact of the womb having thus remained considerably too large after the last pregnancy, and without other disease than hyperæmia of its internal surface, and not always that. I have been led to this conviction by being sometimes puzzled to understand the protraction of the dodging time to great length in patients I had occasionally attended, and in whom I had found the cervix to be healthy and smaller than usual. These patients were so healthy, that I could not suspect the body of the womb to be diseased, and so fat, that there was no other way to measure the size of the womb except by the sound or bougie. I have often, in such cases, passed from 4 to 5 inches of a wax bougie into the womb, even when the cervix was shorter than usual. There was little pain, no loss of blood in some cases, but in others, a moderate loss of blood, as in one of the following cases :—

During the last twenty years I have occasionally attended a lady, now 55, for cervical inflammation after confinements. When 46, she had her last child ; she was supposed to have had a miscarriage when 48, and a few weeks afterwards there was considerable flooding from an enlarged womb, which confined her to the house for three months. When 49, menstruation began to be irregular, and there were pelvic pains and cervical congestion. They were more marked after the last menstrual period in December, 1878, but the cervix was healthy, and smaller than hitherto found. The abdominal walls were so fat that I could not feel the womb, and, on passing a wax bougie, it measured four inches and a-half. It gave little pain, and there was no subsequent loss of blood. In this case there is simple enlargement of a womb that never properly retracted after the miscarriage, and the enlargement being free from disease may be explained by the fact that the patient is a singularly healthy woman. This uterine enlargement has nevertheless delayed cessation for six years, and I am trying to reduce the womb, by giving twice a day, 3 grains of ergotine and half-a-grain of extract of nux vomica.

I have attended, off and on, for the last ten years, a lady respecting whose case I shall only now say, that I explained singularly severe attacks of epigastric neuralgia, with extreme prostration, to depend on chronic inflammation of a much enlarged womb. These attacks have occasionally returned at menstrual periods, and have indicated a relapse of uterine disease. Early in 1873, seven years after cessation had been thought imminent, menstruation came at intervals of three, four, six, and thirteen months. After this last protracted interval, the menstrual flow returned on the 3rd of November, 1878, being moderate, and lasting three days. This was followed by a very bad attack of neuralgia. I found that the cervix was healthy and smaller and shorter than hitherto ; nevertheless pelvic pains pointed out the womb as the centre of pathological disturbance, and, as the abdomen was so coated with fat as to render impossible any other mode of measuring the womb, I introduced a wax bougie, and, to my surprise, it went in to a depth of four inches and a-half. There followed a little pain and a few drops of blood, but the following day blood flow set in moderately, and continued so for ten days, accompanied and followed by a succession of the customary epigastric attacks. In addition to the womb being morbidly large, as in the previous case, there was in this case an irritable hyperæmic lining of the womb, and this pathological condition has occasionally brought back the attack, and has already delayed cessation for five years in a woman aged 55.

In other women, in whom the womb is in a state of defective involution, at the beginning of the dodging time, flooding is the frequent symptom of more acute hyperæmia, or of internal metritis, brought on, or aggravated, by the stoppage of an habitual outlet to pelvic congestion. This is not all : inflammation is just as much a bar to the ultimate involution of the womb at the change of life, as it is to the right progress of *puerperal* involution of the same organ ; and when, at the dodging time, an enlarged womb becomes inflamed, there is little chance of its size decreasing till after cessation. This enlargement of the womb, as a not uncommon condition at this epoch, explains why some women have an outflow of serum, or muco-pus, at some stage of the intermenstrual period—generally inodorous, but I have known it to be offensive, and greatly to distress a patient. Half-a-teacupful of pus, or bloody pus, may be also suddenly evacuated, and give the idea of an abscess, whereas the occurrence clearly points to internal metritis.

I have known patients to repeatedly pass matter instead of blood at monthly periods, and with considerable pain, and in one instance this was repeated at six successive menstrual periods. In all such cases there are symptoms of uterine metritis, and this imperfect menstruation is attended by considerable pain, on account of a progressive narrowing of the cervical canal, the result of the setting in of an attempt at cervical involution. It is evident such cases cannot be cured while pelvic circulation is in a state of disturbance, and our best efforts should be directed to the diminishing uterine congestion or inflammation, and to the maintaining of a free passage through the cervix for uterine secretions. By so doing we shall give such cases a fair prospect of being cured after cessation, as shall be explained in a another paper, in which I will treat of uterine inflammation after the menopause.

Seymour Street, Portman Square.

# Translations.

## ON DIPHTHERITIC PARALYSES. (a)

By Professor HARDY.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes.*

By W. DOUGLAS HEMMING, M.R.C.S.,
Assistant Surgeon, Central London Throat and Ear Hospital, Surgeon to the Notting Hill Dispensary, &c.

Gentlemen,—We have just examined together in the Saint Anne Ward, a woman, æt. 58, whose history is very instructive. She has told you at length how three weeks ago the affection commenced which brought her here, and if you have seen me insist on her telling you in detail the origin and course of the affections she suffered from, it is because amongst the conditions under which these affections show themselves we must not be indifferent to one which can throw light on the nature of this angina, which was cured and almost forgotten when they appeared.

The following are the conditions: this woman, working by the day, lives in a room adjacent to a small apartment occupied by a young household composed of the parents and two children of six and four years old. These children, received in a motherly way into our patient's room, passed several hours there daily. They began to suffer about five weeks since (remember the date, it is of importance, as you will see in time); "they complained of the throat, they threw up small pieces of skin by the mouth, were feverish, and soon became so ill that they were taken to Sainte-Eugénie, where they both died."

A few days only after the departure of the children for the hospital, our patient complained of her throat and head, had some difficulty in swallowing, felt generally ill, was feverish and obliged to take to her bed. Nearly a week passed before she was seen by any doctor; when he came the sore-throat was on its way to its cure. Whatever were the objective characters presented by this sore-throat, whatever was its extent and its nature, we may at least suppose that it was accompanied by somewhat severe fever, and by a grave general condition, since the patient remained in bed twelve days. It was at this time that the complications appeared from which the patient still suffers; visual trouble, feebleness of the lower limbs, stuffiness of the voice, great difficulty in swallowing solids or liquids. This morning you have been able to judge for yourselves the nature and intensity of the complications: you have heard this dull and nasal voice, which only allows the patient to make herself understood by speaking slowly and with effort, which she can only do at the expense of great fatigue; you have witnessed the great difficulty with which deglutition is accomplished, as it is only after a series of efforts that bread or meat, even after long mastication and insalivation, can be swallowed, the bolus of food, as the patient says stopping in the throat; this sensation of the arrest of the bolus of food is perfectly real, the last efforts at swallowing being made slowly and with difficulty, owing to want of action of the muscles of the pharynx. The swallowing of liquids is scarcely more easy as they mostly return by the nostrils.

The examination which you have made of the throat of our patient has shown that when we make her utter a continuous Ah, the falling velum was struck by the column of expired air; you have seen that there was an absence of all tension in the membranous velum; you have seen besides that the patient found it quite impossible to blow out a candle; you have seen, lastly, that the sensibility of the whole pharyngeal mucous membrane was singularly blunted, for the deep introduction of a tongue depressor, the introduction of the whole handle of a spoon caused neither movements of deglutition, nor those efforts at expectoration which generally render complete and prolonged examination of the throat so difficult.

But this is not all—the lower limbs are weakened; it is the same with the upper limbs, which are so enfeebled that the least work is painful and fatiguing. We find now nothing abnormal in the orbital muscles, in the iris, nor in the sphincters, which, besides, appear never to have been affected. Tactile and sensorial sensibility have undergone no alteration; the same holds good with respect to the intelligence and the general functions.

That, gentlemen, is the history of the patient and the condition in which you find her to-day.

With what affection now have we to do? why, and how have these symptoms appeared?

Could this be the affection first described by Duchenne, of Boulogne, under the name labio-glosso-laryngeal paralysis?

The slightly stupefied air of the patient, the slow, veiled, dull voice, the impossibility of blowing out a candle, of swallowing, and of drinking should not deceive us, it means nothing; besides, in Duchenne's disease the mode of origin and the progress of the complications are different, functional troubles are the chief, especially in the tongue and the orbicularis oris, which in this case were absolutely unaffected, their movements maintaining all their facility, extent, and rapidity. We have to do with a paralysis of the velum palati and the pharynx, which has this peculiarity, that it was developed at the close of a sore-throat which we did not see, but the nature of which could not be mistaken from the precise descriptions given by the patient; I shall, therefore, take this opportunity of speaking to you in detail of the affection of which this woman offers so good an example.

It is only about twenty years since the attention of physicians was drawn to the sequelæ of some forms of sore-throat which led to paralytic troubles affecting the velum palati with greater frequency and intensity than other parts. It must not be supposed from this that paralysis in connection with sore-throat is anything novel; you will find it mentioned by some authors of the last century; for instance, Ghisi of Cremona has left us a very good description of a paralysis of the velum in his own son, which he had seen to supervene on a severe sore-throat; a similar case was observed in New York, in 1771, in a child two years old, by Samuel Baar, in the course of a very fatal epidemic of sore-throat. Similar cases were observed by Orillard in the course of a severe epidemic at Poitiers, in 1836.

These cases and many others analogous, little attracted the attention of physicians, until M. Maingault brought them forward in a remarkable thesis published in 1854. This possible sequela and complication of sore-throat had completely escaped the sagacity of Bretonneau, who does not mention it in his celebrated works on diphtheria; in fact, it was only on the solicitations of Trousseau, a witness of some cases of post-anginous paralysis, who questioned on this point the experience of his master, that Bretonneau recalled many cases in his practice, and repeated at the same time—making use his own words—the observation of Professor Herpin, of Tours, with whom he was in company in the spring of 1843: "fifteen days after the development of a diphtheritic sore-throat, inoculated in a child, there appeared disturbances of vision, paralysis of the velum, with loss of sensation, and regurgitation of food and drink by the nose; a very difficult and very slow walk, above all painful feebleness when he attempted to go upstairs." A few years later, M. Maingault published some new clinical researches on the causes, nature, and treatment of diphtheritic paralysis; to these labours must be added those of Gubler, Roger, G. Sée, and Trousseau. From that time attention was drawn to the relationship of cause to effect connecting sore-throat with paralytic complications, which without being very common are so frequent that a year does not pass without one or two cases being observed in the hospitals.

(a) A Clinical Lecture delivered at La Charité, Paris.

These paralyses deserve separate study, and constitute a perfectly definite morbid species in the same way as the saturnine or hysterical paralyses, since, like this latter, they affect in their cause, in their commencement, in their progress, in their narrow limits, or in their generality, a condition of existence which we must now recognise. With regard to the origin of these paralyses, we must first know what forms of sore-throat will give rise to them. According to most physicians, paralysis has appeared only after diphtheritic sore-throat; this opinion has been ably defended by Maingault, who considers the paralysis as the result of the impregnation of the nervous system with the diphtheritic poisons; this was, besides, the opinion of Trousseau, who regarded it as a contamination of the whole economy by the diphtheritic virus. But considerable as is the part played by diphtheria in the production of paralyses after membranous sore-throat of a serious kind, it is perhaps not so exclusive as was thought until the last few years. Some facts would seem to prove that various forms of sore-throat, not diphtheritic, may be followed by paralysis; in a case of M. Gubler's, which seems very convincing, it was caused by a herpetic sore-throat; in a case of M. Sée, the paralysis appeared after a simple common angina; in another case of Professor Sée, the paralytic complications were seen in a man who had had merely a simple tonsillitis.

To these well observed facts I can add one from my own family, in a child whom I treated for a common sore-throat, who kept her room scarcely three days; I saw after fifteen days (when nobody was thinking any more about the throat trouble), there supervened pain in swallowing, affection of the sight, general debility, then complete paralysis of the soft palate, to which was soon added a paresis of the lower limbs, sufficiently severe to prevent the child from walking.

These facts show you that, if, as a rule, paralyses are connected with diphtheria, they may also be consecutive to a simple common sore-throat, and I would add that they may appear when the sore-throat has not been more than usually acute or intense; in proof of what I say I would only recall the cases of M. G. Sée and my own.

These facts would seem to prove that the sore-throat, that is to say the seat of the affection, always first shows its nature; it is never wanting, and always precedes the appearance of the paralytic phenomena.

The patient would appear to be more exposed to paralytic consequences in the case of pharyngeal, palatine, or tonsillar affection, than where the general diphtheritic affection has determined the localisation of the angina. We shall besides endeavour to call these paralyses *anginous paralyses*, more than diphtheritic, since it is established that if diphtheria does not constantly and necessarily exist, angina is never absent. I know well that in opposition to this view very rare cases are cited of paralysis in which the diphtheria remained cutaneous. To this objection I would reply that it is not impossible that in the patients in question there was a slight pharyngeal localisation, which passed unperceived owing to its very small local and general reaction.

At what period do these paralyses commence?

There is in their mode of appearance something striking and peculiar; it is not when the angina appears, nor immediately after its disappearance that one sees paralysis supervene; but a fortnight, three weeks, or a month after, when everything seems to presage a complete cure. Remember what our patient said, that a fortnight after the sore-throat, the pain in swallowing appeared, and then the complete paralysis of the soft palate. With respect to the mode of beginning of the paralysis, there are two things to remember; that the paralytic troubles do not appear all at once, one day or the next; there is feebleness, paresis, and difficulty of movement before there is complete paralysis; I would add also that paralysis is scarcely ever absolute, for difficult, painful, obstructed and slow as movements are, the patient almost always manages to execute them.

The most important peculiarity in the history of these paralyses is that they always begin, save in very rare exceptions, in the soft palate; this is so true, that in a case where the diagnosis was doubtful in the face of paralytic troubles otherwise abnormal and uncertain, the fact that a paralysis of the velum of the palate had preceded the general affection would almost suffice to affirm the nature of the paralysis.

The paralysis begins, then, in the soft palate where it shows itself by signs similar to those you have just witnessed; at the same time sensation is affected in the pharyngeal mucous membrane, so that one can titillate the uvula and depress the base of the tongue without causing the distress which is generally set up by exploration of the throat. Sometimes things go on further. Difficulty in swallowing, instead of being limited to the pharynx, is felt lower down; the bolus of food is stopped at the beginning of the œsophagus, and after a meal a sensation of stifling which does not cease until the patients have thrown up the food. In some, liquids and even solids get into the larynx. In this case there is, added to the paralysis of the velum, some paralysis of the laryngeal muscles.

But the affection is not limited here; if in certain patients things do not go any further, in others the paralysis progresses and becomes more general. In these cases there is first noticed some alteration of the sight, myopia, presbyobia, or amblyopia supervening. The patients have a sort of mist before the eyes, they distinguish objects badly. These phenomena are most usually the result of a defect of accommodation; in some patients also there have been observed troubles in the region of the third nerve, the paralysis either being complete or being limited simply to the branch to the levator palati and causing only ptosis.

Still later other phenomena appear, the patients complain of numbness and heaviness of the lower limbs, which prevents them from attending to their occupations and compels them to sit down frequently; they have pain in walking, their legs bend beneath the weight of their body, the phenomena of paralysis become more intense, and may even come to complete paralysis.

With respect to sensation: this is generally perfectly preserved. Patients almost always feel when they are pricked or pinched. There are, however, some severe cases in which both movement and sensation were lost. In some patients, lastly, the paralysis attacks the upper limbs; and, which is a difficult thing to explain, physiologically and anatomically, this paralysis supervenes most commonly after paralysis of the inferior extremities. Here loss of power is proclaimed by numbness, heaviness, and later on muscular weakness, which may be positively appreciated by the dynamometer, as you have seen in our patient.

*(To be continued.)*

# Special.

## HYDROPHOBIA IN LANCASHIRE.

ALMOST a panic has been created in the neighbourhood of Preston and Blackburn by the terrible ravages of a mastiff, said to be suffering from incipient rabies. We have made inquiries, and through the kindness of the Rev. George G. Pughe, Vicar of Mellor, the owner of the dog, we are enabled to give the following particulars: He informs us that his mastiff, the gift of a friend, was of pure breed, with a long pedigree, and if it had lived would have been a year old. It was a bitch. This dog, named "Varna," had never been habitually chained up. It was very quiet, and a friend's child, two years old, could ride on its back. His own little boy, aged seven, could play with it, and used to handle it by its legs like one would a wheelbarrow. It was docile, intelligent, and never showed any signs of bad temper,

On the 8th April he noticed the dog was a little peculiar, and he accordingly tied her up. Believing that the animal was suffering from sexual excitement, he wrote to Colonel Fielding's agent to send one of his dogs to Wilton. Varna was kept tied up and taken out for exercise regularly.

On the 14th April the bitch was taken to Wilton by the sexton in order to be allowed to copulate.

The bitch would not have anything to do with the dogs, and it appears snapped at the animals belonging to Colonel Fielding. The dog somehow escaped from its new home and returned to the Vicarage, and on Wednesday morning the vicar was called out from his study and told that Varna had come back without chain or collar, and that there was something wrong about her, as she was very excited.

He went into the kitchen and patted her. His little boy even then whipped her with a small top-whip, and his daughter put a chain round her neck. He noticed that the bitch was either puffed or swollen round the neck, but so little did he think of rabies that, at his request, his daughter took her into the coachhouse. The dog followed her quietly for a little way. The brave girl had a very narrow escape, for the dog became restive, jumped at her, and would probably have bitten her but for a fox terrier that attracted the animal's attention. It expended its fury on the terrier, and shook it like a rat. It again snapped at the young lady. The vicar was called to, and asked to shoot the bitch. He immediately hurried up stairs, loaded his gun, and on coming out he saw the dog lying in a peculiar position, with its head on its paws, at the corner of the coachhouse. He fired, the animal jumped up, giving a howl. He fired again, and hit the dog, though not mortally. The animal got away, and the vicar, after obtaining some more cartridges, searched the country for thirty miles in pursuit of the dog, in company with a gamekeeper. He did not meet with it.

The narrative becomes now more tragic. The animal seems to have run in the direction of Preston. It attacked a sheep on its way, tearing off half its face. It is said to have been seen running up London Road, Preston, and to have bitten several persons at Walton-le-Dale.

It first bit a donkey in Preston, and was now pursued by a crowd. Running through St. Paul's Road, it bit a little girl named Watson, very severely, on cheek, and in Fish Street it seized a boy named Milner, aged six, tearing away a large portion of his cheek, and another boy, named Wellacy was similarly injured by the animal. In its course it bit several other dogs, also a man named William Dickenson, badly bitten on hand and face, and a boy, named East, on the arm. It found its way to Frenchwood Hall, where it was killed by one of the owner's servants. It is positively known that it has bitten three donkeys, ten dogs, five children, and two men.

Two of the donkeys have been destroyed, the owner of the third refusing to accede to the wish of all that the animal should be killed; the ten dogs were immediately destroyed; the mastiffs belonging to Colonel Fielding have also been destroyed.

The police of the district have taken active measures to control the dogs in the town, and stringent orders have been issued not to allow dogs to run loose. The results up to the present have been most disastrous—two children have died.

An inquest was held on April 30th by Mr. W. Gilbertson, Coroner, on the children, Watson and Milner. We need not give the general evidence, as that of the medical attendants, Drs. Rigby and Holden, is alone interesting.

Dr. Rigby said: I was called in on the 16th April. I saw the deceased Watson; she had a very extensive and deeply lacerated wound on the right cheek, which extended to the right corner of her mouth, and formed a large flap that could be lifted up. I was informed that she had been bitten by a dog. The wound seemed to do fairly well. After the first week of treatment, the process of healing was rather rapid. I continued to see her. I was sent for again on Sunday evening last. The father came down to my house and stated that the little girl had not been quite so well. *I gave him some medicine*, and I saw her early in the morning.

She was manifesting symptoms that led me to infer that hydrophobia was coming on. She had laryngeal spasm, and had very much difficulty in swallowing. There was a remarkable over-sensitiveness of the surface of the skin, especially all over the face, to the extent of the waving of the hand or a little puff of the breath.

By a puff of the breath she was sent into a violent paroxysm of spasms. I did what I could under the circumstances. It was impossible to administer medicine by the mouth. The case went on in the ordinary course. There was a little alleviation of the symptoms; the child got rest for a few hours occasionally, and then the symptoms returned. I last saw her alive on Wednesday evening; she was rather excited. I did not anticipate her recovery from the condition of her pulse. She died from exhaustion between eleven and twelve the same night. I have not the slightest doubt but that she died from hydrophobia, caused by the bite of a dog.

Necessarily, from this evidence, we cannot learn anything as to what the treatment was, nor do we know whether a post-mortem examination was made. We trust Dr. Rigby will report the case in full, with exact details, as pointed out in our Reports on "Rabies or Hydrophobia."

The evidence of Dr. Holden in the second case (John Milner, aged 14) is more meagre.

Dr. Holden said: I saw deceased on Monday last, about one o'clock; he was in a state of restless excitement, and seemed to be wandering about for a nameless purpose. He attempted to get through a window; he seemed scarcely conscious; he had symptoms peculiar to hydrophobia. I did not see him again. I did not see him in a paroxysm, because when I called again he had gone to Garstang. I don't know how many medical men saw the youth. The wound was dressed when I was there. I was sent for between one and two o'clock on Wednesday morning. *I sent one of my assistants*, and he injected morphia to allay the symptoms.

We cannot extract much from the foregoing. Who attended this lad? Evidently not the medical man who gave evidence at the inquest. We must defer criticism. We presume a qualified assistant was sent to inject the morphia? We must also presume some line of treatment was adopted?

There are many points of interest in connection with this sad history—

1st. It is highly important to have the disease in "Varna" traced. Was "Varna" bitten by Colonel Fielding's dogs? Was "Varna" bitten by any other dog? Was the disease of spontaneous origin; in other words, of *de novo* origin?

2nd. The rapid supervention of death in the children is worthy of notice. The bites were evidently of a serious nature—on the face, a most exposed part.

3rd. We should like to hear of the treatment, as regards cauterisation, &c., &c.

Five other persons have been bitten, and these survive. We should like it to be known (and we trust our contemporaries, the *Preston Herald* and *Blackburn Standard*, will assist us in this) that at the present time a large number of investigators are studying hydrophobia, and that by telegraph, one or two of them can be summoned to attend, give advice, and assist in treatment, at almost trifling cost, and *even gratuitously*. It is no use in having 20 or 100 medical men calling to see cases of this nature. No good is done to the patient or to science by this method. What is wanted is the advice of men experienced in this disease, who will treat it scientifically; and, as we have proved hydrophobia has been cured, it must follow it can be cured again.

Drs. Lauder Brunton, Burdon Sanderson, Mr. Callender, and Mr. Hart are at the service of the profession for any case of hydrophobia. As announced repeatedly, they will be glad to assist in treatment. Though there have been numerous cases of hydrophobia reported in England, since the first issue of the announcement that their valuable services would be gratuitously at the disposal of the profession, yet we have noticed that it has not been taken advantage of. It cannot be that a false jealousy prevents practitioners from telegraphing for them?

In the interests of humanity, and in the true interest of science, we trust, that on the first appearance of symptoms of hydrophobia in any fresh case in Lancashire one of the above-named gentlemen may be communicated with.

Our suggestion that hydrophobia should be treated by a medical officer of the Privy Council, seems to us the only really feasible manner of arriving at a satisfactory settlement of the value of treatment. At present, we have treatment of some kind, or no treatment, according to the views of the local practitioner. By our method, we could test the most approved systems, and, still more, we should obtain a staff of medical men fully acquainted with hydrophobia in all its symptoms and details, and who would, in consequence of this experience, be able to distinguish the true from the false.

At present, it is a matter of chance whether a practitioner may have ever seen a case of hydrophobia. When one comes under his notice he is not prepared for it; and before he has arrived at a satisfactory conclusion as to what he had better do, his patient is *in articulo*.

The general practitioner and the public at large should read and digest the Reports published in this journal in 1878.

## PROFESSOR HUTCHINSON AT THE ROYAL COLLEGE OF SURGEONS.

### NEURO-PATHOGENESIS.

On Wednesday, the 11th inst., was delivered the first of a series of six lectures, by Professor Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital, &c., at the lecture hall of the Royal College of Surgeons. The subject of the course is "Neuropathogenesis, chiefly with reference to Diseases of the Skin, Eye, and Joints." Mr. Hutchinson, after a few introductory remarks, explained that he would occupy the attention of his auditors by describing the phenomena exhibited by diseases produced through the nervous system, and though it is a seemingly easy matter to differentiate these from actual disease of the nerve-tissues, it is really a question of great nicety, and a most difficult matter so to do. He instanced the important influence exerted on the progress of patients by troublesome bed-sores, and the dependence of these on the nervous state, a fact only demonstrated after many suggested correlatives with other systematic disturbances had been advanced to explain them. It is only in recent times that this explanation has obtained general favour, the view having been first put forward by Dr. Bright, and advocated after him by Charcot and other eminent authorities.

Mr. Hutchinson, adverting very briefly to the historical aspect of his subject, quoted a paper contributed thirty-seven years ago, by Sir James Paget, to the "Medico-Chirurgical Transactions," as the earliest exposition of the *symmetry* of skin affections, and referred also to an essay on the matter by Budd, of Bristol, in the same volume of the "Transactions." He then proceeded to classify the morbid processes under discussion thus;—

1. Those developed in and by the tissues affected.
2. Those developed by something circulating in the blood.
3. Those developed through the influence of the nervous system.

The first group includes diseases that are *local*, that persist, are non-symmetrical, or only accidentally otherwise. In order to their production the tissue is predisposed to affection, and an exciting cause then develops the special phenomena, *e.g.*, the malignant group, lupus, &c. These show no disposition to spontaneous cure, or only at a very late period, and exhibit a tendency to serpiginous spreading.

The second class of diseases due to the blood are markedly symmetrical, a fact probably explicable on the ground of the "elective affinity" exercised by the tissue on the circulating fluid (morbid). This being equally distributed to both sides of the body, each participates in the receipt of its contained morbific elements, and to this is to be attributed the peculiar dual appearance in syphilis, rheumatism, gout, &c., Sir James Paget first having drawn attention to these phenomena in syphilitic eruptions The diseases included under the second head are either transitory or augmentative, these conditions following on a rapid re-formation, or a transference, or other equally potent cause.

Diseases of the third order are due to the nervous system. To them is applied the term "Neuropathogenesis," and the impossibility of applying any common laws of diagnosis to them arises from the complex variety of the nerves primarily implicated.

The racemose arrangement of vesicular eruptions, Mr. Hutchinson continued, follows from the disposition of the nerve twigs, and a marked characteristic of them is their ready spontaneity of cure. The secretion is non-contagious, thus prominently differing from that of eczema and allied disorders. The lecturer referred to a case related by Mr. Hilton, in which the tongue of the patient was *unilaterally* furred, and in explanation of which the observer adduced the irritation of tooth-ache from which the patient was suffering on the affected side. In opposition to this view, Mr. Hutchinson instanced a case from his practice, that of a lady whose tongue, similarly furred on only one side, was brought to this state through the non-employment by the patient of the teeth of that side during mastication. Originally equally coated on all parts of its surface, the organ became denuded of its covering only on the portion employed during the meal-time. From this instance it was urged, the greatest caution should always be employed in arriving at any conclusion as to the neurotic influence exerted over symptoms of disease, and the whole bearings of each case be carefully inquired into, since it is inherently probable that a definite non-symmetry can invariably be associated with a purely local causation.

It was shortly pointed out that all symmetry is not necessarily due to hæmial agency, that exanthemata, for instance, may have some share of neurotic influence, the nerve-centres being, alike with other parts, subject to changes brought about by changed conditions of the blood. Having shortly adverted to the question of intra-uterine influences on the fœtus, and the bearing of this on congenital disease, Mr. Hutchinson entered at some length on an exceedingly interesting discussion of the effect on nutrition of the various systems of nerves, motor, sensory, and vaso-motor, and concluded his discourse with a consideration of the doctrine of trophic nerves, tending to the opinion that no sufficient grounds for accepting these as a distinct system are adducible as yet.

## THE SELECT COMMITTEE ON THE MEDICAL ACTS AMENDMENT BILL.

THE first meeting of this Committee was held on Monday last, and the whole sitting was occupied by the examination of Dr. Acland, who had not completed his evidence on the conclusion of the session.

Dr. ACLAND described himself as the President of the General Medical Council, of which he proceeded to give some account, explaining the origin, constitution, and duties of the Corporation. The members were shown to be distributed thus: to England eleven, Scotland six, Ireland six, the President being at the present time an Englishman also. Of the total number on the Council eight represent universities, while nine are corporation members, the various licensing bodies being duly represented.

### THE DUTIES OF THE COUNCIL.

1. Publication of a Register of duly qualified persons, this being required by the terms of the Act of 1858 in order to remove the anomaly caused by the issue of a number of different registers, which were due to the action of the licensing bodies then in existence; but prior to this no authentic register had been published.

2. Publication of an authoritative Pharmacopœia, there having been previously several in use.

3. *The Superintendence of Examinations.*—This, as the chief duty of the Council, was that which most occupied its attention, and it was said later by Dr. Acland that the very considerable time given of late to public questions in the Council, to the comparative exclusion of the educational subject, had led a number of gentlemen whose services might be of incalculable value on the board, to contemplate a total withdrawal therefrom, because of the alienation of its deliberative counsels from their legitimate direction. The method of visitation and suggestion by which the General Medical Council have striven to improve the working of the various licensing bodies, occupied some time of the Committee, and much valuable information was given on the subject. The question arose in cross-examination whether it would be the object of the Conjoint Board to elevate the standard, to which candidates must attain to deserve qualification, in connection with an expression elicited at this stage of the inquiry to the effect that a varying degree of knowledge was necessary to success under the different bodies granting diplomas. To this inquiry no satisfactory reply could be gleaned; but it was sufficiently clear the President of the Council would be no enemy to a change which would have the effect of increasing the actual requirements of the common school.

### THE DOUBLE QUALIFICATION.

This union was shown to have taken place in Scotland on a humble scale. In England a scheme has been proposed, but no definite action had ensued. Neither in Ireland had anything conclusive been effected in this direction. Out of the nineteen examining bodies, but three accord a double qualification, Oxford not being in the number because, Dr. Acland ingeniously averred, the authorities of that University thought it to be a public duty incumbent on them not to add one to the already multitudinous qualifications already in use. Needless to say, this is a vague reply to those who think Oxford should not be behind-hand with Cambridge in affording a degree in surgery to her alumni. Dr. Acland did not explain to the Committee how the degree, Ch.M., or its equivalent, that would be naturally adopted, would so disastrously add to the terror of numbers, and he will probably be asked to explain the point more clearly. The Chairman of Committee, Mr. Forster, requested to be supplied with a table of the bodies conferring qualifications in medicine and surgery together, those conferring them singly, and those conferring special qualifications. The combinations effected in Scotland, the witness continued are between the Colleges of Surgeons and Physicians, &c., while in Ireland a scheme for the combined action of T.C.D., the R.C.S.I., &c., has been proposed, but not carried through. The proposal to combine in England is of some long standing, and opinion is gradually tending in favour of the plan. All the licensing bodies in consultation being agreed on the necessity of the arrangement to secure a purity and uniformity of examination. It was elicited in further evidence that on two divisions in the Council on this question, 1870—78, the minority have been Irish and Scotch representatives, and it is unquestionably a fact that the keenest opposition against the scheme exists in these two countries. The perfect scheme was promised to be submitted to the members of committee at the next sitting by Dr. Acland. He declared that there was no detail in this remaining unsettled which a slight consideration might not dispense, but in this relation Dr. Lyon Playfair pertinently demanded if the three months' midwifery teaching provided for by the scheme could be considered sufficient, reading in support of the contrary view a letter from his brother, Professor Playfair, of King's College. On this Dr. Acland said he felt sure that any question of the kind would meet with the earnest attention of the Council, and be duly remedied, if need be.

A considerable amount of information as to the bearing and influence exerted by the Council through its *recommendations*, &c., was given, and also an account of its exercise of judicial functions.

### DIRECTION OF THE COUNCIL'S EFFORTS.

A matter in which the Council has been referred to, proceeded the witness, has been the proceedings of foreign and colonial governments in respect of practitioners holding British qualifications, and this and allied functions were those it deemed itself rightly called on to perform, but it has never interfered with the purely *personal* or individual rights of those over whom it held control. Political questions, or those involving grave external responsibilities, such as Vaccination, the Contagious Diseases Acts, and similar subjects, were apart from the scope of the Council's labours. It dealt with the student, and the student's education, and the later conduct of the practitioner, but this only in so far as professional procedure is involved. After some further evidence on the working of the Council came a consideration of

### THE CONSTITUTION OF THE COUNCIL.

There is a general union of three separate Councils, Ireland and Scotland each possessing a local Council which can act independently, but the acts of which carry no authority of the *General* Council. There is further, an *Executive Committee* made up of representatives from the three kingdoms, and to this is entrusted such business as can be decided without a general meeting of the whole body of the Council, which, costing £400 per diem, as against £80 incurred by the Executive Committee renders it desirable that the business should be transacted by the smaller body when possible. In answer to a question whether the Council worked satisfactorily, Dr. Acland said he did not know otherwise, since men so eminent as former presidents and members had given the weight of their counsel to the deliberations of the assembly. He could not say either how it was to be improved, and in connection with this he discussed the question of

### DIRECT REPRESENTATION.

He said that he considered it a good plan for the Crown to hold the appointment of some members, and did not see that there was likely to be a lack of eminent men from whom such nominations should be made after the other electing bodies had made their choice. He could not see that the addition of six members, or, indeed, any number to the ranks of the Council, would materially assist the efficiency of that body, and the objections to the plan proposed by which these representatives should be elected he deemed very considerable. The system whereby some 22,000 voters would be constantly called on to exercise their privileges he thought a very grave objection, while the introduction of the ferment of perpetual elections into the Council was by no means a desirable change. He could not think that more importance would attach to the elections merely because they were made by so many voters; and pointing to the past history of the Council, declared his conviction that no men more eminently qualified than had been elected, would, under the proposed plan, have been chosen to represent the various bodies.

Dr. PLAYFAIR wished to know if witness considered it fair that the Scotch licensing bodies, who last year qualified 210 candidates, should have only two representatives in the Council, while Oxford and Cambridge, which gave only 44 licentiates in the same time, should send *four*.

To this Dr. ACLAND replied that no representative goes as the exponent of the interests solely of his constituancy, but of the national good; and he felt sure that this must be a feeling common to every member of the Council, and also to those who send them there. Being further asked if he considered the general practitioner fairly represented on the Council, he emphasised the conviction that every member of it has earnestly at heart the interests alike of the student and the practitioner.

Dr. PLAYFAIR could not see how, with the one hundred examiners, who under the new scheme would be required,

any uniformity in examination would be possible; but this Dr. Acland declared, would follow from the position and hearty co-operation of the examiners.

Some further questions were put to the witness by other members of the Committee, which was then adjourned to Friday next, when Dr. Acland will conclude his evidence. Mr. Simon will be the next witness.

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# The Medical Press and Circular.

'SALUS POPULI SUPREMA LEX.'

WEDNESDAY, JUNE 18, 1879.

## BEARING OF PRELIMINARY EXAMINATIONS UPON THE SOCIAL STATUS OF THE PROFESSION.—No. I.

THE importance of providing a sufficiently stringent test of the general education of the student has two aspects. It may be regarded on the one hand as influencing the social rank of the profession in its contact with the world; and on the other as influencing the capacity of the individual to acquire professional knowledge, and to succeed in life as an astute physician or a cultivated surgeon.

From either of these points of view it is difficult to fix the limit of education which we should require from the student in medicine. To set out what amount of mental culture is necessary to make a gentleman, or a man of science, is obviously impossible; and, as in the assessment of professional education, we are obliged to content ourselves with the minimum extent of attainments which will satisfy the public necessities; so with reference to the general education and culture of the medical man, we are obliged to content ourselves with that modicum of erudition which will entitle the practitioner to take his place in society as a gentleman, and enable him to pursue his profession successfully.

We must not even hope to raise the practitioner to the highest ranks of cultured society; for as it is our duty simply to construct a practitioner suitable for his public uses, so we can demand no more than a general education suitable to the rank from which he comes, and in which he is to pursue his avocations.

Considering that the numerical strength of the medical profession throughout the United Kingdom amounts to nearly 20,000, and that the ranks of medicine are supposed to be recruited from the upper stratum of the middle classes, it must be a subject for wonder, as well as regret, how little public influence it possesses. Neither the bar, the church, nor the military service are numerically equal to the medical profession, and yet their opinions receive much higher consideration from the public, and their interests are much better cared for than those of medical men. From whatever cause arising, this state of things cannot be other than calamitous in its results towards our profession; and the proofs that it is so are to be found in each year's legislative work. Of the 658 members of the House of Commons but eight are even nominally members of the medical profession, and of these one is a practising surgeon—a poor legislative representation, truly, of the 20,000 medical men in the United Kingdom.

Nor is the indirect influence of the profession of much weight in any constituency, or worthy of being seriously considered by legislators, and, in consequence, medical affairs receive but little consideration when they come before the House of Commons. It has been of recent years a usual course pursued—for example in the case of the Lunacy (Ireland) Amendment Act, and the Adulteration of Food and Drugs Act—to impose new duties upon medical men, to be discharged by them *without fee or reward*. And, in the lately-passed Prisons (Ireland) Act, the infirmary surgeons attached to those Institutions were placed absolutely at the mercy of the Prisons Board. These things could not be if medical men held their proper position in the community, and the absence of their advice and influence has been observable in almost every piece of legislation in which medical affairs were directly or indirectly involved.

This inferiority by no means extends to all ranks of the profession, for in London and Dublin the very highest social position is occupied by medical men, and their advice is freely asked and accepted with reference to all great questions. It exists also to a much less extent in all ranks of the profession in Ireland than in the English and Scottish provinces, and in many parts of Ireland the dispensary medical officer, if a man of culture and address, is in a position of perfect equality with the neighbouring gentry.

The fact of the social inferiority of the profession being thus admitted, the cause will be readily found in two undeniable facts. Firstly, that education of a medical practitioner has not hitherto been such as would ensure his being a gentleman. Secondly, that the intimate connection of medicine and surgery with drug-selling has made general practice a calling unsuitable for a person of refined mind.

That the essential general education of a practitioner has not hitherto been such as would ensure his being a gentleman will hardly be denied. It has been and is neither of an extent or character equivalent to that required for the other learned professions; and even the

limited requirements which have been recognised as sufficient, have, in consequence of the looseness of the regulations, been habitually disregarded by licensing bodies. The recommendations of the General Medical Council on this point are as follow :—

That no person be allowed to be registered as a medical student unless he shall have previously passed a preliminary examination in the subjects of general education as hereinafter provided.

The Executive Committee to prepare annually a list of examining bodies whose preliminary examinations are recognised.

That it be recommended to the licensing boards not to accept the certificate of proficiency in general (preliminary) education from any of the bodies, the names of which are contained in the list annually circulated, unless such certificate testify that the student to whom it has been granted has been examined in the following subjects :—

1. English language :—including grammar and composition. The General Medical Council will not consider any examination in English sufficient that does not fully test the ability of the candidate :—(1) To write a few sentences in correct English on a given theme, attention being paid to spelling and punctuation as well as to composition ;—(2) to write a portion of an English author to dictation ;—(3) to explain the grammatical construction of one or two sentences ; (4) to point out the grammatical errors in a sentence ungrammatically composed, and to explain their nature ; and (5) to give the derivation and definition of a few English words in common use. Provided always that an examination may be accepted as satisfactory that secures, on the part of the candidate passing it, a sufficient grammatical knowledge of English.
2. Arithmetic :—including vulgar and decimal fractions ; algebra :—including simple equations.
3. Geometry :—First two Books of Euclid, or the subject thereof.
4. Latin :—including translation and grammar.
5. And in one of the following optional subjects :—
   Greek ; French ; German ; elementary mechanics of solids and fluids, meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics.

No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study.

But inadequate as are those recommendations to enforce a suitable general education of practitioners, it is notorious that they are habitually disregarded, and that students are frequently transformed into practitioners without having, in any fair sense, complied with them. And so well is the low class of education required for the medical profession understood, that the parents of students are wont to stop their son's school education as soon as it has been decided that they are to be put to the study of our art.

How different is the standard of education considered essential for a medical man on the Continent, may be judged by the following report of the Medical Council made by Drs. Beigel and Bruce some years ago :—

The State provides that every child shall receive a certain amount of elementary education, and every parent is bound either to supply this himself, or to send his child to one of the elementary schools (*elementarschule*), which are under direct governmental inspection.

At the age of nine, the lad may be admitted into a college (gymnasium), provided he possesses an elementary knowledge of German, Latin, arithmetic, and history. These colleges are scattered over the whole country, there being several hundred in Prussia alone. The mode of teaching is uniform in all. Each college has eight classes ; the sixth (sexta) being the lowest, the second and first being divided into two sub-divisions (secunda and ober-secunda, prima and ober-prima). The session of each class lasts twelve months, the two sub-divisions of the first and second being considered as separate classes. Promotion from one class to another takes place only once a year, and is determined solely by examination, in which at least a medium knowledge of every subject is required. The same system of teaching runs through all classes from the lowest to the highest, and thus each class is preparatory to the one immediately above it. The course is completed in about eight years, the youth having at this time completed his seventeenth year, and he is now required to pass an examination if he desires to enter a university.

## EPHRAIM McDOWELL.

In a comparatively obscure town in a distant land, an event has recently occurred which cannot fail to interest every member of the surgical profession, and indeed all who know how much that profession has done towards relieving the physical miseries of human life. Far away in the heart of Kentucky, in what was only a few years ago the backwoods of America, a small group of men lately assembled to do honour to one who may be justly ranked among the benefactors of his species. And yet we speak not of one whose name Fame has already carried to the four corners of the earth. He was no great general, nor statesman, nor philosopher, nor poet. He was simply Ephraim McDowell, who was little known beyond his own circle of acquaintance, and of whom probably even the professional reader has never heard. Like another benefactor of mankind, the immortal Jenner, he was only a country doctor, who in the year 1798 settled down to practise in an obscure village in the wilds of Kentucky. And what did Ephraim McDowell do ? Read the inscription on that monument which has just been dedicated to his memory :—"Beneath this shaft rest the remains of Ephraim McDowell, M.D., the Father of Ovariotomy. By Originating a Great Surgical Operation he became a Benefactor of his Race, known and honoured throughout the Civilised World. Born in Rockbridge, Co. Virginia, 1771 ; attended the University of Edinburgh, 1793 ; Located at Danville, Kentucky, 1795 ; Performed the First Ovariotomy, 1809 ; Died 1830. Erected by the Kentucky State Medical Society, 1879." An immense concourse of people assembled within the walls of the building where the dedicatory "exercises" were held. The greatest of living surgeons in America, Prof. Gross, came upon a pilgrimage of a thousand miles to deliver a long and eloquent oration. Dr. Sayre, as the newly elected President of the American Medical Association, made also an appropriate speech. Letters were read from Mr. Spencer Wells, and several other gentlemen who had been invited to be present on the occasion, and the ceremony was closed by presenting Dr. Gross with a slight memento of him whom they had all assembled to honour.

It may be that we are over-estimating the claims which Ephraim McDowell has upon the memory of his fellow-men. But the genius, or the skill, or the courage which

has enabled any one to do well and successfully what has never been done before, has always had for us an irresistible charm; and we often think that men too readily forget those who have been the first pioneers in any new sphere of action or of thought. Therefore, let us take, as no doubt many others will take, the opportunity of placing in imagination a wreath of *immortelles* upon McDowell's grave, and indulge in a few pleasing reflections on his life and on his work.

It was while practising as a general practitioner in the village of Danville—now a small town—that McDowell performed for the first time an operation which, after being long denounced as a murderous innovation, now ranks among the grandest and best established operations in surgery, which in its aggregate results in the hands of different surgeons, "has already added upwards of forty thousand years to womans' life," and which is destined, as years roll on, to rescue thousands upon thousands of women from an untimely grave.

For a long time it was doubted whether McDowell was the first to perform this great surgical exploit. It has been ascribed to L'Ammorrier, of Rouen, who, it is said, had performed it in 1776; while more recently this honour has been given to Dr. Houston, of Dublin, whose name appears in connection with an operation on the ovary as early as 1771. In these cases, however, the contents of the cyst were merely evacuated by an incision through the abdomen, the cyst itself being left behind. Indeed, what little doubt there was about the matter has been completely set at rest by the painstaking investigations of Professor Gross, who, in 1852, showed that the honour of being the first to successfully extirpate an ovarian tumour from the body of a living woman is undoubtedly to be ascribed to Ephraim McDowell. And when we take into consideration the circumstances under which that first operation of ovariotomy was performed, far away from the haunts of civilised man, before chloroform or any other anæsthetic had been discovered, and without those improved methods of procedure, antiseptic measures, and skilled nursing that are now available on every occasion on which ovariotomy is performed, we scarcely know which to admire most, the confidence and skill of the man who performed, or the courage of the woman who submitted, to, that untried operation. To her, too, we would say with Prof. Gross, let a monument be erected not by this or that society or corporation, but by those women who, with her example before them, have profited by her heroism. Nor can we be surprised that the performance and success of that operation were received with incredulity on this side of the Atlantic. No wonder that the then editor of the first medical journal in the world could not imagine it to be possible, and that in reference to the recovery of McDowell's patient, he exclained, *Credat Judæus, non ego!* No wonder, again, that some considerable time elapsed before this enterprising surgeon found any imitators; for it was not till 1821 that Nathan Smith, of New Haven, had the courage to follow in his footsteps. In 1823 the operation was performed by Alban J. Smith, a partner of McDowell, and again in 1829 by Dr. David L. Rogers, of New York. All these cases terminated favourably. McDowell himself operated thirteen times, with the result of eight cures, four deaths, and one failure, a degree of success which, considering the disadvantages under which he laboured, was highly creditable to his skill and judgment. Coming to our own country, we find that the first attempt at ovariotomy in Great Britain occurred in the practice of Mr. John Lizars, of Edinburgh, whose attention had been drawn to the subject by reading a description of McDowell's operations. In 1825 that surgeon published an account of four cases in which he had operated, with two recoveries, one death, and one an utter failure, due to an erroneous diagnosis, both ovaries being perfectly sound. Nothing more, however, was done, either at home or abroad until 1842, when the operation experienced a revival in the hands of Dr. Charles Clay, of Manchester, followed shortly afterwards by Dr. Frederick Bird, of London, and the two brothers John and Washington Atlee, of Pennsylvania, the first case of the former having occurred in 1843, and of the latter in 1844. Still the operation made but little way. It met with the strongest opposition, and was denounced in most unmeasured terms, both in this country and in America. "I was represented," says an early ovariotomist, "as a dangerous man, even as a murderer, and a celebrated professor and popular teacher publicly invoked the law, to arrest me in the performance of the operation." What a change has taken place in the opinion of the profession! While, as late as 1850, Lawrence asked whether ovariotomy could be encouraged and continued without danger to the character of the profession, Sir James Paget said, in 1877, that the great success of this operation had led to an extension of the whole domain of peritoneal surgery, and that its influence for good extended through every part of operative surgery. The good results, indeed, which have recently followed the performance of ovariotomy have been greater than its most sanguine supporters could have anticipated, while the large number of cases that have been operated upon show the appalling frequency of ovarian disease, and consequently the number of women, who, but for this operation, would have been doomed to an early grave. Dr. Clay, writing in 1874, states that he had operated upon 276 cases, while those of Dr. Atlee, at the time of his death amounted to 387. Mr. T. Spencer Wells, whose brilliant career as an ovariotomist began in 1858, says, in a letter to Prof. Gross, dated April 29th, 1879, that he had just had his 938th case. "I began," he adds, "the year 1878 with the 888th case, by adopting the antiseptic system of Lister, and have kept it up ever since, the result of forty-five cases being forty recoveries and five deaths." As Dr. Druitt has justly observed, ovariotomy need not fear to be judged by such results as these, which are far more favourable than those after the larger amputations, and after herniotomy and lithotomy in the adult.

Judging from all accounts that have reached us, it is evident that Ephraim McDowell was no ordinary man. He was in advance of his time and of his profession; and had ambition or accident placed him in a different position to that in which he lived and died, there can be no doubt he would have been ranked during his lifetime among the most eminent European surgeons of his age. He was known to be a bold surgeon, a man of elevated understanding, capable of taking a comprehensive view of anything that was presented to him. He had not been

home long from his foreign residence before patients began to flock to him from all parts of the Southern States of America, and he found himself immersed in a large surgical practice, demanding the performance not only of the more common, but also of many of the more difficult and severe operations. He was an excellent anatomist, and he seldom performed any serious operation without previously recalling to his mind the structures involved in it. He had the most scrupulous regard for the welfare of his patients. He never operated for the sake of operating, and for the mere mechanical surgeon he had a supreme contempt. Speaking of ovariotomy, he once said, "It is my most ardent wish that this operation may remain to the mechanical operator for ever incomprehensible." But the circumstances under which he performed his first operation are alone an incontestable proof of his genius and his skill. No little persuasion, and no little confidence in the possible success of his undertaking, must have been required to have induced his patient to be the first to submit herself to so formidable and so perilous an operation—an amount of persuasion and of confidence that could only have been brought into play by one who was far above the professional prejudices and preconceived opinions of his day, and who had that reliance in the reparative powers of Nature, which have seldom disappointed those great surgeons whose skill and judgment have been equal to their zeal in arresting the progress of disease. Fain would we also speak of his excellent private character, his many domestic virtues, but the limited space at our disposal reminds us that we must draw these remarks to a close.

It was not given to McDowell to see the fruit of his labours beyond the limits of his own country. The seed which he sowed fell at first upon uncongenial soil. Nor did he receive any of those honours and distinctions which it is customary to lavish upon less deserving men. In 1807, the Medical Society of Philadelphia sent him its diplomas of membership; and in 1825, the University of Maryland conferred upon him the degree of Doctor of Medicine; that is all. But there are distinctions which no society, no university, can bestow. There is the reputation of having done something that "posterity will not willingly let die." There is the honour of having originated and performed an operation, which ere long will have been the means of saving thousands of our fellow countrywomen from a premature and miserable death. There is the name, Ephraim McDowell, which, in conjunction with those of Atlee, of Pennsylvania, Clay, of Manchester, and Spencer Wells, of London, will live in the memory of future generations as long as surgery is studied as a science, and practised as an art. Give to them an honourable place in the history of medicine! let them be inscribed in our text-books! that every student may see that in whatever position it has pleased Providence to place him, it is still possible for him to make his life—

. . . . . sublime;
And when departing, leave behind *him*
Foot-prints in the sands of time.

# Notes on Current Topics.

## Hospital Sunday.

On Sunday last, the fifth of what we may now consider a well-established Hospital Sunday, sermons were preached in all the more important churches and chapels throughout the metropolitan district, on behalf of our unendowed hospitals and dispensaries. The Lord Mayor and Sheriffs attended the service at St. Paul's in the morning, and the afternoon at Westminster Abbey. The weather was once more of an unfavourable character, and must have considerably diminished the congregations, especially at the morning services; St. Paul's Cathedral, accommodating as it does, an enormous congregation, never comes up to what might have been anticipated and expected, and yesterday there was an additional falling off in the sum collected, from the Dean taking away the evening service collection, and devoting it to an alien Society of a totally different character. The collection amounted to only £112; whilst that of the Abbey was more than double, £255. At the Temple, Dr. Vaughan delivered an eloquent address, and the sum collected was £186; at the Metropolitan Tabernacle by Mr. Spurgeon, the total reached £186; at Dr. Parker's City Temple, £109; at the small Chapel Royal, Savoy, sermon preached by the Rev. Henry White, the collection amounted to nearly £50; at the Chapel Royal, St. James's, £47; and at the several Synagogues the collections of Saturday amounted to over £1,000, a sum somewhat less than that of last year. On the whole it is expected that the final result will certainly not be less than that of last year.

## A Poisonous Caterpillar.

A remarkable account is given in the *Journal* of the Royal Microscopical Society for June, of a poisonous caterpillar lately discovered in Brazil. Mr. E. D. Jones, a corr. member of the Literary and Philosophical Society of Liverpool, relates that he was induced to experiment upon himself, and found it very venomous. He does not particularise the species, but he describes the caterpillar as being one-and-a-half inches long, thick in proportion to its length; the body being covered with long reddish-brown hairs growing in tufts arising from the centre of each segment of its body, and at the base of each hair is concealed a venomous spine. The body is soft and fleshy, and of a paler colour than the hairs that cover it. The head is small, and whilst the creature is feeding nearly covered over by a fleshy mantle. Believing that it was, as described, a venomous species, he nevertheless determined to make an experiment upon himself. "At 11 a.m. he applied the back of the caterpillar to the back of his left hand with sufficient pressure to feel the pricking of the spines. In ten minutes he had evident pain in the hand and the place of contact had swollen up into a white lump surrounded by a deep red inflamed patch. A few minutes later and violent pain commenced under the arm-pit. At 11.30 a red rash appeared on the inside of the elbow, and this gradually extended to the shoulder, along the biceps, and down the arm to the place of injection. The rash was slight excepting just at the elbow. Soon after 12 there was a sensible weakness

of the hand and arm, either in consequence of the extreme pain or a distinct effect of the poison. At 12.15 the rash began to disappear, and the pain under the arm much diminished. The affected part of the hand began to perspire considerably, but the pain about the infected spot was as violent as ever, burning horribly like a scald. At 1 p.m. the arm-pit pain had nearly ceased, and the rash disappeared, but the pain in the hand itself could scarcely be borne. Boring a hole with a red-hot iron came nearest to the pain experienced. At 5, 6, 8.30, and 10 there was a gradual diminution of pain, though at 1.30 a.m. Mr. Jones awoke and still felt it. Next day it had entirely vanished, but the soreness did not subside till the day after. The marks of the points of thirty-six spines were still visible a fortnight afterwards." From the drawing which accompanies the description, it would appear to belong to a species not hitherto described.

## The Dublin Pathological Society

BEING in a very languid condition, has undergone another revolution. It will be recollected that in years past, the exhibition of recent specimens was the only business of the Society, no discussion being permitted, and the students being admitted as audience. It is, indeed, not very long since the attendance of students at its meetings was recognised as equivalent to a course of lectures on practice of medicine.

Two years since a reform was instituted and a proposal was carried that communications to the Society should be open to debate, and that students should be no longer admitted. After two years' trial the Society has reverted to its old method.

At a special general meeting of the Society, held on Saturday, May 17, in the anatomical theatre of the School of Physic, Trinity College, William Moore, M.D., President, in the chair, the following resolutions were adopted as bye-laws :—" 1. That in future students be admitted to meetings of the Society. 2. That members not in arrear with their subscriptions shall receive at the beginning of the session thirty-eight tickets for distribution to students at the rate of not more than two tickets for each meeting of the Society. 3. That discussion be permitted at the meetings of the Society. 4. That the hour of meeting be five o'clock in the afternoon. 5. That an essay on a subject in general or special pathology, accompanied or not with specimens, may be laid before the Society. A week's notice must in such case be given in writing to the secretary ; and that such notice be communicated to the members by circular."

It is hardly to be expected that these resolutions will regenerate the Society. It languishes really because the profession takes no interest in it, for its meetings are held at four o'clock in the afternoon, and nothing is heard beforehand of the subjects to be brought under notice, or for months afterwards of the communications which have been made. The Society is, in fact, a hole-and-corner affair, and necessarily has interest only for those within the limited circle of its members.

## Regulation of Cow Sheds and Dairies.

VERY salutary instructions have been recently issued by the Executive Committee under the Contagious Diseases (Animals) Act, 1878, with regard to the regulation and inspection of cow sheds and dairies. Among these instructions we may mention the following :— No cow-shed or dairy to have any water-closet, privy, cesspool, or urinal within its walls, or in direct communication with it ; no one occupying a cow-shed or dairy to allow any person suffering from infectious disease, or living in a house where such disease is known to exist, to enter the dairy or cow-shed, &c. ; every place used as a dairy to be thoroughly ventilated and paved with non-absorbent materials, and have no drain within its walls communicating with a public sewer. Moreover, all vessels for the reception, storage, or delivery of milk are to be made of non-absorbent materials ; the occupier must cause them to be at all times thoroughly cleansed and purified, and all milk is to be removed as quickly as possible from the cow-sheds to the dairy. The dairy must also be provided with pure water for the purpose of cleansing the vessels, flushing the floors, &c. Full instructions are given for the construction of new cow-sheds and dairies for which licenses may hereafter be applied. Any person applying for sanction to establish a new dairy must send in a plan of the projected premises, showing the provision made for the drainage, lighting, ventilation and water supply of the same ; and furnish, moreover, a plan of the locality showing the buildings and streets within 100 yards of the premises.

## Pharmaceutical Society of Ireland.

THE following reports were adopted by the Council :—

The Committee appointed to consider the Pharmacy Act for Ireland, and to report whether any, and if so what, changes should be made therein, having carefully considered the matter, and also having had before them the opinion given by Mr. Purcell, Q.C., on the questions submitted to him, are of opinion that it would be judicious for the Council at an early date to have the Act amended, in order to give power to them as follows :—

1st. The Council of this Society having decided to have but the one grade for the compounding of prescriptions, viz., that of pharmaceutical chemist, this Committee are of opinion that clauses 15 and 18 should be repealed, and all other clauses relating to the title of chemists and druggists be altered to agree therewith.

. . . . . .

3rd. To allow all persons at present actually engaged in the sale of poisons, or poisonous drugs, on making a declaration to that effect, and giving reasonable proof thereof, to be registered on payment of a fee not exceeding £3 3s., and that such persons shall be styled " registered druggists."

4th. That the Council shall have power to institute an examination for those wishing to sell poisons and poisonous drugs, and a fee, not to exceed £3 3s., to be charged therefor, and that the names of the persons so examined shall be placed on the list of registered druggists.

. . . . . .

6th. That it shall be illegal for any person to sell poisons or poisonous drugs, or to style himself a " druggist," except he shall be so registered, save and except he be a qualified medical practitioner, or duly registered by the Pharmaceutical Society of Ireland, or otherwise exempt by the Pharmacy Act.

7th. That it shall be unlawful for any registered druggist to keep open shop for retailing, dispensing, or compounding medical prescriptions.

Resolved :—

"That the amendments to the Pharmacy Act, adopted by the Council, be drawn up in the form of an Act, to be submitted for consideration to the Society at the annual meeting to be held in October next, a copy being previously sent to each member."

## How Small-Pox is Spread.

In the last report of the health of Kensington, Dr. T. Orme Dudfield, Medical Officer of Health, refers to a patient who had escaped from his house in a state of delirium, and was under the observation of a large crowd of people, attracted by his insane behaviour. It transpired that the poor man took a cab and drove some distance to Devonshire Terrace to call upon a friend, being then full of his delusions. After a few minutes' stay the people of the house persuaded him to go to the workhouse opposite, from whence he was removed to the hospital. Shortly afterwards the wife of the person in Devonshire Terrace, on whom the man called, was taken to the hospital suffering from the same disease; and one of his own children had been removed on the previous day. The history of the case is that a man, whom the deceased employed, called upon him about thirteen days prior to the commencement of the illness, and in explanation of his absence from business, stated that he had been ill of small-pox. In fact, he was ill at the time, and infected the deceased. Dr. Dudfield remarks that if the facts could be proved the man ought to be prosecuted under sec. 38 of the Sanitary Act, 1866.

## The Health of Hastings and St. Leonards.

Hastings may now claim the proud distinction of the premier health resort in the United Kingdom. There may be smaller and less known sea-side towns, which could show as low or even a lower death-rate, but there is certainly no town of equal magnitude that can boast of such a bill of health as 15 per 1,000 in a population of about 40,000 souls. This, when we take into account the number of patients sent there, oft times in the last stages of phthisis, is satisfactory news to the profession; and the medical officer of health is to be congratulated, in conjunction with the local authorities, for carrying out those sanitary measures which must have materially tended towards this result. Not very many years since we felt bound in the public interest to severely condemn the *laissez faire* system of insanitariness which seemed to have taken possession of the local authorities; now all this is changed, and Hastings and St. Leonards have again become what they were before they increased so rapidly in size and population—a real health resort.

## The Fear of being Buried Alive.

The will of a benefactor to medical charities was proved a few days ago in the London Probate Court, in which, after leaving a handsome legacy to hospitals, the fear of being "buried alive" was shown to be ever prominent in the testator's mind. Some of our readers may remember the litigation as to the validity of the will of Mr. Philip James Ashton, who died on May 5, 1878, on board his yacht, the *Dauntless*, at Dover; the personal estate of this gentlemen has now been proved under £160,000. In it he devised that £20,000 be divided by his trustees among such of the hospitals of the counties of Chester and Lancaster as they shall consider most in need and most deserving of pecuniary assistance; and testator further directs the medical man in attendance on him, or some other medical man, should, after his death, open an artery in his arm, and his burial was not to take place until this direction had been faithfully carried out.

## A New Method of Professional Decoration.

We learn from a Dublin paper that a local music master in an English country town "has composed an exceedingly effective march, which he has dedicated to Dr. J. G. Beaney, the eminent Australian surgeon. There is introduced the famous post-prandial ditty, 'He's a Jolly Good Fellow,' which the author, in a preface, says is identical with the familiar French chanson, *Malbrouck se va-t'en guerre.*"

## Royal College of Surgeons in Ireland.

At a meeting of the President and Council, held on 5th June, 1879, the following resolution was unanimously passed, viz. :—

"That, in the opinion of this Council, the proposal of the General Prisons Board, to the effect that the surgeons attached to prisons should be required to compound medicines without offering them an option, unless at a sacrifice of salary, is highly objectionable.

"That the Council considers that the recent notification of the Prisons Board, that the infirmary surgeons attached to prisons have ceased to hold office, and are liable to re-election on such terms as the Board sees fit to impose, is, if not absolutely illegal, at least most unjust to officers who have for many years performed their duties with undoubted efficiency; and this Council therefore trusts that the General Board will withdraw such notification, and that if retained, it will not receive the sanction of the Lord Lieutenant.—Signed, E. D. Mapother, President; J. Stannus Hughes, Secretary."

Dr. Wilks, F.R.S., physician to Guy's Hospital, has been selected to deliver the annual Harveian Oration at the London College of Physicians, on Thursday, June 26, at 5 p.m.

It is not often medical journalists are able to chronicle the fact of a member of the profession leaving a fortune behind him; such however, is the case with the late Dr. Murchison, whose will was proved last week under £50,000 personalty.

Dr. Saunders, the Medical Officer of Health for the City of London, in his report, presented last week, at a meeting of the Commission of Sewers, states that during the past fourteen days the inspector had seized upwards of fifty-three tons of meat unfit for human food, the value of which had been estimated at £10,000.

Invitations have been issued for the annual *conversazione* of the Royal College of Physicians of London, on Wednesday evening at 9 o'clock. This reception is one of the features of the London season, and provincial members of the profession who anticipate being in the metropolis at the time should endeavour to procure a card of admission.

On Saturday a deputation of the Temperance Leagues waited upon the Home Secretary, for the purpose of urging upon the Government the expediency of taking over the water companies of the metropolis, in order to secure a purer and more constant supply of water.

The Right Hon. W. E. Forster has been elected Chairman of the Committee of the House of Commons appointed to consider the Duke of Richmond's Medical Act Amendment Bill; and Mr. Salt, the Financial Secretary of the Local Government Board, has been made Chairman of the Committee on the Scotch Poor-law Removal Bill.

The death-rate from the seven principal zymotic diseases averaged 2·6 per 1,000 in the large towns last week. Measles showed the largest proportional fatality in Salford and Leicester; scarlet fever in Oldham and Newcastle-upon-Tyne; and whooping-cough in Birmingham. Small-pox caused 12 more deaths in London and its Outer Ring of suburban districts, 18 in Dublin, but not one in any of the other large towns.

The rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 28, Madras 36; Paris 26; Geneva 28; Brussels 32; Amsterdam 24, Rotterdam 27; The Hague 24; Copenhagen 28; Stockholm 24; St. Petersburgh 44; Berlin 25, Hamburg 32, Dresden 25, Breslau 38, Vienna 33, Buda-Pesth 34, Rome 21, Turin 34, Venice 23, Alexandria 33; New York 24 per 1,000 of the populations.

The rates of mortality per 1,000 last week in the principal large towns were—Portsmouth 12, Plymouth 15, Brighton 16, Hull 17, Sheffield 17, Wolverhampton 17, Edinburgh 18, Sunderland 18, Salford 18, London 19, Nottingham 20, Bristol 20, Norwich 20, Newcastle-upon-Tyne 21, Liverpool 21, Leeds 21, Birmingham 21, Glasgow 21, Leicester 22, Manchester 22, Bradford 23, Oldham 23, Dublin 40, of which number nearly one-third of the deaths occurred in the first four months of the year.

Surgeon-General J. T. Carter Ross, C.I.E., who has recently retired from the Indian service, after a distinguished career, has accepted the post of Chief Commissioner for the Stafford House South African Aid Committee for Aid to the Sick and Wounded, and has proceeded to Natal. He takes with him Dr. George Stoker, who was similarly engaged in the Russo-Turkish war, as Assistant Commissioner; also some trained nurses, whose services will no doubt be immediately called into requisition.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Morison Lectures on Insanity. — Professor W. T. Gairdner, of Glasgow, delivered the first of six Morison lectures on insanity in the Hall of the Royal College of Physicians of Edinburgh on the 4th inst. Dr. Peddie, President of the College, occupied the chair, and there was a large attendance of medical, legal, and other gentlemen.

The Working of the Contagious Diseases (Animals) Act.—A quarterly meeting of the members of the Edinburgh Veterinary Association was held in the London Hotel, St. Andrew's Square, on the 5th inst., Professor Rutherford, of the Royal Veterinary College, Edinburgh, occupied the chair. Professor Walley submitted a number of specimens of remarkable cases of disease which had come under his notice, some of which created considerable discussion. Mr. Leith, V.S., Leith, stated that he had now been an inspector under the Contagious Diseases (Animals) Act at Leith for nine years, and during the whole of that time pleuro-pneumonia had existed in the burgh till November, but he was glad to say that, as he believed through the operation of the recent order of the Privy Council, they had been fifty-six days clear of the disease. Professor Walley also testified to the good which had resulted from the Order. Mr. Robertson, V.S., afterwards read a concluding paper on "Arthritic or Joint Disease in Young Animals."

School of Dental Surgery.—The first of a series of lectures to dental students was delivered on the 3rd inst., in Anderson's College. The event was one of much interest to the profession, being the inauguration of the first School of Dental Surgery in Scotland. The arrangements for the course of lectures are as follow: Dental Surgery and Pathology, by Dr. J. R. Brownlie; Dental Anatomy and Physiology, by Dr. C. Crooks Morrison; and Dental Mechanics and Metallurgy, by Dr. W. S. Woodburn. Dr. Brownlie delivered the introductory lecture, and in addition to a good number of students, there were present Dr. McKinlay, Dr. Charteris, Dr. Dunlop, Dr. Scott Orr, Mr. Grieve, Dr. Muirhead, Dr. James Morton, Dr. Kelly, Mr. Kidston, secretary of the College, Mr. David Sandeman, Dr. Crooks Morrison, and Dr. W. S. Woodburn. Dr. McKinlay, in the absence of Mr. Jamieson, was called on to preside, and introduced the lecturer.

Greenock.—Prosecution under the Public Health Act.—A cabman, named William MacCartney, was brought before Sheriff Smith, Greenock, on the 5th inst., at the instance of Mr. George Mackay, sanitary inspector, charged with infringing the Public Health Act by conveying a man to the infirmary in his cab who was suffering from typhoid fever, and with having failed to disinfect his cab afterwards. It was shown by the evidence that the woman who went for the cab first asked a cabman named Sidey, who refused when told what the man was suffering from, but the accused took the hire, and he now said he was not aware the man was in fever. After hearing the evidence, including that of Dr. Douglas, who saw the man and gave the order for his removal, the Sheriff found the charge not proven. Michael Graham was also likewise charged with removing his brother from East Shaw Street to the Infirmary without taking any precautions, although he was suffering from typhoid fever, and also failing to report the affair to the Sanitary Department. The Sheriff gave orders that where certificates were granted by medical men for the admission of patients to the hospital suffering from fever it should be made a point to inform the parties that it was necessary that the patients should be sent to the infirmary in the vehicle provided by the sanitary authorities.

The Health of Edinburgh and Leith. — The health of Edinburgh is again reported satisfactory. The rate of mortality last week was again reduced to what is recognised as the summer standard—17 per 1,000 per annum, In Leith the death-rate was only 12.

Death-Rate of Glasgow.—Deaths in Glasgow during the week ending June 7th, were at the rate of 21 per 1,000,

against 23 in the preceding week, and 26, 26 and 28 in the corresponding periods of 1876, 1877, and 1878.

THE BUTE ROBERTSON-STEWART HOSPITAL.—This hospital has been enlarged to admit of cases other than infectious, at a cost of over £6,000, which has been defrayed entirely by Mr. A. B. Stewart, the liberal proprietor of Ascog Hall.

ILLNESS OF SIR WYVILLE THOMSON, F.R.S.—On Sunday Professor Sir Wyville Thomson was seized with a shock, which, though not paralysis, is so serious that he has remained in a state of unconsciousness for about a day. Negotiations have been opened with Professor Alleyne Nicholson, of St. Andrews, to conduct temporarily Professor Thomson's class in the Edinburgh University.

GOVAN DEATH-RATE.—Dr. Aitken, the medical officer for Govan reports that the total number of deaths registered in the burgh during the month of May was 87, being at the rate of 22·21 per 1,000 per annum to a population of 47,000. There were 13 deaths from consumption, 10 from inflammation of the lungs, 8 from bronchitis, 8 from measles, 3 from whooping-cough, one from diarrhœa. The deaths were spread over the burgh as follows—No. 1 Ward 17, No. 2 Ward 19, No. 3 Ward 9, and No. 4 Ward 40.

REGISTRAR-GENERAL'S RETURNS.—During the month of May there were registered in the eight principal towns in Scotland, the births of 3,873 children of whom 1,955 were males and 1,918 females. 474 marriages were registered in the eight towns during May. Although this number is above that recorded during May of last year, yet for a period of ten years it is 68 below the average. The deaths of 2,451 persons were registered in the eight principal towns during the month, of whom 1,203 were males and 1,248 females. Allowing for increase of the population this number is 401 below the May average of the last ten years. Seventy deaths resulted from violent causes of whom 3 were suicides, 3 deaths were caused by delirium tremens, and 9 by the direct effects of intemperance.

# Correspondence.

## THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Dr. Thompson has laid before your readers his view of the sanitary features of the Contagious Diseases Acts, I know I need only appeal to your sense of fairness for space in which to express the views held by those who disapprove of such legislation. Without taking your correspondent's cue of irrelevant and unfounded accusation, in the use of such expressions as "advocates of free trade in prostitution," "ignorant," and the like, I will confine myself strictly to the sanitary question; premising that the opponents of these and similar acts do not seek to abolish them because they are sanitary failures, but because of their unconstitutional and immoral character which has not the excuse of sanitary success to redeem it.

Firstly, let me quote a few lines from the Report of the Royal Commission of 1871, the office of which was to investigate the effects of the laws in question: "There is no distinct evidence that any diminution of disease among the men of the Army and Navy which may have taken place, is attributable to a diminution of disease contingent upon the system of periodical examinations among the women with whom they have consorted" (sec. 37). The Commission "thinks it right, however, to observe that there appears to be a general impression on the part of medical officers that the Acts have operated beneficially on the health of the men, though the results of the statistics must be inconclusive" (sec. 38). "We recommended that the periodical examinations be discontinued" (sec. 66). Further experience to 1877, the date of the latest Army and Navy Reports, confirms the views which the Commission had thus expressed.

The Acts were passed "for the better prevention of contagious diseases at certain military and naval stations" and "the term 'contagious disease' means venereal disease, including gonorrhœa;" so if these measures have hygienically succeeded they must have reduced constitutional and primary syphilis as well as gonorrhœa. The following statistics (which relate to the whole Army, for there are no means of comparing the amount of secondary syphilis in the subjected and the unsubjected stations) show how far this result has been attained:—

ARMY.—*Secondary Syphilis—Before the Acts.*—The ratio *fell* from 32·68 per 1,000 to 24·73 per 1,000, or *one-fourth of its amount*, in 5 years. *Since the Acts.*—The fall in the disease stopped the year the Act was passed, and the amount of secondary disease has been higher by one-eleventh on the average of the whole period since, than it was the year the Acts were first put in force. The yearly ratios have been 28·1, 31·6, 25·4, 20·3, 24·3, 23·7, 24·5, 28·7, 27·4, the latest ratios being higher than when the Act was passed.

*Primary Venereal Sores—Before the Acts.*—The *fall* in these sores was 6 *per cent. yearly*, calculated upon the amount of disease in 1860, the year the Army Reports began to be published regularly. *Since the Acts.*—The *fall* has been *only* 4·6 per cent. yearly, calculated upon the mount left in 1866, when the Acts were put in force.

*Gonorrhœa—Before the Acts.*—*Fell* from 111·66 per 1,000 in 1861, to 98·43 per 1,000 in 1866, or one-eighth. *Since the Acts.*—It has fluctuated exceedingly both in the stations under the Acts and those not under them. *It has been higher in the stations under the Acts than in those not under them*, by the acknowledgment of every Army Report since the Acts, until concealment of disease invalidated the returns, In 1873 a new Army Order was issued which invalidates all the statistics of venereal disease from that date.—*See* "Army Report," 1873, p. 13, last line. "Army Report," 1874, p. 11, "Syphilis." Ditto, 1875, p. 14. Ditto, 1876, p. 12. Ditto, 1877, p. 16.

*Loss of Time and consequent* LOSS OF EFFICIENCY.—*Before the Acts.*—The number of men constantly in hospital, from venereal diseases of all kinds (secondary, primary, and gonorrhœa) in 1860 was 23·73 per 1,000 men. The ratios fell year by year (omitting decimals) to 24, 22, 20, 19, 18, to 16 in 1866, when the Act was passed. It had fallen one-third in six years without the Acts (Min. of Evid. R. Com. p. 815). *Since the Acts.*—The Army Report now gives no return of the number of men constantly in hospital from secondary syphilis, or from gonorrhœa, nor of the duration of these cases. We have therefore no means of ascertaining the loss of efficiency to the services caused by these forms of disease—the real question to be considered. As the average amount of secondary syphilis has risen in the army, though slightly, and the average duration of each case of gonorrhœa in the navy has gradually risen from 18 days in 1866, to 27 days in 1876, the omission of these two forms of disease, from the tables relating to the constantly sick, is a very serious one in estimating the influence of the Contagious Diseases Acts on the efficiency of the Army.

NAVY (Home).—*Secondary Syphilis—Before the Acts.*—The Navy Reports do not give the returns on this head, on which account it cannot be compared with the amount *since the Acts.*

*Primary Syphilis—Before the Acts.*—The same remark applies as that used about secondary syphilis above.

*Primary and Secondary Syphilis combined—Before the Acts.*—The *fall* in these combined diseases was at a rate of 11·2 *per cent. yearly* on the amount of disease when the Navy Reports began to be published regularly. *Since the Acts.*—The *fall* has *only been* 3·7 *per cent. yearly* on the amount of disease remaining when the Acts were put in force.

*Gonorrhœa—Before the Acts* the average ratio for 6 years was 29·0 per 1,000. The ratio fell from a maximum of 34·8 per 1,000 in 1862, to 20·4 per 1,000 in 1866. *Since the Acts.—Gonorrhœa has risen* steadily year by year from 20·4 per 1,000 in 1866, to 48·4 per 1,000 in 1876. It has more than doubled.

The severity of the cases has increased. The average duration of each case was 18 days in 1866. It has risen to 19, 21, 21, 22, 25, 27, 26, 27, days in 1876, the last Navy Report published.

Sir Alexander Armstrong's evidence before the Royal Commission: "The Returns of Dr. Armstrong (navy) of cases of gonorrhœa are remarkable—they would seem to

show that since the introduction of the system in 1864, the more serious form of disease has diminished, whilst the other form (gonorrhœa) has increased."—Royal Commissioners' Report, sec. 31. For the reduction in primary and secondary syphilis, see above.

If any medical man believes that the increase of gonorrhœa in the navy is only apparent (as Dr. Thompson asserts), and that it arises simply in recording trifling cases now which were omitted formerly, I beg him to notice that the *number of recorded cases* has risen yearly from 20 to 48 per 1,000; *the average duration of each case* has steadily risen from 18 to 27 days and the *loss of time* by men constantly in hospital has risen from an average of 53 to 99 men per 1,000. These changes have occurred since the Act. Is it anything short of an absurdity to ascribe them to a mere nominal matter?

*Loss of time and consequent* Loss of Efficiency *from all forms of Venereal Disease.*—This was improving in the navy at the rate of 8 *per cent. yearly before the Acts.* It has only improved at the rate of 1·4 per cent. yearly since the Acts.

Comparison between five ports under the Contagious Diseases Acts, and five ports not under the Contagious Diseases Acts. Special Admiralty Report for the House of Commons, 4th July, 1877.—*Venereal Diseases*, of all kinds, *have risen* in the five ports under the Acts during the last 5 years of their most complete operation by 31·23 per 1,000, which amounts to an increase of 346 men laid up in hospital yearly in these 5 ports, in excess of the number during the previous equal period of 5 years when the Acts were not in full force.

Navy (Mediterranean).—Malta, Gibraltar, and the Piræus—the most important stations of the Navy—have been for many years under Contagious Diseases Acts, and nearly all the garrison towns on the Mediterranean at which ships of the navy are stationed, are under government regulations of prostitution, more or less, closely resembling the Contagious Diseases Acts:—

Secondary syphilis is not recorded previous to 1866. In that year it was 10·1 per 1,000. It fluctuated from 9·3 to 10·2 per 1,000 until 1873 when it rose to 13·7 and in 1876 it it had risen to 17·0 per 1,000.

*Primary Venereal Sores—Since the Acts.—Have risen* from 24·0 per 1,000 in 1866, to 63·0 per 1,000 in 1875—nearly trebled.

*Gonorrhœa—Since the Acts.*—Has risen from 14·8 per 1,000 in 1866, to 50·6 per 1,000 in 1875—more than trebled.

*Loss of Time.*—This has increased from 5·5 "ratio of days sickness per 1,000 men" in 1866, to 10·7 in 1875. The loss of time has more than doubled.

*Prostitutes Registered under the Acts.*—Venereal disease has been higher by 19·7 per cent. on the average of the whole period that the Acts have been in force than it was the year they came into operation. ("Annual ratio per cent. of cases of disease calculated on the average number of women on the Register").

Capt. Harris's Report, 1877, p. 5, col. 31.

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|---|---|---|---|---|---|---|---|
| 1866 | ... | ... | 121·6 | 1872 | ... | ... | 146 9 |
| 1867 | ... | ... | 140·7 | 1873 | ... | ... | 141·7 |
| 1868 | ... | ... | 202·7 | 1874 | ... | ... | 137·3 |
| 1869 | ... | ... | 194·7 | 1875 | ... | ... | 127·0 |
| 1870 | ... | ... | 148·2 | 1876 | ... | ... | 129·5 |
| 1871 | ... | ... | 135·4 | 1877 | ... | ... | 148·5 |

*Deaths.*—These have more than doubled since 1865, the year before the Acts—they have risen year by year as follows:—

Deaths per 1,000 registered prostitutes.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1865 | ... | ... | 9·8 | 1870 | ... | ... | 16·8 |
| 1866 | ... | ... | 15·5 | 1871 | ... | ... | 20·6 |
| 1867 | ... | ... | 10·4 | 1872 | ... | ... | 21·6 |
| 1868 | ... | ... | 10·4 | 1873 | .. | ... | 16·4 |
| 1869 | ... | ... | 16·7 | 1874 | ... | ... | 23·0 |

Capt. Harris's Report.

At this time the increase of deaths attracted great attention, and was quoted extensively as showing the fatal influence of the system upon the life of the registered prostitutes; and coincidently with these unfavourable comments on the result of the Acts, the deaths became fewer very rapidly and suddenly, viz.: 1875, 15 per 1,000; 1876, 10·5 per 1,000; 1877, 12·3 per 1,000. By removing prostitutes from the register when in danger of death, the mortality will naturally fall.

*Civil Population* (*Wives and Children in subjected Place*)—*Wives.*—There are no published data from which any information is to be obtained as to the influence of the Contagious Diseases Acts upon the amount of disease among the married women in places under the Acts.

*Children—Disease*—The only data upon this subject with which we are acquainted are the hospital returns from children's infirmaries. Ten children's infirmaries in England, Ireland, and Scotland, 266,846 patients—average of syphilis 1·4 per 100 patients.

Devonport Children's Infirmary (1875) 5·3 per 100 patients.

Note.—Devonport has been under the Contagious Diseases Acts longer than any other station, and is generally referred to as specially representing their beneficial operation.

*Deaths.*—Mr. Humphrey, of the Registrar-General's Office, published a report in the *British Medical Journal* for July 8th, 1876, which stated that there had been no reduction in the mortality from congenital syphilis in the subjected towns since the Act had been in force.

*Difference in Primary Venereal Sores between Fourteen Stations under the Acts, and Fourteen Stations not under the Acts.*—It is upon the difference between these two sets of stations that Dr. Thompson and the advocates of the Acts claim to have discerned such a sanitary success. Finding all other statistics against them, they state triumphantly that "the ratio of primary venereal sores in the subjected stations is only half of what it is in the unsubjected stations;" but a study of the following facts will show that computations based upon individual stations, or small groups of stations, are fallacious. In 1875 there were *no cases* of primary venereal sores in thirteen stations *not* under the Act; in 1876 the same was true of fourteen similar stations; and in 1877, of 37 (Army Rep., pp. 17, 13 and 17 of respective years). I must here refer to the objection that we have taken from the very first—viz., that there is no common ground upon which the set of fourteen stations under the Acts can be grouped together as affording a fair sanitary comparison with the other set of fourteen not under them. The only principle on which it is even professed to group them is that the one set is under the Acts and the other is not. Stations like Aldershot and the Curragh, under the Acts, have not a single feature in common with Manchester and Dublin, not under them; and the absurdity of making a comparison between London, not under the Acts, and Maidstone or Canterbury, under them, needs, one would think, only to be mentioned to be appreciated.

The army contains about 120 regiments, and the Acts have been in force for 13 *years;* and Dr. Thompson cites as conclusive proofs in his favour, *three* instances in which a regiment removing for a few months from a subjected to an unsubjected station, or *vice versâ*, experienced a change in the amount of venereal disease. It would be wearisome to your readers to reply to such an allegation in detail, and it is sufficient to say that these instances have no weight, since they refer to only a few hundred men removed for a few months; whereas there is no point on which Dr. Balfour insisted so strongly before the Royal Commission as the necessity of taking large numbers of men (thousands), and long periods of time (years), in forming an opinion as to the effect of such Acts as those in question. Much stress is also laid upon the importance of this caution by Inspector-General Lawson, who informed the Medico-Chirurgical Society that he had found greater differences in the amount of venereal disease in adjoining regiments at the same time in the camp at Aldershot than have been put forward between subjected and unsubjected stations in this controversy: the ratio per thousand varied from 23 to 59 and 114, all at the same time and place.

Had I not now so far encroached upon your generous allottment of space, I should like to refer to some other points in Dr. Thompson's communication. Enough has, however, been here set forth to show that (without taking as granted things that are not granted, or picking out special instances, as your learned correspondent has done) it is easy to prove on grounds of the simplest computation that there is no evidence of any reduction in venereal disease having been effected in Great Britain by the Contagious Diseases Acts, either in the army, the navy, or the prostitutes.

I am Sir, yours faithfully,

J. Birkbeck Nevins, M.D. Lond.,

Liverpool, May 22nd, 1879.

## CROUP AND DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It was, I am sorry to say, with mingled feelings of pleasure and disappointment, that I have read Dr. Semple's letter in the last number of your journal—*pleasure*, when he boldly proclaimed himself, as I thought, a dualist in these words:—"I deny that I have ever said that I am convinced of the identity of croup and diphtheria"—*disappointment*, where he declared, almost in the same breath, "what I have stated over and over again, and with a reiteration which I have sometimes feared was tedious, that the form of diphtheria which attacks the larynx and trachea (or laryngo-tracheal diphtheria) is the same disease as that form of croup which is attended with the formation of a false membrane (membranous croup)." And, although he devotes over two columns of closely printed matter in your excellent journal to the subject of his communication, he does not advance, so far as I can see, a single fact or argument to substantiate his thesis. He finally concludes by asking, "what is the difference between laryngo-tracheal diphtheria and membranous croup?" To which I would reply (as the question plainly involves an ingenious and nicely-couched sophism), that there is no difference in one sense, and yet there is in another. Every medical man, whether unicist or dualist, admits that diphtheria when it attacks, as it sometimes does *secondarily*, the larynx, trachea, and bronchial tubes, is croup; but they invariably designate it, by way of qualification, diphtheritic, in order to distinguish it from the acute, inflammatory, idiopathic form which *primarily* invades the organs in question. But, while conceding this, which no one possessing the most rudimentary knowledge of disease will for a moment deny, they are obliged to recognise a form of croup, accompanied sometimes by false membrane, sometimes not, which has no connection either remotely or proximately with diphtheria; which is sudden in its onset, rapid in its course, terminating in recovery or death in two or three days, according as it is actively and judiciously treated, or simply left to the unaided resources of Nature. The membrane exuded in this variety (true croup) is entirely different to that of the diphtheritic form, both in its mode of origin, and its physical and histological characters. In true croup the membrane is uniform in consistence (*membrane tabulée*), whitish, brittle, inodorous, evenly moulded to the air passages, from which it is easily detached either by operation, or by the expulsive efforts of coughing or vomiting. Here, purgatives, emetics, and other depressants, and as a *dernier ressort*, tracheotomy, are imperatively required. Indeed, the little victim not unfrequently appeals for the operation in a manner more eloquent than any language, by throwing his head backwards and tugging piteously at the skin in front of the larynx. The membrane here, I may add, is non-vascular, and contains neither pus nor blood corpuscles in its substance. The pellicle of diphtheria, on the other hand, is uneven, eroded, raised in parts, depressed in others, greyish or gangrenous in appearance, elastic, and firmly adherent to the contiguous structures, from which it is with great difficulty separated even by caustics and escharotics, not to mention emetics and other mechanical means, and gives vent to a sanious discharge highly offensive in odour. Here tonics, astringents, and antiseptics, are clearly indicated; whereas purgatives and emetics (even the vitriolic kind) are most mischievous, and only tend to give additional force and energy to the virulence of the disease. The one (true croup) is sthenic and inflammatory, and destroys life mechanically by obstructing the air passages, and preventing the due oxygenation of the blood; the other (diphtheritic) is asthenic and constitutional, and proves fatal not so much by impeding the respiration, as by tainting the system in general. Hence the cyanosis and other symptoms of strangulation, which invariably precede death in the one case, and the putrid and typhoid phenomena (delirium, coma, &c.), which usher in a similar catastrophe in the other. The one (true croup) is as harmless to the nurse, medical attendant, and others, in its immediate vicinity, as is a pleurisy or a pneumonia; the other is as contagious as typhus, scarlatina or small-pox.

I fully agree with Dr. Semple when he says that "the issue involved is as yet only partially understood," for the very good reason that medical men will persist in confounding two pathological conditions, which, although, bearing a remote resemblance to each other in some general or special features, are yet as distinct as are measles and scarlatina. But the analogy, I hold, is far less intimate than that which obtains between measles and scarlatina, and yet how many of us would venture to assert that these diseases are only the shades, the fine gradations, so to speak, of one and the same affection?

In conclusion, I would say that we have three diseases which, in a pathological no less than a therapeutical point of view, we should ever carefully distinguish, viz., true croup, whether accompanied or not, by false membrane; diphtheritic croup, and false or spasmodic croup (laryngismus stridulus), which is of all the most innocuous, being simply a neurosis.

I am, &c.,

BERNARD KELLY, M.D.

Rotherhithe, S.E., June 12th, 1879.

## "PROFESSIONAL COMMUNICATIONS TO LAY NEWSPAPERS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been called to a letter under the above heading, and over the signature of "T. O'N. Russell, Resident Medical Officer, Limerick Union," also to your editorial comment thereon. I cannot, of course, in the least, find fault with your remarks, which would, as you state, be "quite satisfactory as regards the writer" assuming his representation of the matter to be true. But what are the facts? On the 20th of May, Dr. Russell sent me a copy of the *Lancet*, containing "the article in question," with a request that I would copy it into the *Chronicle*. Next day (our publishing day) he called, when I informed him that it could not appear that post, owing to pressure on our space arising out of the then contested election, but that we could insert it in our next. With this he appeared perfectly satisfied, adding that "that would do very well."

Accordingly, on the 21st, I passed it direct into the printing department to be set up, not thinking for a moment that Dr. Russell who, of course, was aware of the contents and nature of the article, would ask me to transfer it to our columns if it were at all unfit for publication in a "Lay Newspaper." Being so very much occupied with the election, I hastily glanced through the first of the two articles, and, without passing it through editorial hands, took it for granted that the second was of a like nature; unfortunately, however, the latter is the one open to objection. On the following day, Dr. R. again called on me, expressing a wish that it would not appear, when I informed him, as he admits, that "owing to one side of the newspaper being already printed, it was too late," and, therefore, it could not now be withdrawn. Most certainly the articles in question would never have appeared in the *Limerick Chronicle* only for the special request made by Dr. Russell, and even then, though willing to oblige him, would certainly have been refused insertion had I been fully aware of their entire contents.

As you have published Dr. Russell's version of the story, I shall feel obliged by your kindly giving insertion to the foregoing, which is a true statement of the facts.

I am, Sir,

Your obedient servant,

WILLIAM HOSFORD,
Proprietor *Limerick Chronicle*.

June 14th, 1879.

# Obituary.

## DR. JOHN COATS, OF GLASGOW.

THIS well-known medical man died at his residence in Newton Place, Glasgow, on the 7th June. Dr. Coats was well known as a medical practitioner in Glasgow for well-nigh half a century. He practised for many years in the Argyle Street district of the city in connection with his surgery in that street. Dr. Coats may be said to have gone through all the grades of a city practice, and in all of them won by his integrity of character and the variety of his experience the respect due to conscientious application and devotion to his profession. For fifteen years Dr.

Coats held the position of treasurer to the Faculty of Physicians and Surgeons, and was for some time a member of the Court of Examiners in the University of Glasgow. It is said that for forty years Dr. Coats never knew what it was to be ill, and the illness, Bright's disease, which terminated fatally, we understand was not of long duration.

## DR. JOHN PAXTON, LATE OF KILMARNOCK.

The death is announced at Sutton, of Dr. Paxton, lately of Kilmarnock, at the age of 67. Dr. Paxton was long and honourably known as the leading medical practitioner in Ayrshire. A native of Kilmarnock, where his father was a well-known brewer, Dr. Paxton received his medical education both in Edinburgh and Glasgow. His general education and information were of an exceptionally high order. After graduating, Dr. Paxton acted for some time as house-physician to the Glasgow Royal Infirmary, and subsequently pursued his studies in Paris at the Hôtel Dieu, with his intimate and attached friend, the late Dr. Sloan, of Ayr, both made a tour through Northern Italy on leaving Paris, and thence to Trieste and Vienna. Travelling in those days through the beautiful country between these towns was not such an easy matter as now, and the writer has often listened to Dr. Paxton's genial reminiscences of the adventures of himself and "Sloan" on this journey. After a short sojourn at Vienna, Dr. Paxton returned to his native town, in which he practised until about four years ago, when owing to failing health and family considerations he took up his residence in Sutton. For several years past the deceased gentleman was troubled with nephritic disease, to which he ultimately succumbed. Dr. Paxton possessed the strange peculiarity of dilating the iris at will, and a paper was written in the *Glasgow Medical Journal* on this subject a good many years ago by Dr. Allen Thomson. A man of genial heart, and warm sympathies, a thorough hater of humbug and charlatanism, fond of a good professional story, and in every respect a gentleman, in the death of Dr. Paxton, the medical profession has lost one, whom to know, was to have honoured. Dr. Paxton is survived by one son and two daughters.

## THE CURATORSHIP OF THE IRISH COLLEGE OF SURGEONS.

The Council of the College elected on Thursday last Mr. Abraham, Curator of St. Bartholomew's Hospital, to the charge of the College Museum, recently held by the late Dr. John Barker. We congratulate the College on having secured an exceptionally competent custodian of its valuable collection, for Mr. Abraham is a gentleman of very unusual attainments and talents. He achieved the unprecedented honour of being granted the Mastership in Arts of the University of Dublin, *honoris causa*, and without payment of any fee, he being nothing more than a student, but having recommended himself to the University authorities by unequalled answering at his degree examination. He at that time obtained the First Senior Moderatorship and large Gold Medal in Natural Science, and the First Silver Medal in Experimental Science. He is also a B.Sc. of the University of London, where he graduated with the First Honours in Zoology and Comparative Anatomy. More recently he was Natural Science Exhibitor, and the first scholar of his year at St. Bartholomew's Hospital.

He has done a great deal of work in museums, his experience having been acquired in the Museum of Trinity College, Dublin, in the Natural History Department of the British Museum, at the Winchester City Museum, and in the Museum of St. Bartholomew's Hospital Medical School; and during the last two and a-half years he has been working in the laboratories of Drs. Burdon Sanderson, Lauder Brunton, and Klein.

## THE O'CONOR DON'S IRISH UNIVERSITY BILL.

In referring to this measure a fortnight since we stated our opinion that there was not the least probability of its becoming law this or next year, but that, if it should pass, it would be an unmitigated evil in respect to its bearing on Irish medical education, because it was neither necessary or at all expedient to add to the number of licensing bodies in Ireland, or to resort to a system of wholesale bribery to attract students to any university. The Irish College of Physicians has taken a very proper step towards arriving at an understanding between the Irish licensing bodies on this subject, and has organised a conference of delegates from the University of Dublin and the Irish College of Surgeons to meet the representatives of the College of Physicians on the subject.

The Vice-Provost and Professor Haughton will act for the University of Dublin, Drs. Lyons and Grimshaw for the College of Physicians, and Drs. MacDonnell and Jacob for the College of Surgeons. We are pleased to understand that the O'Conor Don is disposed to strike the medical clauses out of his Bill, which intention, if it exists, would relieve the profession in Ireland of its apprehensions, and the Bill of one of its most dangerous features.

## THE SURGEONCY TO THE MEATH HOSPITAL, DUBLIN.

We believe that the vacancy in the surgeoncy of the Meath Hospital and co. Dublin Infirmary, which has occurred by the death of Dr. Robert Persse White, will, probably, be filled on the first Tuesday in July.

# Medico-Parliamentary.

### HOUSE OF COMMONS.—Wednesday, June 11th.

#### CONTAGIOUS DISEASES.

On the motion of Colonel Stanley, a select committee was appointed to inquire into the Contagious Diseases Acts (1866-9), their administration, operation, and effect; and the following members were appointed to serve on the committee:—Mr. Cavendish Bentinck, Mr. Stansfeld, Colonel Alexander, Sir Harcourt Johnstone, Viscount Crichton, Mr. Shaw Lefevre, General Shute, Mr. Burt, Mr. Bulwer, Mr. O'Shaughnessy, together with five members to be nominated by the committee of selection.

# Medical News.

**Royal College of Surgeons of England.**—The following candidates, having passed the required examinations, were admitted to the Fellowship, at a meeting of the Council held on Thursday, June 12th:—

Andrews, William Stratford, Castle Street, Dover.
Cathcart, Charles Walker, M.A., M.B., C.M. Edin., Carlton Terrace, Edinburgh.
Cheyne, William Watson, M.B. Edin., Old Cavendish Street.
Clarke, William Bruce, M.B. Oxon., North Wootton, Lynn, Norfolk.
Footner, John Bulkley, Romsey, Hants.
Juler, Henry Edward, L.S.A., St. Mary's Hospital.
Lang, William, Exeter.
Morgan, John, L.R.C.P. Lond., Hereford Road, Bayswater.
Wherry, George Edward, B.A., M.B., Cantab., Trumpington Street, Cambridge.

**International Congress of Medical Science.**—The *Lyon Médicale* informs us that the Sixth Congress is to be held at Amsterdam from September 7 to 13 inclusive. Prof. Donders is the President of the Committee of Organisation, and Dr. Guye, of Amsterdam (to whom all communications respecting the Congress are to be addressed), is the Secretary. The French language is to be employed at the general meetings of the Congress, and either French or German at the meetings of sections; but members will be allowed to use other languages and their addresses may then be translated into French.

**The French Association for the Advancement of Science**—The Association will hold its eighth session at Montpellier, commencing on August 28, and continuing for eight days. The President is M. Bardoux, Deputy for Puy-de-Dôme, and late Minister of Public Instruction, and Prof. Gariel is Secretary to the Council. Applications are to be addressed to 76 Rue de Rennes, Paris.

## NOTICES TO CORRESPONDENTS.

DR. GRIFFITH.—If you will send the communication you wish inserted first, we will mark it to appear before the one in hand.

DR. WHITE.—A translation of Charcot's celebrated work on "Diseases of the Kidneys" has just appeared in this country, we do not know the price. We have it in hand for review and are much pleased with it.

### THE VALUE OF HYOSCIAMINE.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—Can you, or will any of your correspondents, kindly give me any experience of hyosciamine, given either internally or hypodermically?

What dose was given, and what strength was the solution used for injection?

Yours truly,

June 16, 1879. ALFRED JAS. POWELL, M.D.

STATISTICAL SOCIETY OF LONDON.—The next meeting of the present session will be held on Tuesday, the 17th inst., at 7.45, when a paper will be read "On Tabular Analysis," by Dr. Guy, F.R.S. Also, if time permits, extracts from a paper on "The Influence of Famine on Growth of Population," by Dr. Cornish, F.R.C.S., Sanitary Commissioner of Madras.

### THE REMNANTS OF AN ARMY: JELLABABAD, JANUARY 13TH, 1843.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—One of the great attractions in pictures at the Royal Academy Exhibition this year is, "The Escape and Return of Dr. Brydon from the Massacre of our Troops in 1842 in one of those mountain passes leading to Cabul." The painting is a gem of art at the hands of Elizabeth Butler, *née* Thompson. I should like to see this painting of a gallant military medical officer pass into the possession of either our Royal College of Surgeons or Physicians. If you can ascertain the picture can be bought I propose that a subscription be asked from the profession to possess the same. I am willing to put down my guinea at once towards it. I have great regard and respect for the military medical service, hard knocks we have, nevertheless.

Yours truly,

J. MCGRIGOR CROFT, M.D., M.R.C.P.,
Late Staff Surgeon to Her Majesty's Army and Commandant of Artillery.

Mandarin Hall, London, N.W.,
June 13th, 1879.

MR. R. H. NEWETT—Letter, with editorial reply, will appear in our next.

P. R. (Freemantle).—You cannot hold either a Poor-law or an Army or Navy appointment without double qualifications.

COMMUNICATIONS, Enclosures, &c., have been received from—Mr. Prescott Hewett, London. Dr. John Harley, London. Mr. Critchett, London. Dr. E. Sergeant, Bolton. Dr. F. N. Otis, New York. Dr. Cobbold, London. Mr. T. Peirce, Birkenhead. Mr. W. W. Pearce, Measham, Atherstone. Dr. Hendrie, Cheshunt. Dr. Myrtle, Harrogate. Dr. J. Mather, Haddington, N.B. Mr. J. B. Walker, Maida Vale. Dr. Leeson, Ilkley Wells, Yorks. Dr. Whittingham, Tuxford, Notts. Dr. Wiseman, Ossett, Yorks. Dr. Heagerty, Berwick-on-Tweed. Dr. Duigenan, Edenderry. Mr. Whitford, London. Dr. Löwenberg, Paris. Dr. Andrew Clark, London. Dr. Langdon Down, Normansfield. Dr. Braithwaite, Leeds. Dr. Day, London. Dr. Jones, Cork. Mr. Hillary, Dublin. Dr. Dolan, Halifax. Dr. Dudfield, Kensington. Dr. Tilt, London. Dr. Macnamara, Corrofin. Mrs. Weldon, London. Mrs. Baines, London. Mr. Morris, London. Mr. Berry, Holmfirth. Dr. Barnardo, Southport. Dr. Fryer, Sherburn. Mr. Hay, Hull. Dr. McGrigor Croft, St. John's Wood. Dr. Burnet, London. Dr. Griffith, Pimlico. Dr. Carpenter, Croydon. Dr. Bernard Kelly, Rotherhithe. Mr. Long, Manchester. Dr. Paterson, Perth. Mr. C. Macnamara, London. Dr. Bevan Lewis, Wakefield. Dr. Beaulieu, Netley. Prof. Tichborne, Dublin. Dr. Cameron, Dublin. Dr. MacNaughton Jones, Cork. Surgeon-Major Curran, Warrington. Mr. Ashton Warner, East London Hospital. Dr. Nevins, Liverpool. Dr. Taylor, Nottingham. Dr. Greene, Peckham. Dr. Heaton, Leeds. Dr. Brown, Dundee. Dr. J. Williams, London. Dr. Moorhead, Tullamore. Dr. McGloin, Aclare. Dr. Bernard, Dundrum. Dr. Crean, Clonmel. Dr. Lowe, Lismore. Dr. Morton, Nenagh. Dr. McCraith, Mitchelstown. Dr. McNamara, Urlingford. Dr. Knott, Castlebar. Dr. Purdon, Curristown. Dr. Petit, Letterkenny. Dr. McMaster, Ballygawley. Dr. Rawson, Carlow. Dr. Mourtray, Abbeyleix. Dr. Ryan, Dublin. Dr. Cruise, Dublin. Dr. Walsh, Brewood. Dr. McDonnell, Dublin. Dr. McLaughlin, Killala. Dr. Peele, Dublin. Dr. Hunter Semple, London. Dr. J. Wilson. Dr. R. H. "Physiologist," Edinburgh. Dr. Kraus, Vienna. The Registrar-General. Dr. Pearse, Plymouth. Mr. Hanslip Sers, Nottingham. Dr. Hughes Bethesda, Wales. Dr. Owen, Plymouth. Dr. Evan Smith, Nottingham. Dr. Johnstone, Brampton, Carlisle. Mr. P. Rubie, Freemantle, Southampton. Dr. J. Drysdale, Liverpool. Dr. Hudson, Redruth. Dr. Price Roberts, Rhyl. Mr. Squire, London. Mr. Douglas Hemming, Bournemouth. Mr. J. Adams, Killaliss. Dr. Prosser James, London. Dr. Milner Fothergill, London. Dr. Stewart, Bristol. Mr. F. W. Walker, York. Mr. Twiller, London. Mr. Jabez Hogg, London. Dr. Evan Smith, Nottingham. Mr. Pridgin Teale, Leeds. Dr. McGreger, Weaverham. Dr. Gimson, London. Dr. Liveing, London. Mr. John Lowe, Liverpool. Dr. A. J. Powell, Newington Causeway. Mr. R. H. Newett, Ligomel. Dr. J. F. Barnes, Westminster Hospital. Mr. Malley, Westminster. Dr. Kerr, Preston. Mr. W. Hosford, Limerick, &c., &c.

### VACANCIES.

Armagh Union, Keady Dispensary.—Medical Officer. Salary, £120, with fees, and £20 as Sanitary Officer. Election, July 2.

Birmingham Queen's College.—Professor of Chemistry. Full particulars of the emolumentt, duties, &c., of the Secretary, 21 Paradise Street, Birmingham.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to the Secretary before June 21.

Kinsale Union, Courceys Dispensary.—Medical Officer. Salary, £100, with fees. Election, June 24.

Newport Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications to the Chairman on or before June 23.

Oldcastle Union, Crossakiel Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, July 4.

Sligo District Lunatic Asylum.—Assistant to the Resident Medical Superintendent. Salary, £100, with allowances. Election, July 2.

Tunbridge Union, Kent.—Medical Officer for the First District. Salary, £130, exclusive of fees. Applications to the Clerk of the Board before June 25.

Westminster Hospital.—Medical Registrar. Salary, £43. Applications to the House Committee on or before June 24.

Women's Hospital, Soho Square.—Assistant Physician. Applications to the Secretary on or before July 8.

### APPOINTMENTS.

MCLAUGHLIN, T. J., L.R.C.S.Edin., L.R.C.P.Edin., Medical Officer to the Clara Dispensary, Tullamore Union.

O'REILLY, F. J., L.R.C.P.Ed., L.R.C.S.Ed., Certifying Factory Surgeon for the District of Trim, co. Meath.

RECKITT, E. B., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer and Public Vaccinator for the Boston Union District and Workhouse.

RENNIE, S. J., M.R.C.S.E., L.R.C.P.Ed., & L.M., House Surgeon to the Ashton-under-Lyne District Infirmary.

SHORTER, H. G., Medical Officer to the Hastings Free Dispensary.

SPURGIN, T., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for Nos. 1 and 2 Districts of the Ongar Union, Essex.

SYMONDS, C. J., M.D., Surgical Registrar to Guy's Hospital.

TURLE, J., M.D., Medical Officer of Health for the Finchley Urban Sanitary District.

## Births.

BUZZARD.—On June 13, at 56 Grosvenor Street, London, W., the wife of Thos. Buzzard, M.D., of a son.

COLLINS.—On June 8, at East Grinstead, the wife of C. E. Collins, L.R.C.P., M.R.C.S., of a daughter.

ROBERTS.—On June 12, at 42 Upper Rathmines, the wife of Browne Roberts, L.R.C.S.I., of a daughter.

## Marriages.

BIRD—CORNISH.—On June 12, at Dartmouth, G. Gwynne Bird, M.R.C.S., of 72 Berners Street, London, to Eve, daughter of the late R. N. Cornish, of Sherford.

MACARTNEY—KELLY.—On June 3, at the Church of St. Andrew, Westland Row, Dublin, James Macartney, M.D., Surgeon-Major, A.M.D., to Mary Josephine, eldest daughter of John C. Kelly, J.P., 37 Fitzwilliam Square West Dublin.

## Deaths.

ANDREWS.—On June 7, at Willowbank, Titchfield, John Andrews, M.D., Fleet Surgeon (retired), aged 61.

BEAUMONT.—On June 4, at Knaresborough, Thomas Mills Beaumont, F.R.C.S E., aged 67.

BENNIE.—On June 2, at Bloomfield, Currie, James Bennie, M.D., aged 27.

COATS.—On June 8, at 25, Newton Place, Glasgow, John Coat's, M.D.

CRAWFORD.—On June 13, in Montague Street, Russell Square, London, Adair Crawford, M.D., aged 88.

HEMSTED.—On June 12, at Bath, Hy. Hemsted, F.R.C.S., late of Speenhamland, Berks, aged 72.

LEITH.—On June 3, at Comrie, Perthshire, George Leith, M.D.

MANSELL.—On June 11, at Grange Road, Bermondsey, T. L. Mansell, A.B., M.D., Imat of the Royal Court of Guernsey, aged 70.

PAXTON.—On June 6, at Oakleigh, Sutton, John Paxton, M.D., late of Kilmarnock, aged 67.

WEST.—On June 8, at Maida Hill, London, Jane Frances, widow of Milburne West, M.D., late of Newbury, Berks, aged 83.

WILKS.—On June 3, at Ashford, Kent, George F. Wilks, Esq. M.R.C.S., L.S.A.L., in the 69th year of his age.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL OFFICERS OF HEALTH AND THEIR DUTIES.

We have frequently felt it necessary to notice the unpleasant position medical officers of health are placed in by the conscientious discharge of their duties. If they have the manure-heap and stagnant cesspool removed from the cabin door, the horse or the ass from the interior, or the pig from under the bed, they are too apt to be made a mark as to how they can be annoyed in their dispensary duties, while the landlord of the premises, in the form of the cottier tenant farmer or petty shopkeeper, is apt to take equal offence, and employ another medical attendant for themselves and family, or if on the committee, retaliate by the red ticket. A case involving annoyance of another character, occurred recently. An outbreak of diphtheria taking place at Robertstown, co. Kildare, Constabulary Barracks, and some of the cases of a malignant form, as there was no other case in the neighbourhood whereby infection could possibly be the means of origin, Dr. Sale, the medical attendant, sought for the cause; this he was satisfied he discovered in certain structural faults of the sewerage. Dr. Sale, in his capacity of medical officer of health, fully reported these defects, recommending such remedies as seemed necessary. The Naas Board of Guardians forwarded his report to the Board of Works, who, it seems, are lessees of the Barracks. In acknowledging this report, the Board of Works stated that, "although grave cause exists for doubting whether any case of diphtheria occurred at all," they were carrying out the recommendations of the medical officer of health. Dr. Sale felt called on by the doubt thus thrown on his official report to demand the authority of the Board of Works for making such a serious statement, reminding them that they were not qualified to give an opinion upon patients whom they had never even seen during their illness, and that his opinion was corroborated by another medical officer of health. The Board gave a very evasive answer to this application, stating that they thought it right to convey the substance of the report they had received from their own officer (a clerk of works) who fully inquired into the case. Dr. Sale, being aware that they acted on what may be termed old women's gossip, demanded that the Board forthwith repudiate their statement and apologise for it, or he should feel obliged to take more serious measures. The Board now recognised their position, and unreservedly stated their regret that the statement had been made, that it was entirely beyond the province of the department, and they would order its withdrawal. Thus, was cancelled the very improper and very serious reflection by a public Board on the character of the medical officer of health; and, so far, Dr. Sale has succeeded, by the determined course which he pursued, in completely re-establishing his professional position. But the matter is of interest, as illustrating the entire insufficiency of the Public-health Law of Ireland to provide for honest sanitary inspection. When the Act was under consideration as a Bill we, in common with all who had any knowledge of the subject or any real desire for effective sanitation in Ireland, insisted with all vehemence that the measure would prove futile and farcical if the medical officer of health were not made, as far as possible, independent in the discharge of his duties. This suggestion, the Irish Local Government Board—being, as afterwards appeared desirous of burking sanitary effort in Ireland—would not approve, and, as a consequence, the sanitary officer was, is, and will be in such a position of subordination to the nuisance-proprietors of his district, that he cannot possibly be expected to do his duty as it ought to be done.

## IRISH MEDICAL ASSOCIATION.

### REPORT OF COUNCIL—*(continued)*.

ABUSE OF DISPENSARY MEDICAL RELIEF.

During the past year your Council addressed a letter to the Local Government Board, calling attention to the frequent irregularities in the issue of tickets for dispensary medical relief which occur throughout Ireland, and to the fact that a very large proportion of the persons for attendance on whom such tickets are issued are not "poor persons," but are well able to pay for medical advice and medicines. In response to this communication, the Local Government Board promptly issued a circular directing the attention of the authorised ticket-issuers to the complaints made, and requesting that greater care should be taken in future to prevent abuse of the system.

The abuse, however, still exists, and it is indisputable that it encourages improvidence amongst the lower classes of society. Your Council consider that the attention of Parliament must be directed to this abuse, and that new legislation should be sought for as the only possible means of checking it. It certainly was never intended by the Legislature that improvidence should be encouraged, or

that persons who could afford to pay for medical attendance and medicines should be gratuitously supplied with both at the expense of the ratepayers and the detriment of the medical profession. A resolution on this subject will be submitted to this meeting.

### Superannuation of Medical Officers.

This very important question has for many years been the subject of frequent communications made to this Association, and your Council are deeply impressed with its importance, not only from a public but also from a professional point of view. Whilst, on the one hand, it is essential in the public interest that the sick poor should have the services only of medical officers who are capable of discharging their duties efficiently, it is, on the other hand, but reasonable and fair that the services of medical officers, whose health and years have been almost exhausted in faithful and efficient service to the public, should be adequately recognised. Under the present state of the law the Boards of Guardians have a discretionary power to grant superannuation allowance to any medical officer who has become incapable of discharging his duties with efficiency—by reason of permanent infirmity of mind or body, or of old age, upon his resigning or otherwise ceasing to hold his office—in amount not exceeding two-thirds of the emoluments of his office. Your Council observe with gratification that the Boards of Guardians are more considerate now than heretofore in dealing with the question of superannuating worn-out medical officers; but they regret that owing to the fact that superannuation allowance is at present only permissive, there are too many instances of medical officers utterly worn out and incompetent to discharge efficiently their duties to the sick poor, who, being solely dependent upon the salary and emoluments of their office, and who, being unable to calculate upon obtaining the required approval of their Boards of Guardians to the granting of a retiring allowance, are compelled to hold their appointments rather than run the risk of having to be supported by charity.

It is deplorable to think that any such instances can be found; but, nevertheless, there are several medical officers in such a condition, who are absolutely without means of suppott unless superannuated, and this state of things is not the result of improvidence on their part, but of inability through lack of opportunity during their career, to make provision for themselves and their families in their old age.

Your Council are of opinion that the State should contribute to the superannuation allowances in the same proportion as it contributes to the salaries of the medical officers; and that superannuation allowance should be obtainable as a matter of right by those who, by reason of age, illness, or infirmity, have become unable to discharge their duties efficiently, as well as by those who have served over twenty years, and that the permissive system at present in force should be confined to cases which would not come under those heads; and your Council are confident that, if such were the case, the result would be much more satisfactory to the public than the present system.

### Leave of Absence to Medical Officers.

Under the existing regulations a Poor-law medical officer is not entitled to "leave of absence" unless incapacitated by illness or other cause from discharging his duties, in which case he is required to nominate a fit and proper person to undertake his duties, usually at his own expense.

Your Council believe that this state of affairs is not conducive to the well-being of the Poor-law medical service, and are convinced that it would tend to the efficiency of that service, and not materially increase the expenses thereof, if workhouse and dispensary medical officers were entitled to a reasonable period of leave of absence in each year at the public expense. By such an arrangement the medical officers would be afforded an opportunity not only of recruiting their health, but also of acquiring information and extending their knowledge, which would in turn be advantageous to their patients, and tend to diminish the number of instances of incapacitation by illness. In the various departments of the Civil service this system exists, and your Council cannot see any reason why it should not be extended to the medical officers of the Poor-law service, who certainly do not less require it.

The report concluded with a statement of accounts.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MAY, 1879.

May 8th.—Davis, James, Joseph; Trim, Co. Meath; Lic. R. Coll. Surg. Irel. 1878.

16th.—Ashe, St. George; 4 Leeson Park, Dublin; Lic. R. Coll. Surg. Irel. 1877.

16th.—Mulvany, Peter; Navan, co. Meath; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879, Lic. Apoth. Hall, Dub. 1879.

22nd.—Butcher, Charles; 19 Windsor Street, Liverpool; Lic. Apoth. Hall. Dub. 1879.

26th.—Bond, Joseph Henry; Victoria Villa, Rathgar, co. Dublin; Lic. R. Coll. Surg. Irel. 1879.

June 27th, 1876.—MacDonnell, Mark, Antony; Orchard, Hey, Walton-on-the-Hill, Liverpool; M.D. 1876, Mast. Surg. 1876 Q. Univ. Irel. [Restored per order of the 23rd May, 1879.]

## ALLEGED NEGLECT OF DUTY BY A MEDICAL OFFICER.

### INQUIRY AT BLESSINGTON.

Dr. M'Cabe, L. G. Inspector, recently held an inquiry on oath, relative to charges brought against Dr. Leslie Maturin, M. O. of the Dispensary District. The circumstances which led to the inquiry have been detailed in a previous issue.

The Rev. Mr. Rowan entered at the outset a protest against the inquiry, on the ground that the Local Government Board had already decided on the complaint he had preferred against the medical officer, and that they had issued instructions to the dispensary committee to call for his resignation in a letter to the committee of management in April last. They had, therefore, believed that the facts were established; and there was no need for an inquiry to ascertain what had already been conceded. The rev. gentleman stated that it was strange that after such a decision had been arrived at, the matter should be opened again. There was nothing to justify such conduct, which was manifestly unjust to him as a clergyman, and he desired to enter his protest against it.

Dr. M'Cabe reminded the Rev. Mr. Rowan that the Local Government Board did not call directly on Dr. Maturin to send in his resignation; but they directed the honorary secretary to the dispensary committee to summon an extraordinary meeting of the committee, for the purpose of receiving his resignation; and the committee thus summoned, after carefully investigating all the circumstances of the case, declined to act upon the recommendation, or rather the suggestion, of the Local Government Board. The inspector added that, so far as he was aware, the Local Government Board possessed no legal power to compel a dispensary committee to act in accordance with their suggestion.

The Rev. Mr. Rowan deposed that he preferred a complaint against Dr. Maturin for neglecting to attend a patient named P. Merrigan on a red ticket, and the patient died two days after it had been presented. The deceased man suffered from retention of the urine, and it was his belief that he died from want of medical treatment and relief.

Mr. P. Quinn deposed that he is a local guardian, and issued the red ticket to procure medical attendance for

the deceased, who was a relative of witness. He thought he was a fit subject for relief under the Medical Charities Act. He was aware that previous to his issuing the ticket a nephew of the deceased man had offered a fee of one pound to Dr. Maturin, who declined to attend under two pounds.

Mr. Toomey asked the witness if he considered that a man, on whose behalf a fee of one pound was offered, was a fit subject for relief under the Medical Charities Act.

The witness said he could not answer that question. He knew, or was told, that Dr. Maturin would not go on a fee of £1, but that if a red ticket was issued he would have to go, and he then issued the ticket.

The Inspector here pointed out that no matter under what circumstances the red ticket was issued it was Dr. Maturin's duty to have attended upon it. If it was found to have been illegally issued the doctor had his remedy afterwards.

To Dr. Maturin—You do not deny that you got the red ticket, and did not attend upon it.

Dr. Maturin—I did not.

In reply to other questions, Mr. Quinn stated that he was a poor-law guardian. *He did not know the law of the Medical Charities Act.*

Mr. Samuel Panton, the honorary secretary of the dispensary committee, deposed that he received a letter from the Local Government Board on the 12th of April, requesting him to summon an extraordinary meeting of the committee, for the purpose of receiving the doctor's resignation. The committee at their meeting in the March previous censured Dr. Maturin for not attending in another case on a red ticket. They stated that fact in their reply to the Local Government Board when answering their communication in April, adding that they were disposed to dispense with any further action, inasmuch as a certain amount of pressure seemed to have been put on the doctor, by at first offering him a fee of £1, and when he declined to take it, and go under £2, then issuing a ticket.

In answer to Mr. Toomey, witness said that it was the impression of the majority of the committee that the red ticket had been issued out of spite, because the doctor would not take the £1, and not as medical relief. They thought the man could afford to pay the fee required.

The Inspector asked from what source they had derived that impression.

Witness said from what two members of the committee stated when the matter was discussed. They did not examine any witnesses as to the man's circumstances.

The Rev. Mr. Rowan here observed that the circumstances of the man were these—he was a poor labourer, and he fell ill at his nephew's on the way home. He had no means whatever. The fact of his nephew being well to do had nothing to say to his right of relief.

Mr. Toomey asked if the brother of the deceased was not a large farmer.

The Inspector thought that question was irrevelant.

The Rev. Mr. Rowan said that Mr. Toomey appeared anxious to make out that the deceased man might have paid a fee because he had rich relatives. As a matter of fact, it was the nephew of the deceased who offered the fee of £1 to Dr. Maturin out of kindness towards his uncle.

Dr. P. Meliea deposed that he was a member of the dispensary committee.

Witness, in reply to Mr. Toomey, bore testimony to Dr. Maturin's general care and diligence, and to his successful treatment of some cases.

Mr. Panton also spoke in similar terms of the doctor's care and efficiency.

Mr. William Owen, J.P., sworn, deposed that he made a statement before the committee that the deceased man was a member of a very well-to-do family. In reply to Mr. Toomey, Mr. Owen said that it was miles nearer for Merrigan to send for the doctor of Seven Churches than to have sent to Blessington for Dr. Maturin.

Inspector to Mr. Owen—Are you not as a magistrate and a member of the dispensary committee, aware that if the man lived next door to the medical officer of an adjoining district, and still was not living within his district that he had no claim upon that medical officer for a ticket?

Mr. Owen said he was aware that in such a case he would have no legal call.

The second branch of the inquiry with respect to the charge that he neglected to attend the dispensary regularly at the stated times was then proceeded with.

In substance this charge was to the effect that Dr. Maturin got a visiting ticket to attend a man. The doctor visited him on his way back from the dispensary and told the parties to send to him for the medicine, which he prescribed before four o'clock that evening to Blessington. The messenger did not call, however, until eight o'clock the next morning, when Dr. Maturin refused to give the medicine, and no medicine was got until the following dispensary day, which was two days afterwards.

The statements to the above effect were not substantially denied by Dr. Maturin, who was then examined at some length as to the circumstances of the whole case. He admitted that he did not attend the deceased man Merrigan, believing that when a fee was offered, and he refused to take it, the ticket was then issued in order to coerce him to attend. Had he known at the time the man's dangerous condition he would have gone instantly to visit him, without fee or ticket. He was painfully aware since that he should have gone to see him.

Regarding Bern's case,

Dr. Maturin said it was his custom not to give medicine except on dispensary days, unless there was urgent necessity for it. He denied that he was irregular in his attendance at the Ballymore-Eustace Dispensary, inasmuch as he always put in the full number of hours each day. In further explanation of his refusal to attend in Merrigan's case Dr. Maturin said the patient lived nearly twelve miles away from him, and a party offered him a fee of £1 if he went, whereas they could easily have procured for that fee another doctor, who lived within two miles, if they wished to do so.

Captain Pratt, J.P., and other gentlemen were then examined, and gave Dr. Maturin a very high character as a professional gentleman.

At the conclusion of the inquiry Dr. M'Cabe said he would in due course submit the evidence and his report to the L. G. B. Since then the L. G. B. has called upon Dr. Maturin to resign, which he has done; and the Dispensary is now vacant.

## THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY FOR IRELAND.

REPORT OF THE PROCEEDINGS OF THE SOCIETY FOR THE PAST YEAR, PRESENTED AT THE ANNUAL GENERAL MEETING—(*Abstract*).

THE history of our Society during the past year has been unmarked by any events of special importance. No great acquisitions to our funds have to be reported; and no losses or deficiencies of any moment have to be deplored. Death, indeed, has deprived us of some old friends, but we have gained in their place some new ones. Thus the Society has pursued the even tenor of its way during the thirty-seventh year of its existence, and the Central Committee who were charged with the management of its affairs now render up the account of their stewardship for the past twelve months.

The auxiliary branches, of which there is one or two in each county, and one in each Indian Presidency, are all in working condition. Some changes in their honorary officers have taken place.

In India the Afghan war and the anticipation of a Birmese war, have, as might be expected, interfered con-

siderably with the success of the local branches. To this cause, as well as to the diminished value of the rupee—now about 23 per cent. below what was its value some years ago—are attributed the falling-off in the amounts received from these auxiliaries. Dr. King continues to work zealously for us at Madras, and has remitted this year £20 as a first instalment, with the hope of being able to forward another.

Surgeon-Major Chesnaye, Honorary Secretary and Treasurer of the Bengal Branch, also shows unabated energy in the cause of the Society. His connection with one of the armies invading Afghanistan, viz., that of the Peshawur Valley, necessarily checked, but did not paralyse, his exertions on our behalf.

Surgeon-Major Joynt continues to labour, with untiring zeal, for the Society in the Bombay Presidency, and remits subscriptions to the amount of £43, adding, "small as is the amount, it is better than I expected." He reports the death of Surgeon-Major Rogers, of the Bombay Establishment, "who for several years was not only a subscriber but a zealous and successful collector for this Branch."

*Funds.*—It may be well to remind the members of a resolution passed at the General Meeting of 1878, which comes into operation for the first time at the present distribution. This resolution empowered the Central Committee to add such portion of *future* donations and legacies, as they thought fit, to the grants for the current year, instead of *wholly* funding them, as was the previous practice, unless expressly forbidden by the testator or donor.

During the past year donations and bequests to the amount of £255 have been received, viz., Mr. Robert Hudson, of Chester (per Dr. Hudson), £100; Dr. Philip Smyly, £50; Dr. Robert M'Donnell, £25; Dr. J. M'Donnell, £5; the late Surgeon Henry M. Johnston, of Belfast, a bequest of £55; Mrs. Elliott, of Upper Norwood, London, £10.

The donations of Dr. Smyly, and of Mrs. Elliott, are by their request included in the awards of the present year. Mrs. Elliott, it is right to mention, is widow of the late Dr. Gilbert Elliott, formerly of Castleknock, and in her letter she states that she gives the above sum to our Society in accordance with a wish expressed by her husband. The remainder of the donations and bequests, viz., £195, the Committee purpose funding. Thus a small increment is made to the corpus of the fund, in aid of future beneficiaries, whilst those of present year derive immediate benefit from the generosity of contemporary donors.

The money voted in awards this year is £1,344, being a little over that of last annual distribution.

The Committee have much pleasure in directing special attention to the fact, that a sum of £28 and upwards has been subscribed to the Fund this year by medical students alone, in Dublin, Galway, and Cork. Bearing in mind how limited the pecuniary resources of these young men generally are, it is not to say too much that this contribution reflects most honourably on those who gave it; and their example should stimulate to a like generosity the many medical practitioners who still treat the Society as the Levite and Priest of old treated the man who fell among thieves on the road from Jerusalem to Jericho; but, be it remembered, the sufferers by this apathy are the poor medical brother, his desolate widow, or his destitute orphans.

*Applications.*—Since the last distribution, *seventeen* applications for assistance—*six* from Dublin, and *eleven* from the provinces—were sent in at *irregular* times. To *nine* of these, grants, altogether amounting to £144, were awarded, in anticipation of this distribution.

The case of one of these applicants is worthy of mention, as showing the peculiar value of this Society, and well illustrating the maxim, *qui cito dat, bis dat.* A lady, comparatively a stranger in Dublin, was left, by the sudden death of her husband (a surgeon), homeless and penniless, with three young children, and a fourth expected. In her extremity she applied to the Society for aid, and received an immediate grant of £30; and so much sympathy was awakened for her, that this grant was supplemented by a considerable collection, which enabled her to return to her family in Bermuda.

The total number of claimants this year is 99, *fourteen* of which are new cases, including *two* medical men. The 99 cases consist of 80 widows, 11 orphans, and 8 medical men. The total number applying through the provincial branches is 51, and through the central branch, 48. In *six* instances grants were refused, the applicants being ineligible, undeserving, or their statements not properly authenticated.

Two of the medical men obtaining grants this year got £80 a-piece, but for which they would be in a state of absolute destitution. One of these gentlemen is over 80 years of age, and very ailing; the other, though much less advanced in life, is utterly helpless, from complete hemiplegia, and suffers great annoyance from an enormous scrotal hernia, which no truss can keep up.

In concluding their Report, the Central Committee earnestly and emphatically call on their medical brethren to rally round this Society, and to give it their hearty, cordial, generous support. Its claims on every man amongst them are of the highest kind: on the rich, on account of the abundance which God has given him; and on the poor, as seeing that his widow or orphans may yet be suppliants to the Society.

The soundness of the principles on which the Society is based have been tested by the experience of thirty-seven years, and the amount of good it has done, and is doing, is incalculable. It has now become one of the recognised medical institutions of this country, and, in regard of its objects and operations, though not of its resources, it well deserves the honour of such association. Let each practitioner in Ireland give but 5s. a-year to its funds, and this financial blot will be removed. That charity should begin at home is an acknowledged Christian obligation, and if true, in the case of indiduals, why not in that of professions?

## CLARA DISPENSARY.

A SPECIAL meeting of the Committee was held for the purpose of electing a successor to Dr. Brady, whose resignation was recorded last week.

There were four candidates in attendance to compete for the appointment, namely, Dr. Thomas J. McLaughlin, Dr. Ingham, Dr. Fox, and Dr. Mulvany.

All the candidates, in accordance with the desire of the committee, agreed, if elected, to give a month's notice when contemplating resignation, or forfeit a month's salary.

As Dr. McLaughlin had a clear majority of the votes of the entire meeting he was declared elected.

He refused to adopt the suggestion recently made by the Local Government Board that a dispensary doctor should take a smaller fee than one pound, and stated that rather than do so he would attend for nothing.

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press.* Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 25, 1879.

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## Original Communications.

### ON NERVOUS AFFECTIONS OF THE SKIN AND ITS APPENDAGES, WITH REMARKS ON TREATMENT.

By T. STRETCH DOWSE, M.D., F.R.C.P.Ed.,

Physician to the Hospital for Epilepsy and Paralysis; formerly Medical Superintendent of the Central London Sick Asylum.

*Trophoneuroses.*

In dealing with this class of disease we are of opinion that if their nature were clearly understood we should find less difficulty in applying to them methods of treatment more decisive and more certainly curative. Modern investigation has conclusively proved that a large proportion of skin disease is due to an exalted or depressed condition of the nerves governing circulation, secretion, and nutrition, and at the present time it is admitted that defective treatment is often due to a want of knowledge of the important part played by the nutritive nerves in these almost universal and troublesome complaints.

M. Charcot says, there is nothing better established in pathology than the existence of troubles of nutrition consequent on derangements of the nervous centres or of the nerves (Charcot "On Diseases of the Nervous System," New Sydenham Society, 1877, p. 7). Again, page 12 of the same work, he says: "If diseases whose consequence is the abolition or suspension of the action of the nervous system are unable to produce in distant parts other disorders of nutrition than those attributable to prolonged inaction, *it is not thus as regards disorders which determine either in the nerves or nervous centres an exaltation of their properties, an irritation, or an inflammation.*"

The late M. Mougeot has given this subject considerable attention, and to him we are indebted for much valuable information (B. A. Mougeot, "Récherches sur quelques troubles de nutrition consecutives aux Affections des Nerfs," Paris, 1867).

In Guy's Hospital Reports for 1867, p. 316, Sir Wm. Gull brought forward a paper of special interest, which shows that the slightest irritation upon the skin of some persons will produce a form of nettle-rash by partly paralysing for a time the nerves which control the circulation. He says: "This susceptibility of the skin is common in a greater or less degree to all persons, and can be termed morbid only when extreme. In the first patient in whom I noticed it, it was the source of great inconvenience, for if the skin was handled roughly, as in wiping the face with a towel, or in putting on the socks, it would quickly become swollen and stiff with weals, which are principally due to contractions of the skin."

The course of events in a case of this kind seems owing to (1) sensory nerve disorders, (2) contraction of cutaneous muscular fibres owing to irritation of their motor nerves, (3) paralysis of cutaneous nerves controlling the circulation.

The most practical way of considering this matter is to refer to those skin eruptions which are more or less immediately associated with injuries to nerves, and it is to Dr. Weir Mitchell (*a*) and Sir James Paget that we are indebted for much that we know about it. The former says, "At some time in the history of a nerve injury it is common to see certain forms of eruptions which form bladders (herpes vesicles or bullæ). In our own practice we saw numbers of eruptions which, as a rule, were most sure to be met with in the cases of greatest irritation, and which usually assumed the appearance of small vesicles."

Sir James Paget, in speaking of such cases (*b*) says: "Glossy fingers appear to be a sign of peculiarly impaired nutrition and circulation due to the injuries of nerves. They are not observed in all cases of injured nerves, and I cannot tell what are the peculiar conditions of the cases in which they are found, but they are a very notable sign, and are always associated, I think, with distressing and hardly manageable pain and weakness. In well-marked cases, the fingers which are affected (for this appearance may be confined to one or two of them) are usually taper-

(*a*) "Injuries of Nerves," p. 153.
(*b*) Paget, *Med. Times and Gaz.*, March 26, 1864.

ing, smooth, and hairless, almost void of wrinkles, glossy, pink and ruddy, or blotched, as if with permanent chilblains. They are commonly also very painful, especially on motion, and the pain often extends up the arm.

"In most cases this condition of the fingers is attended with very distinct neuralgia both in them and in the whole arm, and its relation to disturbances of the nervous condition of the part is moreover indicated by its occasional occurrence in cases where neuralgia continues after an attack of shingles affecting the arm."

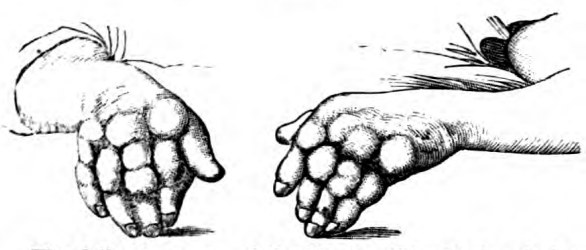
These observations on the nervous origin of skin affections both from peripheral as well as central irritation are sufficient evidence to guide us to the conclusion that defective action on the part of the nutritive nerves ought to teach a lesson of paramount importance and significance relative, not only to changes, which are seen and realised during life, but to many of those obscure forms of diseased changes which are rarely made evident until after death.

Dr. Laycock, in some very interesting lectures on Nerves of Nutrition in the *Med Times and Gaz.*, March 18, 1871, (*a*) says: "Before we consider special tissue changes as trophesies (nutritive changes) let us clearly understand what we mean when we speak of *loss of tone*, of *nervous debility*, and of *defective innervation*."

It is clear these phrases may refer either to defective vital energy in general or to defective regulative nerve energy especially. The following case of gangrenous stomatitis is a typical instance of want of due nerve force to excite and regulate nutrition. It is one of many, although rare, which I saw in the year 1877.

Agnes D., æt. 20 months, came under my care in September 29, 1877. Previous to my seeing her she had measles, from which she never fairly recovered, and shortly after it was noticed that there was considerable thickening of the upper lip, the breath was highly offensive, saliva was dribbling from the mouth, and the submaxillary glands were enlarged. When the upper lip was freely exposed the disease was seen to be limited to its anterior surface, and to the gums in connection with the front teeth. Here the soft parts were in a state of gangrene, and the incisor teeth of the upper jaw were quite loose. But in addition to this, the soft parts around the lips were regularly and symmetrically de-vitalised and carbonaceous. Notwithstanding, the child's general vitality was fairly good. She was placed under the influence of chloroform, and the loosened teeth were removed, as well as the neighbouring dead tissues. This being done, strong sulphurous acid was carefully applied, a generous diet of milk, brandy, and egg was given every quarter of an hour, and a mixture was ordered of quinine, strychnia, opium, and chlorate of potash to be taken every two hours. By this active treatment the disease was arrested, and although the child's condition was extremely critical for some days, she ultimately recovered.

FIG. 1.



The following case of dysidrosis (Fig. 1) is of signal interest, and as far as I can see the disease is governed by precisely the same nervous laws of nutrition as the former. The patient was over 50, suffered from gout and chronic kidney disease, and the chief points of interest are these :—

1. A marked gouty history. His eldest son, like himself, was a martyr to gout. He said, that instead of having skin disease he ought to have had an attack of gout, for he felt the same as he always did when the gout was coming on.

2. Upon the Good Friday before I saw him, his skin became exceedingly irritable, the hands and feet burning and tingling, and in the course of a few hous they were covered with a shotty eruption, which, in some places, formed into bladders.

3. When he came under my care he was noted as a man of strong physique, fair complexion, with well-marked gouty characteristics; the ears were large, the under lobe thickened with gouty concretions, and the fingers and hands were deformed from gouty joint changes. He was extremely feeble; there was great mental depression, and the movements of the upper limbs were accompanied with tremor.

The skin eruption was variable and symmetrical in character, the forehead, alæ of the nose and mental fossa were bespattered with eczematous encrustations. The arms, which were at first almost devoid of sensation, were now extremely sensitive, swollen, painful, and covered with a lichenous rash. The hands, but especially the fingers on the inner side were partially covered with large blebs. The joints seemed to be the chosen seats of these, they made their appearance with astonishing rapidity, and a few hours were sufficient to admit of their rising to a large size. The feet and toes were affected in the same manner. The tongue was clean and moist, and the appetite fairly good. Now, in this case I have little doubt but that the condition of impaired nutrition was essentially due to a paralysis of those nerves governing the circulation and nutritive processes of the skin.

I will now refer to an enlargement (hypertrophic) of the terminal ends of the fingers and toes, with which we are all so familiar in consumption and in other chronic diseases of the heart and great vessels of the chest, and is usually known to us as clubbing. I would say that in my experience these deviations from the slightest normal growth to the strongest characteristic enlargements are the most striking manifestations of defective nervous power in immediate relation with the thoracic circulation with which we are acquainted. They are, too, of the greatest possible value to the practical physician in making a correct diagnosis, for they are not only intimately associated with advancing organic disease of the chest, but they are frequently the precursors of the gravest maladies.

There can be little question that these abnormal changes of nutrition are more or less immediately connected with similar changes in the spinal sensory-motor-sympathetic- and vaso-motor-ganglia of the thorax.

Dr. Weir Mitchell, in speaking of alterations of appendages of the skin consequent upon nerve wounds, makes the following note: "After the total section of a nerve the nails are apt to become clubbed, and in rare cases to suffer from painless whitlow." He further remarks: "I am unable to say whether or not nail-growth is for a time arrested immediately after the section of the nerve, but in most of the cases it is found at a later stage to be slower than that of the corresponding healthy parts, although in no instance have I met with a total cessation of growth. In lower nerve wounds ulceration around the nails is common, and often very painful; but in connection with the glossy skin of certain neural lesions we observed striking peculiarities of nails. They suffer only in the fingers, the neural supply of which has been interfered with, so that the nails in the median distribution may be contorted, and those in the little finger be unaffected. When the nails of the toes have been attacked, and they are very rarely so, the curving is less marked, but a distressing ulceration is apt to occur at the angles. The nails seen in the illustrations are the most typical of the kind I have ever seen (Figs. 2 & 3). They are photographed from a lady of 60 years of age (but it must be remembered that age has little to do with their production). She was quite well, and had enjoyed excellent health until she was 57 years of age, when she caught a severe cold from sleeping

(*a*) "Lectures on Diseases of Organs and Tissues as Influenced by the Nervous System."

in a damp bed, and was completely prostrated with gouty and rheumatic swellings in the joints. As this condition passed off it was succeeded by cough, spitting of blood, night sweats, and highly offensive expectoration. At this time she also complained of intense coldness and numbness in the toes and fingers, which alternated with burnings, prickings, and tingling, accompanied by darting neuralgic pains, so that her attention was almost constantly directed to them. There were well-marked chalky changes about the finger joints. The urine was high coloured, and, for the most part, loaded with lithates,

FIG. 2.

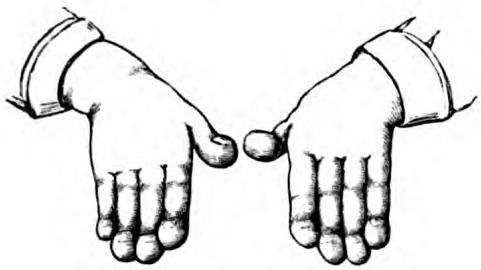


FIG. 3.

but free from albumen. The pulse was usually full and tense, the tongue coated, the cheeks flushed and more or less blue; both lungs were undergoing disintegration at their bases. Here, then, we had a clear case of disturbance of nutrition from gouty inflammatory action in the lungs and vessels of the chest, associated with this peculiarly interesting and typical change in the extremities of the fingers and toes. Notwithstanding the severity of the symptoms, she progressed favourably under the influence of increasing doses of atropia. This drug appearing to have an especial curative influence over those cases which are essentially due, in the first instance, to defective action of the vaso-motor nerves.

*Baldness.*—At one time dermatologists endeavoured to prove that disease of the hair follicles through parasitic influence was of all things the most common. But recent investigations have shown with some amount of certainty that, even where the parasite had become fully developed, its germination and propagation was really due in the first instance to defective nutritive nerve influence. We now know full well (and this is the most important point for our patients) that the administration of such drugs as opium, atropine, arsenic, quinine, phosphorus, bichloride of mercury, strychnine, and cod-liver oil, with an especial nutritive diet, and a weak galvanic current to the skin, do more to effect a cure than pounds of ointment and gallons of washes.

This statement applies to, and is borne out by the facts of treatment not only in cases where the most primitive forms of fungi exist, but also in those cases where the more highly developed parasite finds a fair field for increasing its species.

*Itching.*—There is another troublesome condition of the skin generally, and of the hairy parts underneath the arms, and between the thighs. Pruritis, prurigo, mitis-formicans, senilis, where the patients feel a creeping, itching, burning sensation like the creeping of innumerable insects over the skin, but all kinds of sensations are not unfrequently experienced. Now these are invariably due to a faulty condition of the nervous system. They may be associated with living organisms, and they may lead on to more definite, and in some instances aggravated forms of skin disease by scratching, but the powers of nutrition are essentially at fault. Sedative emollient applications will relieve for the time, but utterly fail to cure the disease. A discontinuance of soaps and other irritant remedies, with the administration of bromide of potassium, colchicum, aconite, and bicarbonate of soda, using warm bran baths, and observing perfect cleanliness, the condition invariably subsides rapidly and completely.

I can scarcely recall to mind a more instructive instance of inactivity of the vaso-motor and nutritive nerves (assimilative processes), than in the following case. It shows how essentially such a state is due to an impaired tone of the nervous system, and how readily it yields to a correct form of treatment.

A stout, fair, well-nourished woman, æt. 27, came into hospital under my care without any special family history of gout or nerve derangement. She was born in Cambridgeshire, and had suffered from ague. Her statement was this. That whilst in good robust health, during the last week of Easter, she first observed on the extensor surfaces of the knees and elbows small, flat, slightly-raised red patches, which were extremely irritable, soon became pale, and died off in large scaly flakes (psoriasis). They then made their appearance around the waist, and in a short time covered the whole of the body (except the face), the hands were the last to become affected, and the last to get well.

From this period up to the time of my seeing her she had been trying a number of remedies with no good result; in fact, the disease had progressively increased, and she became so prostrate that she was scarcely able to stand. There was an amount of mental depression in equal ratio with the physical prostration. The urine was free from albumen, and the catameniæ were normal. She had daily attacks which in some way resembled ague and gave distinct evidence of the nervous origin of the disease. For instance, she would be seized with tremor, beginning in the left foot, taking the same half of the trunk and left arm up to the occiput; then leaving the face it would pass over to the *right half* of the trunk, take the right arm, and finally attack the right leg and foot. She said the sensation was similar to that produced by a galvanic battery. It was usually attended by a sense of coldness, succeeded by great heat and profuse sweating.

The entire body was covered by a mass of scales which were produced and shed with astonishing rapidity. On account of the great irritation she slept but little.

Tuesday, July 15th.—Was put in a blanket bath for six hours (the bed was covered with a large piece of india-rubber sheeting, and upon this was placed a blanket wrung out of hot water, in which the patient was firmly packed, and other blankets were then laid over her), and allowed to drink iced water in small quantity. The respiration and circulation were never affected. When she was taken out of the blankets all the scales had disappeared, leaving the body of a lobster redness. She was then enveloped in india-rubber sheeting, which was bandaged close to the body. In a day or two the scales reappeared, but not to the same extent. On the 23rd the bath was repeated with similar good results. From this time the disease was manifestly checked, and by the 1st of August the skin was perfectly healthy, and she never felt better in her life.

If we consider the aggravated nature of the disease, and the rapid way in which it yielded to this purely resolvent mode of treatment, we have every reason to be satisfied with the result.

There are many other skin diseases and changes in the skin which are due to defective action of the nutritive nerves, which might be referred to, but I have presented these examples to give interest to the subject.

The following is a remark of Erasmus Wilson in his oration on the Progress of Cutaneous Medicine, delivered before the Medical Society of London, in May, 1876:—"I may say for myself that although experience has given me a thorough trust in the remedies which I employ, I am nevertheless bound to admit that there is still very much to be accomplished in this department to raise our practice to the level of our theory—to render it if possible a science rather than an art."

## EXPERIENCES OF AN IRISH POOR-LAW MEDICAL OFFICER.

By THOMAS TUCKEY, A.B., M.B., & M.Ch. Univ. Dub.
Medical Officer Ballyhooly Dispensary, Fermoy Union.

IN requesting you to give publicity to the following account of my Experiences as a Poor-law Medical Officer, I do not know whether I may not be trespassing too much on both your space and your readers' forbearance. Though written somewhat in the form of a story, it is intended to be a guide, and in many respects a warning, to young practitioners about to enter on the arduous career of an Irish dispensary doctor. They will see, I hope, the trials, the heart-breakings, and the petty annoyances which they must in many cases expect to meet with. I hope to show them some of the difficulties which will surround their practice, and some of the causes which will prevent their successfully treating cases among the poor. Every character is drawn from life, every incident is true. I hope the profession will not think me hard on Mr. Jerry O'Rorke (*a*), whom we shall several times have to meet professionally. *The man is alive to this day*, and quite ready to demolish any number of reputations. If, therefore, sir, you will condescend to publish in your journal my communication, which approaches to a narrative form, having written the preface, I have only to perform another duty of an author, and dedicate it to you, sir, who have always been the Irish dispensary doctor's best friend.

## THE HISTORY OF A DISPENSARY DOCTOR.

(WRITTEN BY HIMSELF).

### CHAPTER I.—DR. SCALPEL.

*In which the Author gives some account of his Election, and how he sped on his first Red Ticket.*

The former doctor of the Blossomtown Dispensary having unfortunately taken to drink, and having unenviably distinguished himself by numerous instances of mala-praxis and neglect, and having finally extinguished himself by mistaking a compound fracture of the thigh for morbus coxæ, was very properly called upon by the Local Government Board to resign. Having resigned of necessity, the dispensary district became vacant, and I among others determined to stand for the post. At last the day arrived when the election was to take place, and the committee assembled above stairs, while we, the candidates, assembled below stairs, each with his diplomas under his arm, and glanced at each other, while the committee were deliberating. Being each called up separately, and admonished as to our duty, and the responsibility of neglecting a red ticket being duly dwelt upon, we were dismissed, when we came down again, and wriggled on our chairs, in expectancy; or sat still in gloomy despair, as we calculated our chances. At last a voice, stentorian in sound, and Hibernian in accent, resounded down the stairs, and requested that Dr. Scalpel—your very humble author, reader—would step up. Having stepped up, I was informed that an enlightened and discriminating committee had elected me by a majority of one. I bowed, returned thanks, and found myself installed, subject to the approval of the Local Government Board, as Medical Officer of the Blossomtown Dispensary District, at the salary of £100 per annum, exclusive of £10 as sanitary officer, with the usual vaccination and registration fees. Elated with my success, I immediately invested in a horse warranted sound, but which, unfortunately for me, had imbibed somewhat of its former owner's habit of praying, a practice admirable in a man, but anything but desirable in a quadruped, tending as it does to tumble its owner in the dirt. Riding to the post one morning, my steed practising what my groom called "playing marvels" (*Anglicé* marbles) along the road, I found at the office a communication stating that I was appointed medical officer. Riding home, I was accosted by a gentleman in a very ragged coat, and no hat worth talking about, who spoke to me as if he were conscious of owning a part of me, and presented me with my first red ticket. Pocketing the then to me literary curiosity, I made further inquiries, and was informed that Mrs. Mary O'Shaughnessy was then in the pangs of labour some four miles off, at some place which began with a K, pronounced by my friend "Konock," and which requires a twist of the tongue, and a knock of that organ against the soft palate, which, having been brought up in France, I have never yet been able to master. After a journey partly on the high road, partly up one "boreen," and down another, varied by splashing through a bog, and through gaps fenced by stones, which my guide obligingly knocked down (it is extraordinary how free men are with other persons' property!), we arrived at his cabin, a wretched tenement built of mud and thatched with heather; the chimney ingeniously constructed of loose boards, held together by a "sougawn" (*Anglicé* straw rope). Consigning my steed to the husband's care, I entered, not without difficulty, my hat being knocked over my eyes by the hen roost. Recovering my eyesight, and getting accustomed to the darkness, I found I was in a room which constituted the sole apartment of the cabin. That part of it which was not occupied by the settle bed (an admirable piece of furniture, which is covered over by a wooden semi-circular frame, and seemingly built on purpose to give the doctor who examines a fever patient the disease), I found taken up by some dozen women, keeping up a babel of talk, each relating to her neighbour her experiences of the trying situation their friend was then in; and filled up as the conversation was of floodings, instrumental deliveries and mishaps, eminently calculated to reassure her mind and make her lively and cheerful. It was with some difficulty I discovered the patient, placed as she was on her knees in an attitude of devotion, while the midwife on the occasion occupied the position of a back-stop at cricket, ready for any emergency. Having put out her mother and friends, the former of whom set up a howl as if my presence was the forerunner of certain death to her daughter, I made inquiries of the nurse, who went over to the fireplace and lit a short "dudeen," possibly for the better clearing of her brain. I could get nothing out of this learned woman, except that the child was *caught underneath the frame.*

She had, indeed, she said, employed various efforts to bring the case to a successful issue, her medicinal remedies consisted of starvation as regards food, and plenty of whisky punch as drink, but she was unable to accomplish her desire, and having seen Mrs. O'Callaghan—"God be betw'n us and harm!"—die under the same circumstances, she had sent for me, though, indeed, in Mrs. O'C.'s case, the medical gentleman could do nothing. With these words, pleasant both to patient and myself, she became silent, and sucked diligently at the dudeen, taking it now and then from her lips to utter a peculiar sound, which I can only render on paper as "chuck!" "chuck!" a method of giving vent to their feelings, much in vogue

(*a*) The practitioner from whom I have taken the character of Mr. Jerry O'Rorke has since died. I have purposely made his appearance as unlike the original as possible.

among midwives of that class. Seeing that the case would not terminate for some time, I went outside, being, truth to say, half-stifled with bad tobacco-smoke, and that noisome stuffiness which exists in most Irish cabins, the natural result of overcrowding, uncleanliness, and want of ventilation. While waiting outside I had the pleasure of making the acquaintance of one I am proud to call my friend, the then Catholic curate of the parish, the very type of a good priest. Conscientious, believing in his religion, patient, hard-working, sparing no labour where his duty was concerned, charitable beyond his means, polite, not overbearing, and believing that those points in which he agreed with Protestants were much more important than those in which he differed from them; and yet a thorough Irishman, with an eye twinkling with merriment, and a broad Irish mouth racy with fun, telling a story overrunning with humour, now laughing like a sheet of water in the sun, now sombre and even sad as he told of some poor death-bed, reminding one of the same sheet of water darkened by an overhanging cloud. To while away the time we chatted on various subjects, and among other stories he told me the following anecdote of his own experience when a very young man on "his first mission." He was called one night to see a dying man, who lived with an old fellow who went by the *soubriquet* of "Jemmy the Shirt." This hero of the chemise was a very honest fellow, and acquainted the good priest of the fact that the old beggar man had collected a few pounds, and he was anxious that the beggar man should state how much he possessed, in order that he (Jemmy) might not be accused of having stolen any of it. The dying man stated how much he had, and making a verbal will, left the priest three pounds to be expended on masses. The man died in a short time, and the priest heard no more of the matter, until one day he was riding to some "sick call," when he was accosted by an old woman, who asked his pardon for stopping him. "What ails you my good woman?" said the priest. "Such a thing, y'r reverence," said she. "I was asleep last night, when who should appear to me but my brother. 'Affy,' said he, 'I am greatly troubled in my mind.' 'What at?' said I. "Indeed said the ghost, 'at my will that I made leaving all my money to strangers, and none to my own sister, who often gave me a bit and sup when I was in want of it.' So I determined to come to your reverence and tell you about it."—"Did he say anything about my three pounds?" asked the priest. "Yes, your reverence," answered the woman; "that was the only part of the will he said was all right." "Then," said the priest, "if he left my money alone I don't care what he intends doing with the rest of it. Good day;" and away he rode. "You will find," added he, "Doctor, in your dealings with the Irish poor, that as long as they can gain their object, they don't care what becomes of you, that they will endeavour in every way to get you mixed up in a quarrel if they can, and make use of you, not much caring how you come out of it." Not long after this a rider appeared making his way at a good sharp pace over the bog, and presently Dr. Jerry O'Rorke alighted off his horse and stood before me. As frequently happens, the friends of the patient had sent for another physician, without acquainting me of it. I took a short inventory of him as he stood before me, having by a kind of sullen nod acknowledged our presence. Of medium height, with sandy hair and whiskers, with small cunning eyes, and a firm cruel-looking mouth, dressed in tweed, without a tie, his white shirt fastened by bone studs, his hands destitute of gloves, and an oak plant for a whip, he looked withal as curious a specimen of a medical practitioner as I had ever seen. "Where's the patient?" were his first words to me; without introducing himself, or exhibiting even the faintest shade of medical etiquette, he marched into the room, thrust his hand underneath the bed-clothes, examined the woman, and though there was not the least necessity, immediately, without any preliminary consultation, applied the short forceps, plunged his hand into the uterus, extracted the placenta, flung it into a pot, and departed, first having whispered that the woman was left too long. This was my first meeting with Dr. Jerry O'Rooke, a kind of practitioner, let us hope for the honour of the profession, rare in Ireland—a man turned out of some licensing establishment for practising medicine, ignorant, ungentlemanly, forced to raise himself not by real cleverness, but by cunning and depreciating his fellow practitioners. To my cost, it was not the last meeting with him, and for the sake of the profession I hope it has not fallen to the lot of any of my professional brethren to meet such another. Thus I fared on my first red ticket, and it was many a long day before the idea was obliterated from my dispensary patients, which Dr. Jerry O'Rorke impressed on their minds that day of my incompetence and want of skill.

*(To be continued.)*

# Translations.

## ON DIPHTHERITIC PARALYSES. (*a*)

By PROFESSOR HARDY.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes*,

By W. DOUGLAS HEMMING, M.R.C.S.,
Assistant Surgeon, Central London Throat and Ear Hospital, Late Surgeon to the Notting Hill Dispensary, &c.

*(Concluded from page 483.)*

HERE again, just as in the lower limbs, the paralysis is rarely complete. On the other hand if we believe M. See, the stiffness and pricking will exist only from the extremity of the fingers up to the elbow, just as in the lower limbs we shall only notice it in the leg and foot, the thighs and arms never being affected. Here generally anginous paralysis is limited. Nevertheless, we see sometimes a loss of tone in the sphincters of the bladder and anus. There have been cited on this point examples of individuals in whom diarrhœa was established after the administration of a purgative, and who, though able to retain solid matters, involuntarily passed liquids, but these cases are rare, and as a rule the sphincters remain unaffected. In other cases the disease shows still graver characters and examples have been cited of paralysis of the œsophagus which reduced the patients to the sad necessity of being fed by the tube. Still further, there have been observed paralyses of the larynx, of the respiratory muscles, and of the diaphragm; these paralyses cause such disturbance of the mechanism of respiration that the patients are the prey of a true dypsnœa which in a moment may go on to apnœa, and in certain cases to death by asphyxia. Similar disorders may be observed in the heart, whose pulsations are enfeebled, the patients are then liable to lypothymias and syncope, which in some cases have suddenly put an end to the life of patients convalescing from sore throat, and suffering only from some paralytic disorders of the limbs.

With regard to general phenomena, they are usually completely absent; appetite is preserved, sleep is good, the intellect is intact, and no cerebral troubles are observed even when the paralytic phenomena are wide-spead and very marked. Once developed, how does the disease conduct itself? I have already pointed out to you there is an almost regular order in which the phenomena of paralysis supervene when the disease is limited to the soft palate; most usually after one, two, or three weeks amelioration takes place, which is soon followed by complete cure. But sometimes after the paralysis of the soft palate has almost disappeared new complications appear successively, and thus prolong the disease for two or three months.

In the first case the anginous paralysis is a slight affection which is only important because it may be generalised

and invade the œsophagus or respiratory muscles. But even when the upper limbs are affected cure is the rule, and it is rare that this does not take place completely and decisively. Up to the present time no example of relapse has been related.

Is anginous paralysis always cured? Unfortunately no, and death may supervene either quickly, as the result of a complication due to the paralyses themselves, or slowly, from the anæmia or cachexia into which the patient falls, the immobility to which the paralysis condemns him, or the difficulty in deglutition to which it may give rise.

In the first case, of which Professors Tardieu and Peter have each reported one example, it may occur when, as a result of paralysis of the larynx, a bolus of food lodges in the trachea and causes death by asphyxia. In the second case the paralysis of the pharynx and œsophagus does not amend, the patients, no longer able to take nourishment, emaciate, become more and more feeble, and succumb by inanition.

I have been the sad witness of two fatal results supervening in the course of anginous paralyses. The first case occurred in a young boy, æt. 7, who was affected with pultaceous stomatitis with prolongation of inflammation to the tonsils. He had been cured for ten days of his sore throat and stomatitis, when he was seized with paralysis of the soft palate, and soon after obstruction to the respiration, almost producing suffocation. Things were in this condition when the parents, living in the country for the convalescence of their child, brought him to my consulting-room, that I might prescribe some remedy for these new troubles. Whilst the parents were telling me what had happened during the last few days, I had my eyes fixed on the little patient, seated on his mother's knees; all at once I saw him turn pale, the head fell forward on his breast, and he was dead. This was the first case; in it, paralysis having affected both the respiratory muscles and the heart, the child died of syncope. Another case was in 1871, when I was attending, in a family, a child affected with pseudo-membranous sore throat, who succumbed to the croup a few days later. The mother, who had sat up with her child, was attacked in her turn; for a long time the disease persisted as a patch on one of the tonsils, and ended in a cure at the end of three weeks. The patient had been completely cured of her sore throat for ten days, when she was seized with paralysis of the soft palate; after this there supervened amblyopia, then almost complete paraplegia, great weakness in the muscles of the upper limbs, and lastly paralysis of the pharynx and œsophagus. For ten days I sustained the strength of the patient by administering, morning and evening, by means of the œsophageal tube, soup and a glass of wine. I hoped that the disease would stop here, when following the paralysis of the œsophagus there appeared paralysis of the muscles of respiration. From this time the patient was a prey to constant dyspnœa, which increased its attacks without apparent cause. Insufflation of oxygen, the application of the constant current, every means indicated under such circumstances were insufficient, and the patient died in a fit of suffocation.

After having thus spoken to you of the manner of commencement, the progress, and consequences of anginous paralysis, I now come to the study of the nature of the affection; what is the peculiar cause which produces it? In what morbid group shall we class it? Until lately it was thought that anginous paralysis was an essential affection not accompanying any kind of material lesion. Trousseau admitted that it was due to the introduction into the economy of diphtheritic virus, which, after having impregnated the throat, ended by reaching the nervous system, and thus caused paralysis of a dynamic kind without material lesions. M. Gubler thinks also that these paralyses are not accompanied by any anatomical change, and that they are the result of the weakening of the economy which generally follows acute diseases, and admits that these asthenic paralyses may be developed as well after a pneumonia, typhoid fever, peritonitis, in a word after any severe disease which has exhausted the system, as after diphtheritic angina.

But we may object to Professor Gubler that if these paralyses are sometimes developed after certain severe diseases these cases are absolutely exceptional, whilst on the contrary it is common to see them following angina.

Amongst hospital physicians who have attended severe epidemics of eruptive or typhoid fevers, there are very few I am sure who have observed paralyses supervene in variolous or typhoid cases, whilst there is not one among us who has not seen a certain number of paralyses appearing on the decline of angina.

If until our own day anginous paralysis was considered as a paralysis *essential, sine materia*, it is due on the one hand to the difficulties inherent in researches which necessitate examination of the parts; on the other hand, to the unadvanced state in which until the last few years the technical histology of the nervous centres remained. The first positive researches date from 1862, when MM. Charcot and Vulpian published a case of paralysis consecutive to a diphtheritic angina, in which my colleagues observed a lesion of the palatine nerves analogous to that observed in the peripheral end of a divided nerve. Similar researches were made by Lorain and Lepine, and Lionville Pierret in France, and by Rühl and Oertel in Germany, but we may say that the results announced were not always so clear as to bring conviction with them, and to cause uncontested acceptance of the lesion of anginous paralysis. To believe the patient and conscientious researches which have just been made in the laboratory of M. Vulpian on six children who died in the course of circumscribed or extended diphtheritic paralyses, it would appear that these paralyses are dependent upon a lesion of the anterior roots. Indeed, in each of the cases examined by M. Dejerine the change in the anterior roots has always strictly corresponded to the paralytic phenomena observed during life; thus in the case where the paralysis was limited to the upper limbs, the alteration of the roots was not observed lower than the first dorsal pair. The amount of the change in the roots was always in direct ratio to the duration of the paralysis; the longer this latter had lasted the greater were the changes in the nerve tubes.

The interest of this lesion of the anterior roots of an inflammatory nature consists entirely in the fact that it is not primary, but appears secondary or consecutive to a change in the medulla. This medullary change, probably inflammatory in its nature, is situated in the grey matter; it is this which secondarily gives rise to the change in the anterior roots, just as division of a nerve gives rise to inflammation of its periphery.

The details on which I have just entered on the pathological anatomy of the paralyses studied by M. Dejerine, will enable you to comprehend all the importance of his researches, which, if they are confirmed, will remove diphtheritic paralyses from the class, every day more impoverished, of diseases *sine materia*. Not only do these recent studies enable us to comprehend how and why the post-anginous paralyses concentrate or diffuse themselves, since they show us paralytic troubles adequate to the medullary lesions; but they will probably aid us in determining the why and wherefore of their origin,

Why are these paralyses relatively so common after angina?

Why is it, in the immense majority of cases at least, that the paralyses, so limited or so widespread as they may be, commence in the soft palate?

These are problems of which it is at least allowable to attempt the solution; may we not ask whether the irritation which is produced by the simple fact of the angina (whatever besides may be its nature), on the palatine nerves reaching even to their origin, may not cause sufficient excitement to produce in the nerve axis functional and nutritive derangements, which at length will result in this myelitis, and this secondary neuritis, of which I have just spoken? I avow that this view, at least probable, has the advantage of explaining paralyses of the soft palate

following either anginæ of a malignant nature, or anginæ simply inflammatory; that it has the advantage of making comprehensible the generalisation or the concentration of the paralytic phenomena since the medullary lesion may extend, localise, ascend, or descend, and give rise accordingly to the series of paralytic modifications which we have studied, comprising such remarkable manifestations on the respiratory and circulatory centres.

Being given the lesions which I have mentioned to you, we may comprehend very well how they may give rise to a common anginous inflammation, as well as to an inflammation infectious in the highest degree, such as diphtheria. For the origin of the frequence of the paralyses consecutive to diphtheritic anginæ, we must search in the nature of the inflammatory diphtheritic process which must, by its very essence, by the impression which it makes upon the tissues, produce on the pharyngo-palatine nerves very deeply and very commonly, a change extending to the centres; I avow that I comprehend better this mode of production than that which consists in seeing in the impregnation of the medulla by the diphtheria the cause of the lesions of the roots and of the nerves, for then we could scarcely comprehend how a simple angina, lasting only a few days and causing only general reaction, could be followed by a similar paralytic disorder. Excitement, irritation of the nerves by the angina, extension to the medulla, and inflammatory reaction of the latter on the roots and the nerves which arise from it, such is the manner in which I think may be conceived the pathological physiology of anginous paralyses. If I have dwelt somewhat on these new researches, it is because they are full of interest and promise, they make us comprehend also how the anginous motor troubles even lead to paralyses, how these paralyses come, little by little, one after another, and how, lastly, as a rule, they are cured without leaving anything behind them. Indeed, cure is the rule, and the cure generally supervenes of itself, the *rôle* of the physician being to assist it; to do this, you will raise and sustain the strength of your patients by means of iron, quinine, coffee, and nourishing food. In some special cases you will have to interfere, as I have already told you, by the œsophageal tube to assist deglutition when it cannot be made without fatigue or danger by the patient. In cases where the paralysis of the soft palate or of the pharynx does not improve rapidly under the above treatment, have recourse to electricity, in the form of interrupted currents, or still better, under the form of the continuous current, employing remedies which have a special action on the muscular fibre, such as nux vomica; use at the same time sulphurous baths, which you may give several times a week.

This, as a rule, will be the limit of treatment; if your patients remain languid and weak, and are in a position to move, send them to perfect their cure at the warm sulphurous waters—such as Aix, Luchon, Aix-la-Chapelle, or at the saline sulphurous waters such as Bourbonne, Plombières, Ragatz.

# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

### Under the care of Mr. E. STAMER O'GRADY.

AMONGST the patients whose cases come to a conclusion during the month of May, were the following:—

*Enucleation of Eye.*—A middle-aged woman, whose left eye had formerly been the seat of disease for years, had some corroding substance of unknown nature thrown into it. There was immediate excessive pain; swelling of the conjunctiva, with sloughing of the cornea, rapidly followed, attended with deep seated pain, which speedily became intense, in the sound eye. Subsequent to the enucleation, there was extreme swelling of the upper lid. This subsided gradually, and the parts healed favourably. An otherwise shapely and movable stump had its adaptability for an artificial eye much impaired by firm adhesions to it, in spots, of the lower lid, where opposing deep surfaces had been destroyed by the caustic agent.

*Excision of Major Part of Tongue.*—Patient, a herd, æt. 66. Well-marked epithelial disease occupied the under surface of the organ on the left side, and also extensively implicated the mucous membrane of the floor of the mouth; the substance of the tongue being infiltrated and indurated for a considerable distance back. It was only three months since the malady, now growing very rapidly, was first noticed; no enlarged glands could be detected. An incision from the chin to the thyroid bone allowed the superficial soft parts to be laterally retracted; with curved scissors the remaining structures were clipped from the concave surface and sides of the lower jaw. The tongue having been drawn well forwards, was transfixed through the cut beneath by a curved needle, the point of which was directed posteriorly. This was withdrawn, leaving in its track a double ligature, each portion of which was used to draw an écraseur chain; one crossing the right, the other the left half of the dorsum of the tongue, were passed out again by the cut beneath, through which the two instruments were worked. The bights of the chains were placed well back, and transfixion by shackle-pins immediately anterior to these, effectively prevented any retraction of the diseased structures. The instruments, slowly worked, severed the included mass with scarcely any bleeding. Two points of carbolised catgut suture considerably approximated the surfaces of the stump. Chloroform was given for the earlier stages of the operation, but the patient (who, become conscious during the arrangement of the écraseurs) seemed to suffer so little that the later portions were conducted without its aid. One quarter of a grain of morphia was given subcutaneously. After being put to bed, the patient at first did nicely; reaction was prompt, and two and a half hours after the operation matters looked well; there had been slight sanguineous oozing through the cut, but it was readily checked by ice, and the patient was positive that he had not swallowed any blood. Soon afterwards a marked change was observed in the man's countenance, which had become livid and shrunken, with blue lips; the pulse was good, unchanged from its previous volume, and the body temperature was normal. The patient was quite conscious, and said he felt nothing amiss. After a time he began to grow duller, then the pulse become weaker. Every effort to induce a rally proved unavailing. The depression steadily increased, and death occurred just ten hours after the operation; no post-mortem could be obtained.

*Fracture of Patella (Two Cases).*

A. Occurred in a painter, æt. 32; the right bone being broken transversely just above its centre, the upper fragment was comminuted. The sulcus of separation was more than 1½ inches. The case was treated by elevation of the limb on a gutter splint. Ice was at first used locally for some days, and subsequently gradually tightened by decussating straps of adhesive plaster. In 38 days a starch bandage was applied, and the patient allowed to go about. When he was discharged a fortnight later there was no appreciable separation of the portion of the fractured bone. As a precautionary measure he was advised to continue the use of a posterior splint.

B. A messenger, an intemperate man, æt. 40, who fell on stone steps. This case was almost identical in character with the preceding one, save that the accident occurred on the left side. The treatment and result were similar, the patient being discharged from hospital by his own request, after 40 days' stay there.

*Presumed Fracture of Skull (Two Cases).*

A. A man, æt. 22, of intemperate habits, was admitted at midnight, in a state of intoxication, after having fallen off an outside car. There was a slight scalp wound, about half an inch in length over the posterior and upper part of the left parietal bone, which, however, it did not ex-

pose. Neither now, nor at the subsequent morning visit, though the patient was carefully examined on each occasion, did aught seem to indicate danger. Shortly before midnight partial insensibility rapidly developed, the right pupil became dilated, the left remaining natural as to size both were insensible to light. Left hand was flexed, both right extremities were in a state of marked rigidity. No spasm nor convulsive movements. The wound on the head was enlarged, but no evidence of injury to the bone could be found on its external surface. The bowels were well acted on by calomel and croton oil, but without any relief. At morning visit, on account of the marked cerebral congestion, 18 ounces of blood were taken from the right arm. For some hours all the symptoms were somewhat relieved, but in the afternoon a rapidly fatal collapse suddenly occurred: death taking place 41 hours after the injury. No autopsy could be got, though anxiously pressed for.

B. Here the patient was a temperate man, a tram-car driver, æt. 33; whilst locking the connections of the pole and bars with the vehicle, he was struck on the left side of the head by the iron knob of the break handle. The break had somehow got loose, and the handle was revolving at a rapid rate when it hit him. When admitted a few minutes after the accident, the patient was in a state of partial collapse, with severe bleeding from the left ear. He was deaf, too, on this side. After a few hours he became quite sensible, and complained of pain and noises in the left side of the head. The bleeding continued constant for more than a day, welling up, filling the meatus, and overflowing. It was replaced by a colourless fluid, which flowed freely at first, but after two days became less in quantity, and subsequently purulent. Six days after the accident, the patient took his discharge, saying he felt quite well. Of the subsequent history of the case nothing is known.

*Noma Pudendi.*—The patient, æt. 5, had the greater portion of the right labium characteristically affected. To the diseased surface, which was about the size of a florin, strong nitric acid was freely applied. Healthy action was at once induced, and repair rapidly progressed, the little patient being discharged from the hospital in nine days, with a simple and healthily-healing ulcer, of less than a shilling in size.

*Osteitis and Necrosis of Tibia, with unusual Elongation of the Bone.*—The right tibia of a lad, æt. 6, measured fully two-and-a-half inches longer than its healthy fellow, and was besides greatly hypertrophied in circumference. Some small portions of necrosed bone were removed, after which the wound slowly healed to a single sinus. During treatment, the circumference of the diseased tibia had much diminished, the relative disproportion of length towards the sound limb remaining unchanged.

*Hare-Lip.*—The deformity was on the left side, and single, but the gap was unusually wide, and with great backward displacement of the nose. The cheek had to be extensively raised to enable the parts to be brought together. The edges of the fissure after being pared by scissors, were united by three hare-lip pins, and one catgut suture on the red border. The centre needle was removed after three, the others after four, days. An excellent result was obtained, and the infant, a female, one year old, was sent home the tenth day after the operation.

# Department of Lunacy.

## NORMANSFIELD ASYLUM FOR IDIOTS, &c.

The ceremony which took place on Saturday at Normansfield Asylum, Hampton Wick, was well-calculated to awaken in the minds of the visitors some curious reflections. With regard to our own impressions, we could scarcely imagine that this large and magnificent establishment,—with its many and well-appointed apartments, its neat and cheerful dormitories, its school-rooms, its gymnasia, its *kindersaal*, its capacious recreation hall and theatre, its pleasure grounds, and its acres of farm land, could have been erected for the accommodation, education,—and the mental and physical improvement of a class of people for whom, not many years ago, any place would have been thought good enough, and who were treated with an amount of neglect, and even brutality, that we can hardly conceive to be possible in a christian country. But times have greatly changed since lunatics were kept in cages like wild beasts, and exhibited at Bethlem as a show at 1d. and 2d. a head. We need scarcely remind the reader how much medical science, medical enterprise, and medical humanitarianism, have done to bring about this happy change. His thoughts will very naturally revert to the admirable reforms introduced by William Tuke at the Society of Friends' "Retreat," at York, by Pinel, at the Bicêtre, Paris, and, at a later date, by Esquirol, and our own countryman, John Conolly. But among the many distinguished names that have been more recently associated with the advancement of psychological medicine, or the improved treatment of the insane, that of the proprietor of Normansfield, Dr. Langdon-Down, must not be omitted, for long has he laboured, and much has he done to improve the social status and welfare of a class of patients formerly thought to be incapable of any improvement.

The ceremony which is now claiming our attention was that of the opening of the New Pavilion Wing and Halls of Normansfield by the Right Hon. the Earl of Devon. It was in every respect, weather excepted, a great success. No trouble or expense was spared to make the visit of the numerous guests who had been invited to be present on the occasion as pleasant as it could possibly be. A special train was placed at their service both in going to, and returning from, Hampton Wick. There were altogether between two and three hundred visitors, many of whom belonged to the *élite* of the profession. We noticed particularly Lord Wrottesley, Sir John Ogilvy, Bart., M.P., Grant Duff, Esq., M.P., General Cavenagh, Dr. James Risdon Bennett, President of the Royal College of Physicians, the President of the Royal College of Surgeons, the Master of the Apothecaries' Company, the Presidents of several learned societies, Dr. Russell Reynolds, Dr. Radcliffe, Dr. Broadbent, Dr. Crichton Browne, Dr. Harrington Tuke, Dr. Bucknill, Dr. Carpenter, Mr. Spencer Wells, Dr. Fothergill, Dr. Semple, and several other gentlemen with whose names the reader would be equally familiar. The opening of the building was the signal for a remarkably good speech from the Earl of Devon, in which his Lordship not only expressed the deep interest he had long taken in the object of the institution, but paid its proprietor some graceful compliments in acknowledgment of the work he had done and the success which had crowned his undertaking. After the ceremony was over the company sat down to a sumptuous repast, which was served in the large Recreation Hall, and where for nearly two hours the visitors were engaged in listening to the appropriate toasts and interesting speeches that were proposed and made on this occasion. In fact, nothing indeed could better show the respect in which Dr. Down and his able and exemplary wife are held by the profession than the cordial and complimentary speeches that were made by the many eminent medical men who had accepted the grateful task of responding to the toasts. After the usual loyal toasts had been given, General Cavenagh in responding for the Army made an able speech in which, referring to the disaster that had occurred at the Cape, and more especially to the sad death of Prince Louis Napoleon, he remarked that it would, perhaps, have been better if some of our officers out there had shown a little more discretion and less dash, and if, moreover, some of them had possessed that talent for organisation which Dr. Down had shown in the establishment and management of his useful institution. Dr. Carpenter, in the course of his remarks, related an anecdote which, while it was very apposite to the occasion

reminded the assembly present of the length of time his name had been associated with the science of physiology. He said that many years ago two students attended his lectures on physiology who particularly attracted his attention for their talent and assiduity, the name of one of these pupils was Robert Brudenell Carter, whose name was so honourably associated with literature and ophthalmic surgery; the name of the other was that of their distinguished host. Dr. Bucknill also made an appropriate speech in which he more especially alluded to the advancement which psychological medicine has made in recent times, and with much taste and justice, observed that one outcome of the progress that had been made in this respect and in the treatment of the insane was the admirable establishment under whose roof they were now assembled.

Dr. Crichton Browne responded for literature, and after several other toasts had been given the guests withdrew to partake of tea and coffee in the *kindersaal*. Most of the visitors returned to town by the special train which left Hampton Wick soon after six, but many lingered behind to walk about the beautiful pleasure grounds by which Normansfield is surrounded.

## PSYCHOLOGICAL LITERATURE.—II.

Insanity and the Lunacy Law.—Dr. Wood has published an interesting brochure on this subject, with suggestions as to the amendment of it. He commences by giving a general definition of what constitutes insanity, with illustrations of cases under his treatment in St. Luke's Hospital. He considers the question of placing patients under private care as opposed to asylum treatment. This, as Dr. Wood states, must vary according to the circumstances of the case. For poor people there is no alternative but to place them, if mentally afflicted, in asylums; but in people of affluence the removal of a patient in the first instance to the care of a medical man is advocated if the case admits of it. Of course, however, there are a large proportion of patients who must be placed in asylums, and on this point Dr. Wood writes:—

"Far too much importance is attached by the friends of patients to the evil results which are supposed to arise from a residence in a home for the insane. Although in every large asylum there will be found a certain proportion of persons suffering from those forms of disease which involve great mental anguish, it will have forcibly struck every acute observer in visiting such institutions, that these are quite the exceptional cases, and that the number is considerably larger of those who present no such distressing symptoms. Quite as many of the patients are joyous as miserable, and the average condition of the whole is such as to create much astonishment. In fact, there is probably less unhappiness among them than would have been found among the same persons when contending with all the worries and anxieties they had, and which most of us experience in ordinary life. Where misery is present, moreover, it is very generally a part of the patient's malady, and it would be quite as bad at home as in the asylum."

Dr. Wood gives some good suggestions for the proposed amendment of the law, and quotes the opinion of the Lunacy Committee on the subject. We cannot, however, accept what Dr. Wood says in connection with Mr. Dodwell, who is here brought forward as an illustration of perversion of reason. Mr. Dodwell laboured under no delusion of an alleged grievance.

*Report of the Chester County Lunatic Asylum.*—We have great pleasure in drawing the attention of our readers to the able Report of Dr. Davidson. It appears that on the first of the year there were 512 patients residing in the asylum, the number of males and females being the same. During the twelve months 58 were discharged recovered, and the percentage of recoveries for the year was 42·2, or 3 per cent. higher than the previous year. The recovery rate at this asylum for the past year is 12 per cent. above the average of county and borough asylums. From a perusal of this Report it would appear that the greatest number of the recoveries took place during the very early stage of the disease. Dr. Davidson draws special attention to the treatment of insanity during the incipient stage. He says, "in no case is deferred treatment more fraught with danger than in the sitophobic, and, therefore, in any case where there is the slightest indication of refusal or aversion to take food, the most judicious course to follow is to have the patient forthwith taken to the asylum." The number of deaths during the year amounts to 50, the chief cause of death being general paralysis. Dr. Davidson says that it is a lamentable, but noteworthy, fact that, in about 29 of the admissions during the year, the exciting cause was clearly traced to intemperance thus confirming the general lunacy statistics, as issued by the Commissioners, in which drink is stated to be the chief assignable cause. The patients have been free from any severe zymotic disorders during the year. The Report concludes with some most valuable and carefully drawn up statistical tables, and the management of the asylum reflects great credit on the able supervision and attention of Dr. Davidson.

Aberdeen Royal Infirmary and Lunatic Asylum.—A quarterly general meeting of the President and Managers of these Institutions was held on the afternoon of the 9th of June in the Infirmary Hall, Lord Provost Jamieson presiding. It was reported that the total number of patients in the Infirmary on the 4th inst. was 171. The Committee of Management, by a majority, recommended (1) that there should be two chaplains—one for the Infirmary and one for the Lunatic Asylum; (2) that the salary of the Infirmary chaplain be £150, and that of the Asylum chaplain £200 per annum; (3) that the chaplain to the Infirmary be a preacher "who has been regularly licensed to preach the gospel according to the rules of the Church of Scotland by law established.

# Special.

## PROFESSOR HUTCHINSON AT THE ROYAL COLLEGE OF SURGEONS.

### NEURO-PATHOGENESIS.

Lecture II.

In our last we gave a brief abstract of Prof. Hutchinson's first lecture on the above subject, by our Special Reporter. To-day we present our readers with a brief *resumé* of the second. The discussion of the changed nutrition of parts that are deprived of a due nervous stimulus involves a consideration of the complications arising out of the variety of nerves that are everywhere distributed. The sensory and vaso-motor nerve apparatus must be separately investigated in connection with the effects produced by each set on the nutrient processes occurring in the regions wherein they ramify. Also it is necessary carefully to dissociate the consequences following on paralysis and irritation of a nerve. In relating the history of a case illustrating this necessity, Mr. Hutchinson observed that, in his experience, contraction of the pupil does not succeed on paralysis of the vaso-motor of the eye, nor any perceptible lesion of nutrition. Destructive inflammation of the eye, causing paralysis of the fifth, is a not uncommon consequence of gummata in or near the course of the nerve, but such destructive inflammation does not necessarily follow on the presence of gummata in the region of the eye. Experiments, moreover, have shown that division of the fifth nerve need not involve destruction of the eye, provided only that it be guarded from the irritating presence of external bodies, and the

influence of the surrounding media in presence of a protective covering. The result of such experiments, however, is greatly influenced by the state of the general health of the animal submitted to them, a low condition being attended with inflammation in the organ. In one case that Mr. Hutchinson had experience of every precaution was taken to save the eye by covering, &c., but to no purpose, ulcerative inflammation having at length set in. There is an exaggerated notion prevalent with regard to the rapidity with which lesions due to irritation of the fifth nerve occur, but *destructive* inflammatory action does not of necessity succeed to even an ulcerative inflammation.

The question arises—Is paralysis of the fifth when followed by inflammation a *permitted* action? The agent at work in such a case, the cornea being anæsthetic, is merely a passive quiescence, and much difficulty in treatment is thereby experienced. The paralysis of the fifth nerve affects the least vital portion of the eye.

Bed-Sores (Pressure Sores) have been till recently attributed to the effects of pressure. Dr. Bright first drew attention to these sources of clinical trouble, and Charcot has devoted several lectures to a consideration of them, wherein he arrives at the conclusion that pressure is not the chief cause of their production. The rapidity, however, with which gangrene developes in these cases leads us (Professor Hutchinson urges) to suppose that *pressure* is largely to blame for the evil after the buttock *has been paralysed.* In these and allied cases of gangrene (as of the fingers, &c.) the circulation is impeded, the vascular supply being seriously interrupted. It is a difficult matter to determine satisfactorily for what reason the finger tips become sometimes gangrenous. A spasmodic contraction of the small arteries is induced through the vaso-motor system, subsequent to irritation of the ulnar nerve.

The theory of trophic nerves does not suffice to explain lesions of nutrition following injury to the cerebro-spinal system, and it is rather preferable to conclude these lesions are *permitted* rather than *produced* under various influences. The occurrence of inflammation is often hastened by the use of instruments, as by the introduction of a catheter into the bladder where paralysis has followed a blow on the back, &c.

Mutilating Leprosy.—In this disease a large extent of surface is affected; the nerve trunks are peculiarly apt to suffer, and the tubules are compressed by an accumulation of albuminous material which collects in large amount. This enlargement is a peculiarity of leprosy. In this disease it is essential to recognise disorganisation of (1) the skin and (2) the nerve-trunks. In less advanced conditions no great lesions of nutrition occur, this condition being found only in cases of extreme development. A destructive ulceration may be set up in the hand of the leper by excessive heat or cold.

The lecturer at the close of his discourse introduced a patient whose limbs exhibited the peculiar condition he had been describing. The nerves were enlarged in the manner so indicative of the leprous state, and she bore many visible signs of the presence of the disease. She had lived six years in India, and some time since in England.

## THE DISTRIBUTION AND ADMINISTRATION OF THE METROPOLITAN HOSPITALS.

On Friday last a deputation of medical and other gentlemen interested in metropolitan hospitals waited upon the Home Secretary, at the Home Office, to present a memorial setting forth:—1. That the hospital accommodation of London is imperfectly distributed, and in many districts, altogether inadequate. 2. That the want of organisation and co-operation among the medical institutions of the metropolis materially lessens their usefulness. 3. That the present system of indiscriminate relief injuriously affects the independence and self-reliance of those who are able to meet, in some degree at least, the cost of medical and surgical treatment. 4. That the funds at present available either for proper maintenance of nearly all the existing institutions, or for the extension of relief to districts hitherto unprovided for, are very insufficient. The Right Hon. W. E. Forster, in introducing the deputation, said their views had been stated in the memorial handed in, and it was felt that no facts which the deputation could state would have the weight of facts brought out by a Royal Commission.—Sir Rutherford Alcock dwelt upon the necessity of doing something in regard to the distribution of hospitals in the metropolis.—Sir W. Gull, Bart., said that the information which the Government could get by means of an inquiry would be of great help as a guide to the public. People at present were greatly puzzled as a body how they should spend money for good purposes. It was a very curious thing that the charities themselves should now ask for a Royal Commission, for in the year 1836 they resisted all that sort of thing. But they felt that it was now a thing which they might reasonably press upon the Government. He was anxious that his profession should show its sympathy with the movement. The public morals of the country were affected by the question.

The Home Secretary said: I want to ask one question about those hospitals. It always struck me that they are too large?—Sir Wm. Gull: They are.—Mr. Cross: Does not the gathering together of so many people in a hospital generate disease?—Sir Wm. Gull: I do not think so. But I advocate the greater distribution of hospitals, so as to bring help nearer to all.—Mr. Cross: Would not many cases be better treated if they were removed out of London altogether? Sir Wm. Gull: I do not doubt that.—Mr. Stansfeld, as one who had been connected with the administration, wished to express an opinion that although it might be perfectly true, as stated by one of the speakers, that a well-organised system of hospital accommodation in a great city acted very much in the relief of the rates, yet the mal-administration of those hospitals acted as a very great burden to the rates. He, therefore, submitted to the Home Secretary that he should take the opinion of the President of the Local Government Board upon the question.—Mr. Cross, replying very briefly, expressed his regret that the President of the Local Government Board was not present. One result of the interview was that he felt they had a great deal of power among themselves, if they would only use it to remedy the abuses. His strong advice, therefore, was that they should set themselves to the task.

## THE IRISH GRAND JURY BILL.

The Chief Secretary's Bill, which has been so long a-hatching, and has just been issued, is of much importance to the officers of district lunatic asylums, to infirmary surgeons, and to coroners throughout Ireland. Hitherto the granting of funds for county infirmaries has rested with the grand jury, which body will cease to exist for such purpose when the Bill becomes law. The functions of this body will henceforth be vested in a new elective "County Board," which will also have power to elect the board of governors of lunatic asylums, who have hitherto been nominated by the Lord Lieutenant. These "County Boards" will be constituted under the provisions of the Bill, which we epitomise as follows:—

Sec. 4. . . . . The presentment session for every barony . . . . . shall consist of six nominatee, and of six elected members. . . . . .

The nominated members shall be persons nominated by the justices of the peace acting for the county . . . . . and the elected members shall be persons elected in each year by the elected guardians of the poor representing the several electoral divisions in such barony. . . . .

5. For the purpose of selecting the nominated members .

. . . general meetings of all such of the justices of the county as are . . . entitled to any estate for life or any greater estate in any lands situate in the county upon which county cess is assessed, or who are generally the heirs apparent of persons having such property qualification as aforesaid, shall be convened. . . . . .

No person shall be eligible to be nominated a member of any baronial presentment sessions unless he is seized of or entitled to an estate for life . . . . in lands situate in the barony upon which county cess is assessed for the purposes of the barony, or is the heir apparent of some person having such property qualification as aforesaid. . . . .

6. For the purpose of selecting the elected members . . . . . a general meeting of the elected guardians of the poor . . . . . shall be held. . . . . The elected guardians present at such meeting shall, by resolution of the majority of the guardians voting elect six persons to be the elected members of the baronial presentment sessions of the barony. . . . . .

A person shall not be qualified to be an elected member of a baronial presentment sessions unless he is an elected guardian, or a person qualified to be an elected guardian for some electoral division any part of which is locally situate within the barony. . . . . .

7. From . . . the commencement of this Act no presentment sessions shall be held for any county . . . . . and in lieu thereof . . . . . there shall be established in every county a County Board, consisting of an equal number of nominated and of elected members, to be chosen in the manner hereinafter prescribed.

8. In every county in which the number of baronies does not exceed eight, four members . . . . . and in every other county two members shall be returned . . . . to represent the barony at the County Board. Such members shall be chosen in equal proportions by the nominated and the elected members. . . . . .

9. In every barony the nominated members and the elected members of the baronial presentment sessions shall . . . separately proceed to elect from amongst the members of such presentment sessions so many representatives as they may be respectively entitled to elect as members of the County Board to represent such barony under the provisions of this Act. . . . . The nominated members and the elected members shall separately vote for one half the number of representatives entitled to be returned for the barony.

11. The persons elected . . . . . in each year to be members of the County Board shall hold office for one year. . . . . .

12. . . . . All powers, rights, and duties . . . . . exerciseable by or attaching to . . . . . the presentment sessions . . . . in respect to business relating to the county at large, shall be transferred to and vested in such County Board. And, further, there shall be transferred to . . . . such County Board all the powers, rights, and duties . . . . exerciseable by, or attaching to . . . . . the grand jury of such county, in relation to the following purposes, namely :—

(2) In relation to the provision and maintenance of asylums or other accommodation for pauper lunatics.
(3) In relation to any county infirmary.
(6) In relation to inquests, coroners' fees, and allowances to witnesses.
(8) In relation to appointing, removing, and fixing the salaries of public analysts.

16. At any time after the first meeting of the County Board of any county . . . . the Lord Lieutenant may . . . . . dissolve the board of governors of any asylum for the lunatic poor in that county, and by the same order shall fix and determine the number of governors to be thenceforth appointed for such asylum.

The board of governors of each such asylum shall be thenceforth appointed in accordance with the following provisions :

. . . . . two-thirds of the whole number of governors shall be annually appointed by the county board or boards of the contributing counties. . . .

In all cases one-third of the whole number of governors shall be appointed by the Lord Lieutenant . . . . either before or after the appointment of the others.

Of the members to be appointed, whether by the Lord Lieutenant or by any County Board, or grand jury, or town council, one half at least shall be justices of the peace.

The provisions of the Bill with reference to coroners are as follows :—

29. Whenever after the establishment . . . . . of a county board under this Act a vacancy occurs in the office of a coroner for any district of a county, no writ shall issue under the authority of the present law for the election of another person as coroner to fill such vacancy, but a writ shall be directed to the County Board of the county . . . . . requiring such County Board to proceed . . . . . to the appointment of a duly qualified person as coroner to fill such vacancy.

A coroner appointed under this Act shall stand in the same position, and have the same power and privileges, and be subject to the same liabilities, capacities, and incapacities as he would have had and been subject to if this Act had not been passed, and he had been elected instead of being appointed.

After the passing of this Act, no person shall be elected or chosen to any office of coroner in Ireland, unless at the time of being so elected or chosen he, in addition to possessing such statutable qualification as is required at the time of the passing of this Act, is further qualified as follows ; that is to say,

(*a*) Is a barrister-at-law ; or
(*b*) Is on the roll of solicitors in Dublin ; or
(*c*) Is duly qualified to practise medicine or surgery, and registered as so qualified under the Medical Act of 1858, or any Act amending the same.

## THE SELECT COMMITTEE ON THE MEDICAL ACTS AMENDMENT BILL.

[SPECIALLY REPORTED FOR THE "MEDICAL PRESS AND CIRCULAR."]

THE second sitting of the Parliamentary Select Committee appointed to consider the Medical Acts Amendment Bill took place on Friday, the 20th inst., the Right Hon. W. E. Forster, M.P., in the chair. The whole of the day was taken up by the further examination of the President of the General Medical Council, Dr. Acland.

### UNIFORMITY OF EXAMINATION STANDARDS.

Dr. Acland repeated the statement previously made by him, that the continual aim of the Council over which he presided had been to secure an uniform examination standard, and he considered that the amount of proficiency required to be shown by students had been increased in respect of some licensing bodies, while with others it remains but little changed in character. But he could not consider that it was sufficient to say that the educational standard had been slowly elevated, for the whole status of the professional man had been immensely improved of late years, many influences having tended in the direction of improvement. Alluding to the fact, that in Germany an uniform *minimum* standard of proficiency has to be attained to by every aspirant who seeks to enter the medical profession, ere he can be admitted to the examinations of any special licensing corporation, he remarked that a while ago the principle of uniformity would have been eminently distasteful to many who now readily recognised its practical importance. In reply to the inquiry whether the upward tendency of education would not materially suffer under a common standard, Dr. Acland emphatically declared his conviction that the *possibility* even of such a catastrophe is inconceivable. The Conjoint Scheme, he added, does not aim at empowering the General Council to direct its efforts in any line not now within its scope. In every consideration concerning its working, it is essential to dissociate *examination* from *education*. He preferred to give no official answer as to whether it was an ordinary occurrence for students to obtain professional qualification without having previously attended the prescribed courses of lectures. His own belief was that this neglecting the lecture-room does not exist in the present to anything like the extent it formerly did, and he ascribed the change to improved educational measures, as well as to an improved student *morale*. While admitting the desirability of official interference in the matter, he could not agree that the General Medical Council is called on to commence any direct and immediate inspection of the workings of educational establishments, or that it is desirable to include both the examination and education of students within the sphere of its influence.

Much of the evidence adduced was a mere recapitulation of that already recorded, and bore on the mode of procedure adopted by the Council in forwarding the course of education by *recommendations*, which almost invariably receive attention; and the unceasing attempt to secure the desired *uniformity*.

### Clinical Examination.

An important and recent change in the direction of improvement, the general adoption of which by licensing bodies is due to its approval by the Council, consists in the examination of candidates beside the bed, and thus effectually testing their practical knowledge of disease. The Universities of Oxford and London were the first to institute this method; but Dr. Acland thinks the great number of students who present themselves for the test, must necessitate that its introduction as a component part of every professional examination will be only slowly accomplished.

### The Conjoint Scheme.

In Dr. Acland's personal opinion, the Conjoint Scheme should certainly be adopted. In Scotland he said the principle of combination was first admitted and carried out, and it is therefore unfair to conclude the objection to the scheme is *universal* in that country. The opposition made to it he explained to be not so much to the principles involved in it as to matters of detail connected with the extent to which it should be adopted, and the method whereby its provision should be carried out. It having been pointed out to the witness that if the Scotch universities were represented in the same relative proportion to the numbers on the Council, as is the case with the English universities, the numerical influence excited against the Scheme at the meetings of the Council, would be considerably strengthened, he admitted the truth of the conclusions, but could not see anything but unwisdom in the introduction of such a change in representation, or would bring about a result he could not conceive as anything less than undesirable.

Details of the expenditure of the General Medical Council, of the visitations made under its direction, of the recommendations occasionally issued, and the effect of these, having been elicited, a discussion arose as to the liberty of a "registered" practitioner to devote his services to both medicine and surgery, while being qualified in only one branch of the profession. That this occurred was admitted, and was referred to by the witness as being a question rather of a legal nature, and as being outside the legitimate function of the Council to determine.

### The Lost Medical School at Oxford.

The hon. member for Glasgow, Dr. Cameron, submitted Dr. Acland to a lengthy examination on the existence of a medical curriculum at Oxford; no definite answer, however, was accorded by the witness to any of the questions put to him. The inquiry whether any lectures on medicine, or any teaching on the subject, are given at Oxford, he replied to by saying that a veritable answer to these queries had been rendered by himself last year. If the Committee desired, notwithstanding this, to enter on what must be a lengthy consideration of details, he was willing to do so with them. Dr. Cameron said he only wished to know if there is any regular medical school at Oxford at the present time, and was met with the declaration that the answer to be given to this question must depend on the meaning to be attached to a "regular medical school." Dr. Acland then proceeded to indicate the definitions possible to be given of a medical school, so as effectually to mask the original question, and dealt in a similar way with the inquiry addressed to him by Dr. Cameron, as to the number of Professors attached to the Medical Faculty, requesting to be told what the term "Medical Faculty" must be taken to include. He then entered on a history of the Oxford school, from which it appeared that the University presents the most perfect arrangements for enabling young men to become fit to enter a metropolitan dissecting room at the end of some four years' preparatory study of natural history in the admirable museum at Oxford. He declared that he considered the aim of the University should be directed to this end, since no facilities for the wider study of disease and its phases could exist in a small town such as Oxford. He held that a greatly improved class of students proceeded from Oxford to London, and it would be a most unfortunate thing if any steps were taken to enforce a change in the condition of things existent at the University. Being pressed by Dr. Cameron, to say if any professor of anatomy existed at Oxford, Dr. Acland gave only the vaguest reply to the inquiry, asserting that there are two "anatomies," surgical and philosophical, and that it is the aim of the Oxford school to teach anatomy on a sound philosophical basis in the biological portion of its curriculum,—but he gave no direct reply to the question set. Dr. Cameron called for, and was promised, a statement that will be intensely interesting to all who have followed the explanations from time to time afforded about the lost school. It is to include an account of the number of students *at* Oxford *actually registered as medical students;* the number of graduates practising with only an Oxford qualification, &c., &c., and will be calculated to throw much light on a subject that needs a good deal of illumination to be clear.

Dr. Lush inquired if the great eminence of the gentlemen elected to serve on the General Medical Council did not practically dissever them from any association with the body of general practitioners sufficient to maintain a community of interests with them.

Dr. Acland thought not. Neither did he know that the bulk of the profession desired the suggested change in the direction of direct representation. Being asked point blank if he agreed to the principle of direct representation, Dr. Acland replied generally by asserting that such an alteration of the Council would not affect its efficiency. The objections he urged were not against the admission of any *class*, but against the mode of increase in the numbers, *i.e.*, by a *general election*. He was not prepared to give a definite opinion whether the results of the twenty-one years' working of the Council was an adequate equivalent for the expenditure of some £200,000.

Mr. Wheelhouse examined the witness at some length, eliciting that the Conjoint Scheme is approved in England. In Ireland opinion is divided about equally—*i.e.*, that if England and Scotland were in agreement, Ireland would also accord approval. The question of fees was considered, and the fact that great differences in them exist, and the opinion being expressed that the adoption of the Conjoint Scheme would affect the receipt of fees by the separate bodies, Dr. Acland said he thought it unlikely such an event need necessarily ensue. He approved the suggestion that representatives should join the Medical Council from the army and navy, to be chosen by the Crown, and such claims he thought should have equal weight with the direct representation question.

### Herbalists.

Mr. Serjeant Simon wished to know if Dr. Acland was aware that many people in the higher ranks of society were in the habit of consulting *herbalists* rather than duly qualified medical men. He withdrew the phrase, *with advantage*, which he first employed. Dr. Acland said he was aware of the fact, and was not prepared to suggest any interference with the liberty of the subject in this direction; but he would decidedly repress any attempt of the herbalist to wrongly call himself a duly qualified practitioner. He was not prepared to speak without consideration as to the advisability of extending the general clauses of the Act to the sale of medicines.

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## MONDAY, June 23.

Mr. John Simon, C.B., F.R.S., Pres., R.C.S., and late medical officer to the Privy Council, gave evidence as to the

### History of the Medical Acts.

He declared the Act of 1858 had been mutilated in a very essential part, and had explained the shortcomings of it at the time of its introduction. The original gave the General Medical Council power to *define conditions of qualification*, and to *compel combination*, with the further power of *determining* rather than *recommending*. It would follow that the omission of these important particulars rendered the Bill less productive of good than it might have been if, through it the Council had obtained complete liberty of action, and fixing a *minimum* and universal examination standard. In 1867 and 68, Dr. Parkes drew attention to the fact that many men who presented themselves for the service (army and navy) examinations, being already possessed of a professional qualification, showed themselves grossly ignorant of very essential knowledge. At this time the Council were inspecting examining boards, and making recommendations from time to

time, and June 26, 1878, it appointed an Educational Committee, of which Mr. Syme was chairman. This Committee reported that the *inequality* of the various licenses was the greatest evil of the moment, the easy nature of one or two examinations, depressing all the rest, and so tending to encourage a low standard of proficiency. They strongly advocated the adoption of a Conjoint Scheme, under which the licensing bodies—with the exception of the universities—should enter into combination. This report was the first important step in obtaining the Act of 1870. A letter was addressed by the Council to the Lord President (Lord Ripon) who replied, suggesting a careful consideration of the measures affecting the qualification of general practitioners, these being, in his opinion, defective. This produced a fuller report from the Council, and to this the Lord President replied, suggesting wide and complete legislation. A voluntary association of the lecturers of Metropolitan Schools was formed in 1868, to consider the condition of medical study in this country, and the desirability of securing amended legislation.

### Conjoint Scheme.

The General Medical Council considered the Lord President's proposals which were carried by a majority of seventeen; the motion was proposed by Dr. A. Thompson, and seconded by Dr. Risdon Bennett, that a Conjoint (separate) Board be formed for each of the three Kingdoms. At this time the Scotch and Irish opposition to the scheme was much less than at the present time, three Scotch and four Irish members having sided with the majority on this division.

The 1870 Bill passed the Lords but was not passed in the Commons, owing to the lateness of the session, and the introduction of the question of direct representation. In the present Bill a clause is entirely omitted, which in the earlier measure conceded to the universities the power of reserving the higher degrees in medicine for duly qualified members of the profession.

Objection to the Conjoint Scheme has grown greater and greater, and the Scotch and Irish refusals to accept its provisions is ascribed by Mr. Simon to the loss of Dr. Christison's influence and a forgetfulness of the groundless nature of the fears entertained on behalf of the home corporations.

### Scotch Opposition.

Mr. Simon is of opinion that the great eminence of the officers who will be appointed under the new scheme will be a sufficient guarantee that the dread of the Scotch universities that their prestige will suffer by the adoption of a low examination standard is without foundation. A further guard to these bodies remains, too, in the liberty they will possess of claiming from any candidate seeking the distinctions they can confer an exhibition of such proficiency as they may deem desirable.

A considerable amount of evidence was given by the witness as to the points wherein the present Bill differed from the one of 1870, but it is unnecessary to detail it in this place.

### Colonial and Foreign Practitioners.

Mr. Simon said provision is made in the new Bill for the recognition of duly qualified men as legal practitioners in the United Kingdom without further examination. Clauses 7, 8, 9, of the 1878 Bill provided for the arrangement in the Register of all such practitioners as "Colonial" or "Foreign," and Mr. Simon promised to hand in a report of the propositions of the General Medical Council on this subject.

### Direct Representation.

The witness was of opinion that the Council would be disadvantageously affected by the adoption of a direct representation. He considered the choice of representatives a deliberative act which is not possible with a universal suffrage. Moreover, he could not conceive how the constituency could have that intimate knowledge of the candidates' merits they should possess to enable them to select the best men, and the Council would therefore suffer by the introduction of an intellectually inferior order of members. He advocated the internal reform of institutions now badly managed, and thought that when this had been accomplished many existing grievances will be redressed.

### The Functions of the Council.

A great deal of error on this subject, Mr. Simon said, prevailed. The General Medical Council is not a judicial reformer, nor is it concerned with the consideration of anything outside the education and conduct of the student and practitioner. He did not think it possible any good would accrue from the legal constitution of the Council as a medical parliament with absolute powers. Men of eminence could not give the time that would be necessary to this, and much sacrifice was made by them now to attend on the ten or twelve days each year that the Council meets. He could see no reason why the Council should discuss general, medico-political, or sanitary questions. He believed a voluntary association, to consider the subject of fees, &c., might effect some good.

In reply to Mr. Mitchell Henry, the witness said he considered Ireland and Scotland quite adequately represented on the Council, and that no advantage would be found to follow if the six Crown nominations were equally distributed through the three countries.

### The British Medical Association.

The question of direct representation arose, Mr. Simon said, and is kept continually alive, by the British Medical Association, which was mainly instrumental in preventing the passing of Lord Ripon's Bill in 1870. He thought nothing beneficial would follow the moderate representation, *per se*, of the Association.

Sir Trevor Lawrence, Dr. Dalrymple, and Mr. Wheelhouse, also examined Mr. Simon, but no other important evidence was adduced.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 25, 1879.

## BEARING OF PRELIMINARY EXAMINATIONS UPON THE SOCIAL STATUS OF THE PROFESSION.—No. II.

The subjects required at the examination, which closes the period of preliminary education under the German medico-educational system, are the following :—

(1) A thorough knowledge of German and Latin, which languages the student is expected to read and write with equal fluency; (2) a sufficient knowledge of Greek to

enable him to read any author in prose or verse without preparation; (3) a general knowledge of history, and a more intimate acquaintance with the history of European nations; (4) French; (5) mathematics—viz., geometry, plane and spherical, algebra, including equations of the third order; (6) elements of natural science, more especially experimental physics and chemistry; (7) the elements of logic. These seven subjects are compulsory, but in addition, a youth may be examined in Hebrew (in case he should desire to study theology), English, Italian, and other modern languages. The examinations are held twice in each year, at Easter and Michaelmas, and are conducted by the professors of the several colleges, and superintended by a Government inspector ("schulrath"), who regulates the entire educational system of a province.

A youth may be prepared at home if his parents desire it, until he is ready to enter the first class, but he must, as a rule, attend this class if he wish to be admitted to the final examination: under exceptional circumstances he may be admitted without doing so ("extra ordinem"). Having passed this examination, the student receives a certificate of maturity ("Maturitats Zeugniss"), which enables the holder to enter upon any branch of study he may desire at any German university, and also gives him the right to serve for one year as a volunteer ("freiwilliger"), instead of being obliged to enter the army for three years, the ordinary period of Prussian military service.

The fee for each class at a gymnasium varies from six to nine shillings for the half-session of six months. The final examination entails no further expense.

The education thus described is, it must be admitted, far superior to that insisted on in our own country. With us the student's general education has ceased when he has passed his preliminary examination, and, as any forward boy can do this when he has reached his 14th year, the result is that he enters life altogether uncultivated in mind, and unfit either for association with men of culture or for the higher duties of his profession.

We have had personal knowledge of the examination of students who, though prepared to translate a Greek author to the satisfaction of the examiner, were not able to name the Greek letters pointed out to them. We have recently perused the written answers of a candidate for his final professional examination who, though duly armed with his certificate of having passed his preliminary examination, had made eleven mistakes in spelling six lines; and a very large experience of the epistolary capabilities of a certain class of medical men oblige us to say that those who can indite a properly spelt, fairly expressed cleanly written letter, are a marked exception to the general rule.

The causes of this state of things are not far to seek. In the first place it is to be recollected that the passing of the student through his "preliminary" is the first step towards entering him as a medical pupil. There is, therefore, a direct interest in the licensing body to make the entrance portal to medical studentship very easy. Moreover, speaking generally, the Irish and Scotch licensing bodies are also the proprietors of schools; and it is well understood that a student passed at the preliminary examination of any qualifying body, will probably enter at once for the courses of study given by that body. Nor is there any supervision of these preliminary examinations analogous to the visitation of professional examinations by the General Medical Council, and consequently there is no active controlling power superior to the examiners.

In view of all these facts, we are strongly of opinion that the general education of the members of our profession never can be placed on a proper level, and that they never can occupy the social position to which they should be entitled, until the preliminary education has been brought within the direct control of the Medical Council. We trust that ere long it will be the duty of that body to frame an examination which will at the least serve to guarantee that the medical man is fit for association with gentlemen, and to see that that examination is applied by the Conjoint Boards with vigorous strictness.

It is not only from the social point of view that the necessity for a fair general education should be viewed. Let us assume that we receive the student from the hands of his schoolmaster capable of reading, writing sense in the English language, spelling correctly, ciphering well, possessed of enough Latin to enable him to read or write a prescription, and sufficiently cultivated in mind to admit of his receiving and comprehending instruction. It is not always that the medical student brings to his professional study this very modest amount of mental culture. Without this much capacity for learning medicine, it is vain to entertain the hope that he can even begin to understand the subjects which must be placed before him, and we believe that there are many students who break down in the early stages of their medical education simply because, in consequence of the undisciplined condition of their minds, the elements of the science are beyond their comprehension, and demands from them a mental effort for which they are not prepared. From this point of view the preliminary schooling of the student assumes additional importance which is not usually attached to it, for it seems to us that not only the career of the boy as a student, but his success as a physician, depend upon the mental training he has undergone to a much greater extent than if he were a divine, a lawyer, or a man of business.

The study of medicine cannot be pursued successfully as a matter solely of seeing, hearing, and remembering. It is not sufficient, as with the law student, to fill our minds with precedents, and to learn off the book a number of axioms. It will not be enough, as with the commercial man, to store in our recollection the facts which influence our business, and then act upon them according to a certain unvarying rule. On the contrary, what we can see and hear in medicine bears but a small proportion to what we deduce from our abstraction of the facts, and he whose mind is not formed for such deduction is devoid of that which makes a physician. The erroneous ideas and practices of the ignorant, and the mistakes of rule-of-thumb general practitioners, are manifest illustrations of the truth of this remark. The uneducated, without exception, fall into the belief that a medicine applicable to a particular symptom in one case is applicable to the same symptom in all other cases, because they are not capable of looking beyond that symptom in the disease, or of deducing from a comparison of less manifest symptoms, and from unseen probabilities, the true state of the patient. It is not alone that the uneducated do not possess the requisite special knowledge to appreciate the circumstances; they do not possess the mind trained to recognise anything more than what their eyes see and their recollection confirms. The same may

be said, and almost to the same extent, of the rule-of-thumb general practitioner.

If he ever possessed the comprehensive mind, he has lost the habit of using it. Being occupied for his whole life in the dull routine of hurriedly prescribing for common everyday ailments, he at length loses the habit of thinking over the symptoms of his patient, and falls into the usage of prescribing off-hand drugs to meet obvious symptoms, instead of applying his mind to a search for the causes.

What is true of the practitioner in his treatment of disease is true of the student in his study of the profession. His very earliest studies—the very first case he sees in hospital—involve his capacity for deducing the truth from half-revealed facts; if he has developed that capacity by his school training, the search for hidden causes of the disease will be interesting to him and valuable to the patient. He will derive from his observation of disease the same gratification which an inventor feels in following up his crude ideas to a practical solution, or which an officer of justice experiences in hunting down a wary criminal, and the zeal which is thus begotten will make him a great and successful physician. But if, to the attempt to discover the secret nature of his patient's disease, he brings an untrained mind, he will see, at his first glance, no more than half what a better disciplined student would have appreciated; will be conscious of a painful effort to arrive at a conclusion, and of dissatisfaction with the conclusion when it has been reached, and will, in many instances, relieve himself of the trouble by ordering *a placebo*.

## NECESSITY OF LATRINE ACCOMMODATION IN LONDON AND OTHER LARGE TOWNS.

Queer, and by no means pleasant, are the subjects which occasionally claim the attention of the medical journalist. In fact, he is, as a rule, omnivorous or nothing, and—if we may be forgiven for paraphrasing on such an occasion a celebrated saying of old—"humani nihil a *se* alienum put*at*." Only last week we were agreeably engaged in sounding the praises of a surgeon whose name will be for ever associated with the early history of a formidable operation. To-day we feel it our duty to descend to the consideration of a very common-place and distasteful question of every day-life.

The necessity of increased latrine accommodation for men and women in this metropolis must be acknowledged by every citizen, but only those who have travelled abroad can know how defective this accommodation is in London, when compared with that which obtains in some of the great cities. The visitor to Paris must have frequently noticed how that beautiful city is disfigured by an unnecessary abundance of open urinals placed along its principal streets and boulevards, and on his return home must have contrasted it with the great dearth of those conveniences in the metropolis of his own country, and that, too, the largest city in the world. We trust, therefore, that the Report which has just been published on the subject by Dr. James Stevenson, the Medical Officer of Health for Paddington, will be the means of drawing general attention to the subject, and of some step being taken to supply a great public want. This Report originated in a letter which the Ladies' Sanitary Association recently addressed to the Vestry of Paddington respecting the provision by the parish of water-closet accommodation for women, and which letter was referred by the Sanitary and Public Health Committees to the Medical Officer of Health for consideration and report.

That further accommodation is necessary we entertain not the least doubt. Well do we remember how, a few years ago our services were required to pass the catheter on a maiden lady who, in consequence of the want of the conveniences of which we are now speaking, had allowed herself to go too long unrelieved, and whose bladder was thus paralysed from over-distension.

It is a well known fact that, as matters now stand, ladies are frequently obliged to resort to pastry-cooks' shops and similar places for the accommodation which, in a great city like this, should be supplied in a proper and systematic manner. Besides, the poorer classes of women—those women who are obliged to peregrinate the streets of London for a living—cannot even do that, and therefore we are not surprised to hear ladies who are interested in the welfare of those below them, stating that poor women have often told them of the agony and shame they have endured in circumstances which it is not here necessary to particularise. Such a want, too, is felt now more than ever it has been, for, as Dr. Stevenson remarks, the facilities of travelling, the creation of new industries, the spread of education, both general and technical, and the increased employment of women, have induced amongst large masses of the population migratory habits unknown to our forefathers.

Nor is the matter to be disregarded from a sanitary point of view. The case we have just mentioned will show this; and if patients in perfect health are liable to suffer so much from the want of proper latrine accommodation in our public thoroughfares, how much the more must this want be felt by those who are suffering from bowel or urinary complaints. Besides, there are "periods and conditions peculiar to the female sex when latrine accommodation would be specially convenient; and as at such times the requirements of Nature are apt to be more urgent and more frequent, women would be spared much unnecessary mental and physical distress were that accommodation provided." Nor does Dr. Stevenson exaggerate the injurious results which may follow that resistance to the calls of Nature which circumstances frequently impose upon both men and women. It is well known that habitual constipation is very often to be attributed to that resistance, whether voluntary or enforced. "Much of the cerebral and cardiac disturbance of the present day --and it is alleged to be on the increase—is probably due to the same cause." Then, again, how many there are who suffer from diarrhœa, or from irritable bladder, and who for the want complained of are obliged to limit their peregrination in the metropolis to very short distances. As we have already intimated, almost every citizen has more than once had occasion to lament the deficient urinal accommodation provided for them in the metropolis; and in this respect Londoners are, as Dr. Stevenson observes, worse off now than they were years ago, for owing to the removal of the conveniences which formerly existed outside

every public-house, there is now-a-days, with a greatly increased demand, a diminished supply. "In the parish of Paddington, with an area of 1,290 acres, with its 44 miles of roads, and with a population of 110,000 inhabitants, which is augmented during the day by the tens of thousands of persons passing to and from no fewer than six railway stations, and in close proximity to others, there are only eight public urinals." It is the more to be regretted that such a want should exist in London, considering that in Glasgow, Nottingham, and some other provincial towns the conveniences in question already exist. Dr. Seaton, the medical officer of health for Nottingham, says: "In speaking of the success of the public closets, I am more especially looking to the very substantial sanitary advantages which have resulted from their establishment. They are generally regarded as a great public boon."

It is, therefore, highly desirable that the several London vestries do all in their power to supply this great public want. Not only would the outlay in the first instance be comparatively insignificant, but, judging from the receipts at some of the stations, the undertaking might be amply remunerative. The closets at the Waterloo Station yield £1,000 a year, and those at Cannon Street and Charing Cross each a still larger sum.

We need scarcely remark that whatever places are erected for these purposes must be built with a due regard to sanitary requirements, and be subject to strict sanitary regulations. That, however, is a question for after consideration. All we have to do now is to thank Dr. Stevenson for his able report on this subject, to give the proposed undertaking our unqualified support, and to hope that ere long not only London, but all other large towns, will be amply provided with conveniences suitable to both sexes and to all classes of society.

# Notes on Current Topics.

## The Title of Physician.

We regret that we have given offence in some quarters by questioning the right of "Licentiates" of a College of Physicians to call themselves "physicians." But a good deal of misconception has arisen from the different interpretation which our correspondents and we have respectively put upon the term "physician." In saying that "it was not advisable for the lay press to foster the idea that every practitioner was a physician, who put on his door-plate 'physician and surgeon,' &c.," we used that term entirely in its popular and generally accepted signification, and taken in that sense, our judgment in the matter is perfectly logical and consistent. In its etymological signification, "physician" means a person who "professes physic," or who "prescribes medicinal remedies for diseases." In that respect, therefore, any licensed medical practitioner is a physician, as even the pure surgeon can scarcely avoid prescribing constitutional remedies for his patients; and with still stronger reason may licentiates of a college of physicians be said to be physicians in so far as they have received a *license* to prescribe medicines for strictly medical diseases. But when we speak of a physician in the popular acceptation of that term, and in that sense which is adopted by the profession at large when they divide themselves into three distinct classes—"physicians," "surgeons," and "general practitioners—" the case is altogether different. If one of the licentiates, of whom we are now speaking (practising, as most licentiates do, as general practitioners), have a patient dangerously ill, the relatives of that patient will probably suggest "a physician" being called in. In doing so they allow that their own medical attendant is qualified to practise physic, but they practically deny that he is a physician in the general acceptation of that term, for their idea of a physician is that of one who does not send out bills, who does not make up his own medicines, who does not practise surgery, and who, moreover, is a doctor in medicine, or a fellow or member of a college of physicians. Viewing the disputed term in this light, the argument to which our correspondents have attached so much importance has very little force, for if we are asked—Why should not a licentiate of a college of physicians have as much right to call himself a physician as a licentiate of a college of surgeons has to call himself a surgeon? we answer because in the former case, by the general consent both of the public and of the profession, a particular meaning or signification is attached to the term "physician" which does not apply to licentiates engaged in general practice, whereas in the latter case, by the same general consent and custom the term surgeon is far more frequently used to designate the position and mode of practice of a general practitioner than of a pure consulting surgeon. In commenting upon Addison's case, in which a conviction followed upon proof of the practice of criminal abortion, our observations were not prompted by any feeling of disrespect for the class of practitioners to which our correspondents belong. The writer of the article to which exception was taken is himself a general practitioner, and therefore no selfish prejudices, no "class bias" have influenced his views on the subject. What was said was entirely in the cause of justice and of truth, and in defence of those practices which we consider to be most conducive to the dignity of the profession and the welfare of the public.

## False Certificates of Death.

That false and illegal death certificates are often made use of to prevent the detection of crime, is a fact of which almost every newspaper reader must be aware. A still more common practice is that of certificates being signed by unqualified men, or by a practitioner who has not seen the deceased for a considerable time before death In order to remedy these evils the solicitors to the Medical Defence and the Medical Alliance Associations have written a letter to the Registrar-General in which they make the following suggestion:—"From our experience," they say, "in cases of prosecution under the Births and Deaths Registration Act, 1874, in cases where certificates of deaths are given by medical men in cases not seen by them, and in cases where certificates are signed in blank and filled up by unqualified persons, we would respectfully suggest that the following method would act effectually as a safeguard and prevention of crime,

and would also assist in pointing out the offender for punishment:—Let all certificates supplied to medical men be numbered in the same way as bankers' cheques, and let the numbers supplied be noted by the district registrar at the time when the certificate book is handed out."

We think the suggestion in many respects a good one, and one which would answer the purpose, whether the signature was that of a person living in the deceased's district and well known to the registrar, or of a person living miles away and quite unknown to that officer. A certificate, for example, is brought to the registrar the signature to which he does not recognise as that of a qualified practitioner; or a death occurs under suspicious circumstances, and it is necessary to see who signed the certificate of death—the registrar at once refers to the number, and finds it to belong to the certificate book in the possession of a qualified medical man, but not signed by him; and on further inquiry he ascertains that it was signed by an unqualified assistant. The additional work, too, thrown upon the district registrar by the adoption of this plan would be very trifling, inasmuch as the signatures of all the qualified practitioners in his neighbourhood are generally well known to him, and only in exceptional cases would he be called upon to make any investigation. Of course we can imagine cases where, notwithstanding this precaution, the ends of justice may be defeated, but nevertheless this plan would be a great improvement upon the system hitherto followed, and we, therefore, hope the Registrar-General will give it his careful consideration.

## Unlicensed Practitioners.

THE charge that was recently preferred, under the provisions of the Medical Act, before Mr. Hannay, is another of those cases to which, unfortunately, we have had so frequently to draw attention. A person, suffering from some complaint, goes to what she may think is the open surgery of a qualified medical man. She sees a young man who, in answer to her inquiries, states that he is the "doctor," and then prescribes for her, makes up some medicine, and takes her fee. It turns out, however, that the supposed doctor is nothing more than an unqualified assistant, who may have received no medical education whatever, and the consequence of whose "professional advice" may be of a most lamentable nature. In the case under consideration it appears that the proprietor of this shop kept two other similar establishments, and as he could not be ubiquitous, was of course constrained, in order to work this thriving trade, to trust the welfare of many of his patients to assistants whose knowledge of medicine may not have gone beyond the knowledge of compounding drugs. It is needless to reiterate what we have so often said with regard to what is not only a great and by no means uncommon imposition upon the public, but also a scandal to the social status and respectability of the profession. We are, however, glad to see that the case has not escaped the attention of a leading daily newspaper which has, in a long article, somesevere but very just animadversions on the great impropriety of such practices, and the disastrous consequences that might result if they are not kept in check by the strong arm of the law. As the *Standard* observes, the enactments against these illegal practices are specially intended for the benefit and protection of the ignorant and the helpless, and it would be well if they were more frequently and more systematically enforced.

## Questionable Economy.

A FEW days ago Mr. Carter, coroner for East Surrey, held an inquiry at the Duke of Clarence Tavern, Penton Place, Newington, into the circumstances attending the death of Lawrence Driscoll, aged forty years, who was found lying dead, in an emaciated condition, in a loft at No. 1 Globe Street, Newington. A witness said he saw the man the day before his death, when he said, "It is no use supplying me with food, I shall not partake of it." The coroner said he had not ordered a medical man to make a post-mortem examination, in order to save the county an expense. After a short consultation, the following verdict was returned by the jury: "That the deceased died from natural decay, caused by his own negligence." This occurrence is noticed by the daily papers under the heading, "A Strange Verdict," but we feel disposed rather to question the propriety of the coroner's parsimony than the verdict of the jury. Surely in all cases of suspected or alleged deaths from starvation, a post-mortem examination of the body should be made. It is seldom that a man starves himself to death, and had there been an examination some internal disease might have been discovered to account for the position in which he was found, and his insurmountable aversion to food. Even in a scientific point of view the examination might have been instructive, for the more data we can get with regard to the post-mortem appearance of people who have died from starvation the better we shall be able to distinguish those deaths which have occurred from this cause from those which have been occasioned by disease.

## Recent Change in the Primary Examination at the Royal College of Surgeons.

THE Council of the Royal College of Surgeons has just determined to make a change in their primary professional examination, which should have the approval of all who are interested in the efficiency of medical education. Instead of anatomy and physiology being comprised under one examination, as heretofore, separate examinations will be given in these subjects respectively, and separate papers will be set for each subject. Physiology is so important a branch of medical knowledge, that it deserved fuller consideration than that of being tacked on to the more popular and practical science, anatomy. Besides, when a student is under the impression that one subject of his studies is put by his examiners in a subordinate position to, and only considered in connection with, another, he is not likely to give to it the attention it deserves, and by such neglect, moreover, runs the risk of being rejected altogether. The only way in which this innovation appears open to objection is, that it might insensibly lead to a too high and too stringent standard of examination. The questions usually put by the examiners on anatomy and physiology are already sufficiently severe for a minimum pass examination. The proposed

change, however, does not necessarily involve any contingency of that kind; and we firmly believe that the decision of the Council is a judicious one, and that the reform will be found to work well.

## Death in an Irish Prison—A Pattern for Inquest Juries.

MR. T. G. POOL, coroner, held last week an inquest in Armagh Gaol, touching the death of a man who died in the prison hospital the previous day. A jury having been empannelled, *six of them being prisoners in the gaol*, returned the following verdict:—"We say that deceased, Patrick Grimes, aged 44 years, a prisoner in Armagh County Prison, and committed on the 17th March last for six months hard labour from county Caxan, on the 13th of June, in this year, at the county prison, Armagh, in the county aforesaid, of inflammation of the lungs, connected with a weak heart, did then and there die, and of no violence whatever. And the jurors upon their oaths do say that it appeared to them that there has been great neglect upon the part of the authorities in Dublin in not replying to the report of the surgeon of the prison, made on the 7th June, regarding the deceased; and they also do say that while the treatment of deceased was humane and proper in Armagh Prison, yet the new scale of diet and attendance to sick in hospital, which has deprived prisoners of the new milk diet, and substituted a food not sufficient for the support of life, and proper attendance, they hereby highly condemn."

## New Surgeon-General for Bengal,

THIS appointment has been conferred, upon the recommendation of the Lieutenant-Governor, Sir Ashley Eden, upon Surgeon-Major Payne, Superintendent of European and Native Insane Asylums at Bhowanipore and Dulbanda, and medical officer in charge of the Lock hospitals for Calcutta and suburbs, both of which he retains. Dr. Payne, who has passed the standard of high proficiency in the native languages, entered the Indian Medical Service the 20th of December, 1848. The appointment is a new one for civil duties only. This fortunate officer passes over the heads of the whole of the Indian deputy surgeons-general. The appointment has caused much soreness in the Indian Medical Department, as against the usages of the service, promotion in which has hitherto been on the lines of seniority, tempered by non-selection, which has always given satisfaction and contentment, and because it is a gratuitous slur upon the many able men his seniors in the administrative ranks.

## Dr. Acland on the Medical Council.

IF Dr. Acland's opinion represents that of the other members of the Council, and if the Select Committee should feel disposed to act upon his recommendation, we shall have reason to fear that the much-desired reconstruction of that body will be placed in great jeopardy. On Friday Dr. Acland told the Committee that, in his opinion, the constitution of the Medical Council "could not be improved, and he believed the thoughtful members of the profession were of opinion that any change in its constitution was very undesirable." We shall wait with no little curiosity and anxiety to hear what Dr. Acland's colleagues have to say on the subject, and whether the more independent and unbiased witnesses examined by the Committee will be wise enough to express a different opinion. At all events, the President of the Council went out of his way in answering for the medical profession in general. As a witness under examination he should have confined his replies to his own views and opinions on the matter, and left it to other members of the profession to answer for themselves.

## Arming of Indian Medical Subordinates.

IN consequence of the frequent attacks upon parties in the Khyber Pass, the Indian Government have, upon the recommendation of the Surgeon-General, British Forces, sanctioned the issue of a revolver with twenty rounds of ammunition to each apothecary, and a sword and belt to the apprentices at the front.

## Testimonial to Mr. N. P. O'Brien.

THE subscription list to the testimonial from the medical officers of the districts which had been in charge of the above gentleman, on the occasion of his resignation of the office held by him under the Local Government (Ireland) Board, will be closed in the course of one week. All intending subscribers had better, therefore, send their subscriptions at once, either to Dr. Jennings, 2 Upper Merrion Street, Dublin, or to Dr. Davys, Swords, by whom they will be duly acknowledged.

## Cinchona Cultivation in India.

DURING last year the cinchona plantations in British Sikkim have been increased 250 acres. There are now 2,242 acres. The increasing use of cinchona febrifuge, it is hoped, will diminish considerably the large expense which the Indian Government is put to annually for the purchase of quinine.

## The Coming Meeting of the General Medical Council

HAS been summoned for the 17th of July, at 2 p.m., and the Executive Committee will meet on the preceding day to arrange the business.

Dr. Acland goes out of office as President, and the election of a new head of the Council will take place on Friday, the 18th July, at 5 o'clock.

## Insolation in a Madras Regiment.

WE regret to hear that during a march along the Malaporan coast, a detachment of the 43rd Regiment suffered severely from this affection. The weather was very close and oppressive at the time.

WE regret to hear that some cases of typhus fever have broken out in the 5th Fusiliers, stationed in India. Some cases of scurvy are also reported.

H.R.H. THE PRINCE OF WALES has consented to lay the foundation stone of the new wing of the Royal Hospital for Incurables, on the 7th prox.

THE annual *conversazione* of the Royal College of Physicians of London, will be held on Wednesday evening, July 2nd, at 9 o'clock.

FRIENDS of the late Drs. Murchison and Tilbury Fox will be glad to know that excellent photographic likenesses of these gentlemen have just been published by Messrs. Barraud and Jerrard, in *carte de visite* size for the album.

A GENERAL meeting of members of the Medical Defence Association for the election of officers for the ensuing twelve months, will be held at the rooms of the Medical Society of London, on Monday next, at half-past 4 o'clock.

LAST week H.R.H. the Prince of Wales, went to Norwich, and laid the foundation stone of the new Norfolk and Norwich Hospital, at Norwich, which is to cost £45,000.

DR. RICHARDSON, F.R.S. and Dr. J. McGrigor Croft, M.R.C.P., were last week elected medical members of the Sanitary Committee of the parish of St. Marylebone vestry, London.

A SCARLET fever epidemic is reported as prevailing in the township of Aspull, near Wigan. Several deaths have occurred, but precautionary measures have been adopted to localise the disease.

DR. CHAPLIN, surgeon to the Kildare County Infirmary, and a Member of the Council of the Royal College of Surgeons in Ireland, has announced that he will seek the Vice-Presidency of the College, at the next election in June, 1880.

THE filling of Parkes Museum of Hygiene, which is to be publicly opened by the Home Secretary on Saturday, is being rapidly pushed on, and by the end of this week it will contain probably the most varied and complete collection of hygienic appliances and literature in the world.

THE rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 29, Madras 34; Paris 26; Geneva 31; Brussels 37; Amsterdam 28, Rotterdam 29; The Hague 20; Copenhagen 25; Christiania 19; St. Petersburgh 41; Berlin 26, Hamburg 29, Dresden 27, Breslau 34, Vienna 36, Buda-Pesth 41, Rome 26, Naples 33, Turin 28, Alexandria 39; New York 26 per 1,000 of the populations. Small-pox caused 25 deaths in Paris, 31 in St. Petersburgh, and 13 in Buda-Pesth.

DR. J. J. LOUGH has been presented with a magnificent double-case chronometer and an illuminated address, by his patients and friends in the Ballyjamesduff and Termon Dispensary Districts, on his resignation of his post as medical officer after a term of eight years. Such gifts have in them a value far beyond the market price. They are tokens that a man has done his duty in the first place, and in the second that it has been appreciated. The address and reply will be found in our advertisement columns.

THE rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were—Hull 12, Bristol 13, Portsmouth 15, Plymouth 15, Leicester 16, Oldham 16, Birmingham 18, Wolverhampton 18, Glasgow 19, Salford 19, Norwich 19, London 19, Sheffield 20, Brighton 21, Bradford 21, Nottingham 22, Sunderland 22, Edinburgh 22, Liverpool 23, Manchester 24, Leeds 19, Newcastle-upon-Tyne 30, Dublin 41, of this number more one-fourth occurred during the first four months of the year.

WE have received Mr. Henry Power's official report to the Local Government Board, on the outbreak of diphtheria at Bleadon. In it, as with everything Mr. Power undertakes, there is evidence of a searching inquiry, an absence of sensation, and an honest admission of his inability to assign a positive cause for the outbreak. He could not trace anything suspicious in the milk; the water supply and the drainage were not perfect, but better than in many little country towns, so that on the whole the outbreak furnishes but another proof of the inconsistency of this troublesome disease.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

PROPOSED MEMORIAL TO THE LATE DR. MURCHISON.—A meeting was held in the Materia Medica Class Room of the Edinburgh University on the 13th inst., with the object of promoting the proposed memorial to the late Dr. Charles Murchison. Sir Robert Christison occupied the chair, and among other gentlemen present were—Dr. Peddie, President of the Royal College of Physicians, Professors Douglas Maclagan, Grainger Stuart, Turner, Saunders, Dr. T. A. G. Balfour, and Ex-Professor Balfour. The chairman, in explaining the purpose of the meeting, said, it was proposed to commemorate the services of Dr. Murchison on four grounds—first, because of his distinction both as a student and as a graduate of the Edinburgh University; secondly, on account of the services he rendered to medical science and medical literature during his professional life; thirdly, on account of his amiable character; and lastly, and perhaps not least, because of the sympathy they must feel for Dr. Murchison, almost as if he were still with them, on account of the remarkable termination of his life. Some years before his death he was acquainted with the fact that he was labouring under an infallibly mortal disease which could not have him long in this world, and which was likely to terminate his life, as it did suddenly, and without warning. They all knew how he received the intimation of his condition, and continued to discharge the duties of his profession to the very end with all the courage of a man and the resignation of a christian. Prof. Maclagan also paid a warm tribute to Dr. Murchison's life and attainments, and proposed "That this meeting fully approves of the scheme that a memorial of the late Dr. Charles Murchison take the form of a scholarship in clinical medicine, to be awarded alternately by the Universities of Edinburgh and London, and pledges itself to co-operate heartily to promote its success." Dr. Grainger Stewart seconded the motion, which was cordially agreed to. Minor details were then settled. A number of subscriptions having been intimated by

gentlemen present, the meeting terminated with a vote of thanks to the chairman.

How Typhus Fever is Spread.—At the monthly meeting of the Greenock Police Board, held on the 17th inst., the report of Dr. Wallace, Medical Officer of Health for the burgh, was submitted, and contained the following details: How readily Typhus Fever may be Imported and Spread through a Community. Dr. Wallace, after giving in detail the various diseases coming under the cognisance of the department during the month, says, while the result is so far gratifying, it is counterbalanced by the increase of typhus and enteric fever, which, in last report, amounted to 2 of each. As regards typhus, the 24 cases belonged to eleven different households. One of the cases, however, was doubtful, and another had contracted the disease in Paisley. Excluding these, it is important to note the origin and extension of the disease among the remaining 22. In each of the periodical reports since the beginning of the year cases of typhus were recorded. In the most of these, however, no satisfactory explanation could be given of their origin or connection with other cases till the 17th ult., when, in consequence of private information conveyed to the inspector, the existence of typhus fever was discovered in a family residing at 22 Sugarhouse Lane. Inquiry in this case led to further discoveries, which cleared up much of what had been previously obscure, and the first of which may be briefly stated as follows: On the same stair-head with the family referred to (for convenience, say family A) was another (say family B), which included a lodger. This lodger had been regularly visiting a typhus-stricken family at Port Glasgow towards the end of 1878. The consequence was, that the disease was conveyed to two members of the family B, who sickened early in January. Some time afterwards a lodger, who was a mill-worker, became affected, and continued bed-fast for a fortnight, or more. Early in April the disease attacked a child of the adjoining family A, six members of which were in succession struck down before the 17th of May. But this is not all, for the head of the family B kept a menage or money-club, and had in consequence frequent visits from, and intercourse with, parties who were members of the club, the result being that of the other cases registered during May no fewer than 11—viz., 1 in Charles Street, and 2 in Bearhope Street, 4 in Tobago Street, and 4 more in 33 Sugarhouse Lane, caught the disease directly in this way. Of the remaining 2 of the 24, 1 occurred in East Law Street, and the other in Garvel Park House. As regards the former, no direct communication has been traced; but as regards the latter, it is not improbable that the contagion was conveyed from the house in Charles Street by a party who worked at Garvel Park, where the other (a policeman) was regularly on duty. But this does not exhaust the catalogue of ills, for of the 13 cases of typhus ascertained between the 1st January and the 1st May, as many as 7 were traceable to the same source. Indeed, it is to be feared that the whole series of disasters originating in family B has not yet been ascertained, for even during the present week two other cases which had direct contact with family B have been discovered in Sir Michael Street. The patients being children not much attention apparently was paid to them. Neglect of this sort is too common in Greenock.

The Edinburgh Infirmary and Fever Patients.—The question of prospective accommodation for cases of infectious disease was brought under the considcration of the Public Health Committee of the Town Council of Edinburgh on the 17th inst. A Sub-Committee was appointed to confer on the subject with Sub-Committees of the Lord Provost's Committee and of the Infirmary Managers.

Royal Edinburgh Hospital for Sick Children.—At a meeting of the directors of this Hospital, Dr. Underhill was elected an Ordinary Physician in room of the late Dr. James Cumming, and Dr. Carmichael was elected one of the Extra-Physicians.

Health of Glasgow.—Deaths in Glasgow for the week ending 14th June were at the rate of 19 per 1,000 per annum, against 21 in the preceeding week, and 27, 23, and 21 in the corresponding periods of 1876, 1877, 1878. This is the lowest mortality registered in the city for many years.

Health of Edinburgh.—During the week ending June 14th the deaths rose from 71 to 85. The rate of mortality was 20 per 1,000. Forty of the deaths were due to diseases of the chest, and of the 16 deaths above 60, 1 was above 80, and 1 above 90, years of age. There were 13 deaths from zymotic diseases, of these, 3 occurred in the new, and 10 in the old, town.

# Correspondence.

## CROUP AND DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am glad to observe that Dr. Bernard Kelly, in a communication with the above heading, has derived pleasure from finding that I entirely deny the identity of infantile laryngitis and laryngo-tracheal diphtheria; and at the same time, I am grieved that he thinks me paradoxical in declaring at the same time that laryngo-tracheal diphtheria is identical with the so-called membranous croup. I think it is a little unfair of Dr. Kelly to blame me for not setting forth at length in my letter the reasons which have led me and others to this conclusion, and I am in some doubt whether your correspondent has followed the course of the inquiries and discussions which have lately taken place upon the subject. Putting aside my own writings and papers, in which the evidence is fully set forth, I question whether Dr. Bernard Kelly has read the Report of the Committee on Membranous Croup and Diphtheria, which is now published, and in which the whole question is elaborately and exhaustively treated—at least, so far as the materials afforded to the Committee allowed. It is to be regretted that he did not contribute his experience while the inquiry was proceeding, because, if he had produced any well-recorded cases which bear out his views as to the distinction between laryngo-tracheal diphtheria and membranous croup, he would have made a valuable and much desired contribution for the guidance of the Committee. I must apologise, or rather excuse myself, for not occupying your valuable space with a detailed analysis of the historical, clinical, microscopical, chemical, and therapeutical evidence which has already been published, and while referring Dr. Kelly to the works I have indicated, I hope he will pardon me for observing that his views as to the difference between the two affections, which I believe to be identical, are merely those which, though held by many eminent members of the profession, have been proved destitute of foundation. There is no difference (I must here write dogmatically, because the matter has now been conclusively settled) between the false membrane of laryngeal diphtheria and that of the so-called croup. And as to the cases where violent inflammatory symptoms have been followed rapidly by the formation of false membrane and by death, I really believe them to be imaginary. At any rate, not one single case of the kind was reported to the Committee, although urgent requests were made to the profession throughout the habitable world to produce any such cases if they existed.

I remain, Sir, yours very truly,

R. H. Semple, M.D., F.R.C.P.L.

Torrington Sq., London, W.C.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I notice that in a postscript to his letter, Dr. Semple objects to the interpretation I have put on the resolution of the

Florence Academy. Although the tenour of my remarks is in no way affected by the allusion to the opinion expressed by the Academy, I can have no objection to repeat what I thought sufficiently obvious, that my deduction as to dualism upheld by the Academy was founded on the resolution I quoted, viz.:—"That clinical observation is in favour of the existence of true primitive croup, which may be even observed *during an epidemic of diphtheria.*"

The words there italicised seem to me unmeaning, unless intended to convey the idea that the two diseases are distinct, and they seem to justify me in classing the Academy as "in favour of dualism." It is equally true that the Academy voted another resolution containing the expression quoted by Dr. Semple, but the words scarcely seem to support his conclusion. Here is a free rendering of the resolution in question:—"In the impossibility of elevating to a pathognomonic symptom the position of the exudation, whether on the surface or in the substance of the mucous membrane, we can only distinguish true diphtheria by the extension of the process, the infiltration of the connective sub-mucous and periglandular tissues, the specific engorgement of the lymphatic glands accompanied by slight pain and other well-known phenomena of the disease. The majority of the facts, however, in past epidemics, as well as in the existing one, prove that *both croup and diphtheria* may easily accompany or follow each other so as to appear to be due as to time and seat to the same morbid process."

The above is copied from a translation I put down at the time for use in revising the chapter on this subject in my "Sore Throat," and I have not now the original at hand, but as Dr. Semple mentions that he has, he can refer to it. I have no recollection of the vote that "primitive croup is rare," but that could not affect the argument; nor do I remember a definition that it "*is limited to the trachea.*" Perhaps Dr. Semple will give the definition at length if adopted, which would be surprising. He will probably remember that Sir William Jenner stated that he had never seen such a limited disease.

I have said enough to show how I came to apply the words "in favour of dualism" to the Florence Academy, and would beg leave to repeat that the allusion was incidental, and has nothing to do with the position laid down in my article in the *Medical Press and Circular* of June 4th, to which I beg to refer any reader who may desire to know my opinions on the points raised in the recent discussions at the Royal Medical and Chirurgical Society.

I am, Sir, &c,

PROSSER JAMES, M.D., M.R.C.P.L.

3 Dean Street, Park Lane, W.,
June 16th, 1879.

## THE CONTIGUITY OF NEURO-RETINITIS WITH DESCENDING RETINITIS FROM INTRA-CEREBRAL DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last impression I find a letter from Dr. Gowers, quoted in Dr. Hughlings Jackson's valuable paper, relating to the above subject of some interest, for the reason that he feels desirous to substantiate a fact which has now long been known to pathologists.

Optic neuritis, without impairment of ordinary visual power, has been known through the researches of ophthalmologists since the introduction of the ophthalmoscope, and it must be vexing to our distinguished neurologist, Dr. Jackson, that it is not in his experience universally admitted. I would, however, suggest that there are tests which might be found, if sought for, by which an optic neuritis may be diagnosed by means of the visual field alone, if comparisons were taken by the use of lenses of highly refracting power and coloured media. A syphilitic growth of the brain with optic neuritis does not of necessity imply a descending neuritis, but it certainly leads to the inference that there is a gross cerebral change corresponding to that seen in the retina, and which unquestionably exists in the course of the optic tract, and which yields to treatment. There can be but small doubt that progressive changes in the brain and the nerves originating in its substance when not due to general vascular disease takes the histological course of the nerve fibres. The form of change may be tumour, hæmorrhage, or embolism. This was well shown through the notes of a case of cerebro-spinal lateral stlerosis, which I brought before the Clinical Society in 1878. Sections were exhibited demonstrating the progressive changes from the pons varolii, ascending in direct continuity with the histological course of the fibres to the internal capsule of the corpus striatum on the *same* side, and descending in the course of the decussating fibres in the anterior pyramids of the medulla oblongata, to the lateral column of the spinal cord on the *opposite* side.

Yours &c.,

T. STRETCH DOWSE.

2 Old Burlington Street,
June 18th, 1879.

## LIQUID EXT. OF RED GUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Red gum is obtained from one of the Eucalypti, and this fluid preparation of it has lately been brought forward in this country by Squire. Although the crude gum has long been well known commercially, it has only within the last year or two been entered on the list of therapeutic agents. The object of this note is to draw the attention of practitioners, more especially of gynæcologists, to the value of this drug as a topical astringent, for which I claim a decided pre-eminence over the sulphate of zinc, alum, and other astringent vaginal injections usually employed. In conditions of vaginal atonicity and relaxation, and in the various chronic forms of leucorrhœa, it is a most valuable remedial application.

Prior to its employment a liberal use of the tepid douche is desirable, so that it may come into immediate contact with the mucous surface. Its chief drawback in my experience is the indelible stain it produces on linen textures, of which patients should be warned. From observation on its action in some two or three hundred cases, it has been repeatedly seen to arrest entirely an intractable leucorrhœal discharge which has defied the usual astringent remedies, in most cases after a single week's use.

It has also been successfully tried in two or three cases of simple diarrhœa, in ten-minim doses, so that its action is probably to some extent constitutional as well as local.

Yours, &c.,

FREDERIC BARNES.

Westminster Hospital, S.W.

## PROPAGATION OF CONTAGIOUS DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The prevalence of scarlatina maligna in this part of the country during the past season has been very unusual, and has left many families in mourning, among others a son of Mr. Secretary Banks, who held the office of medical officer to the Donegal district, having fallen a victim after a few days' illness.

Some years ago there was a similar outbreak of the same disease, which spread throughout the country and decimated many families, and on that occasion I was able to trace the propagation very much to *mendicancy*, that degrading habit which, in spite of workhouses, still prevails to a very great extent throughout this part, and, I believe, the whole of Ireland. The subject was then brought under the notice of the local authorities here, but nothing effective was done to check the practice.

No one can deny, or shut his eyes to the fact, that Irish mendicants—sometimes in the shape of bundles of rags—going about from house to house, and often sitting down leisurely to rest and chat at the firesides of the peasantry, *must be* most effective media of contagion, and it would not be difficult to give instances when such diseases are clearly traceable to such sources. The peasantry themselves cannot be expected fully to apprehend the danger referred to, or if they did, to act on the apprehension by shutting their doors and refusing to encourage, or have any intercourse with, those who go about in this manner, "looking for their share," as they somewhat independently term their mode of living; because, to do so would seem, and leave them open to the charge of, inhumanity. Besides, there is a superstitious feeling that it is "unlucky" to send away a beggar without help, or even to keep him at the outside of the door. However creditable this may be to the hearts of the peasantry, it is the reverse of creditable to their heads, for many of those so

helped are plainly able to earn their own living if laziness would let them try; and if general opinion be correct, they live better than many of those who help them, by selling the potatoes, meal, &c., which they collect, and buying tea, sugar, and other luxuries.

So much for "mendicancy." Now for another cause of propagation of contagious disease; I mean national schools. In these the children and youth of the country are brought into close contact, sitting side by side, and it needs no argument to show the danger of this in times when such diseases are around. In point of fact, I have found members of families, when scarlatina existed, and who were afterwards themselves attacked, going daily to the national schools, mixing freely, and without suspicion, among the other pupils. Surely this is most dangerous, and ought to be subjected to some check. I have spoken to a Commissioner of National Education, and some others having more or less authority in the system, but without—apparently—being able to excite any very lively interest in their minds. Yet it must be allowed, I think, by any one soberly reflecting on the matter, that the health or lives of numbers of persons, especially the young and strong, are intimately concerned in the question. There is another aspect of the matter which deserves, and would perhaps more readily draw, the attention of the country than the foregoing, that is, the probable increment added to the poor-rates by the deaths, and consequent *pauperisation* of survivors, occasioned by those—to a great extent preventible—sources of fatal disease.

I am, sir, &c.,

Donegal. S. T. Haslett, M.D.

## AIDS IN FORCEPS DELIVERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I wish to bring before the notice of those members of the profession who practise midwifery a simple plan, which I have found a useful help when delivering with forceps. The liability of the foot to slip while using that instrument, and thus depriving the operator of a good deal of support at the very moment when he most requires it, must have been experienced by others besides myself, and led me to design the simple "holdfast," which is thus constructed: I procure a small rectangular-shaped piece of sole-leather, with loop of strap attached to each side large enough to admit the toe of my boot. To the piece of sole leather I fasten with screws two ordinary cricket spikes, and, with left foot thus armed, press it firmly on the ground before taking my seat to operate. I find then I have a firm support, which gives me much additional confidence in making traction without the fear of slipping.

I have been so much pleased with the help I have thus derived that I venture to think it may prove equally useful to others, and trust this may be accepted as my excuse for publishing it.

Yours, &c.,

Alec Duke, L.R.C.S.I., L.K.Q.C.P.I.

## THE TITLE OF PHYSICIAN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was greatly surprised and annoyed at being informed in your journal—a professional one—in its issue of the 4th inst., that I—with the class of practitioners to which I belong—have "no more right to call myself, or to be called, a physician, than the boy who carries out my medicines." On the same principle, Licentiates of Colleges of Surgeons have no right to call themselves, or to be called, *Surgeons*. The Belfast Dispensary District is served by ten medical officers; of these gentlemen, seven are qualified as Licentiates of Colleges of Physicians and of Surgeons. Is the Local Government Board, with the general public, to be told by a professional journal that such a large proportion of the medical officers of that important district do not hold qualifications which entitle them to either of the professional titles? I have always been most particular to assume no professional title other than that which I thought described me properly, and so I have called myself a "Physician and Surgeon." As to qualifications, the title of Physician *must* be restricted to Doctors or Bachelors of Medicine, to Fellows, Members, or licentiates of the College of Physicians. As to practice, I cannot see that a gentleman qualified in any way as described has no right to the professional title should he *not* restrict himself to the physician's specialty. Nor can I see, in the cases of Masters of Surgery, of Fellows, Members, or Licentiates of Colleges of Surgeons, that they have no right to the title of surgeon should they *not* restrict themselves to surgery as a speciality. Now I presume that qualifications, and the class of practice engaged in, are the only circumstances which affect the right to these professional titles. You appear to be very anxious that "gentleman of the press" should not "honour" medical practitioners with titles "to which they have no claim." Now it is not unreasonable that a subscriber to your journal, affected by the remarks in the leader to which reference has been made, and probably representing a large number of your subscribers, should request you to inform the public as to the class of practitioners to whom in your opinion the titles of physician and of surgeon should be restricted. In professional, as in social, life, people generally find their own level. No good—but on the contrary, a vast amount of mischief—arises in social life from interference with this natural law. I think the same is likely to prove true of interference with it in professional life.

I am, Sir, yours, &c.,

Robert A. Newett,
Licentiate, Royal Colleges of Physicians and Surgeons, Edinburgh.

Ligoniel, near Belfast,
June 12, 1879.

[A reply to this letter is given in our editorial columns, under the heading of "The Title of Physician."—Ed.]

# Obituary.

## DR. WYLIE, OF ERROL.

This well-known and eminent practitioner died at his residence in Errol, on the 16th inst., in the 70th year of his age. He had been indisposed for a considerable time. Some days previously it had been observed that his strength was giving way rapidly, and the gravest fears were apprehended. Throughout the whole Carse of Gowrie he was greatly respected, and so high a reputation did he possess as a skilful practitioner, that there are few families in the Carse who will not feel his death almost as a personal loss. His advice was sought and valued far beyond the sphere of his immediate practice. To the poor as well as the rich he was equally attentive, and the kindness he invariably showed to all earned for him not only their heartfelt gratitude, but their affectionate esteem. He was admitted a Member of the Royal College of Surgeons of England in 1831. In private life he was a genial and true friend, and possessed a very large circle of acquaintances, by whom his removal will be deeply lamented.

## DR. BAXTER, OF DUNDEE.

Dr. P. M. Baxter, a highly respectable medical practitioner, died in Dundee on the 16th inst. He took the License of the Royal College of Surgeons of Edinburgh in 1856, and afterwards settled in Dundee, where he gained a large practice. He had been for twenty years visiting surgeon to the Dundee Poor-House. For a considerable time he had been in failing health. His death is very much regretted by his brethren, and by a very wide circle of friends and acquaintances.

# Medico-Parliamentary.

## HOUSE OF COMMONS.—Thursday, June 19th.

AMBULANCE ARRANGEMENTS.

Mr. E. Noel asked if it was not desirable to make arrangements which would prevent wounded soldiers being dependent for aid upon voluntary associations.

Colonel STANLEY.—It is my duty to state that, so far as I am aware, the arrangements for the care of the sick and wounded soldiers now serving in South Africa have been properly attended to. So far as I am informed, every arrangement has been made for their proper comfort. I have not thought that it would be wise, however, to make that a ground for discouraging the charitable feeling which has appeared to prevail amongst many classes of people, who have been anxious to contribute from their private means assistance to those who were invalided or sick.

MONDAY, JUNE 23RD.

QUEEN'S COLLEGES AND QUEEN'S UNIVERSITY, IRELAND.

SIR H. SELWIN-IBBETSON, in reply to Mr. O'Donnell, said that there would be no objection to give some further details of the items of expenditure with regard to the Queen's Colleges, Ireland; but with regard to the Queen's University, the hon. member would find in the estimates all reasonable explanation given there of that vote.

POOR-LAW MEDICAL RELIEF IN SCOTLAND.

THE Chancellor of the Exchequer, in reply to Sir W. Cuninghame, said that without legislation it would be impossible to put medical relief on the same footing in the two countries.

## COLLEGE OF SURGEONS OF ENGLAND.

THE election of members of Council will take place on the 3rd July. Four vacancies have been declared, for which there are six candidates. Three members of the Council, Mr. Le Gros Clark, Mr. Spencer Wells, and Mr. George Critchett, retire by rotation, and the fourth vacancy is due to the death of Mr. Hilton.

The candidates for the vacant seats are Mr. Spencer Wells, who seeks re-election, Messrs. Barwell, Thomas Bryant, John Wood, Henry Power, and Jonathan Hutchinson. As regards the candidate seeking re-election, it is only fair to remark that the Vice-Presidency is acquired by seniority of membership on the Council. This honour follows re-election, and if any retiring member has fairly performed his duties during his first term of office, it is only just that he should be re-elected.

## REGISTRATION OF IRISH STUDENTS.

THE system of registration of students under the General Medical Council being in Ireland so unsatisfactory, and so little regarded, the Council of the Royal College of Surgeons in Ireland, in order to ensure that students shall be entered for study at the proper date, have decided to revert to the enforcement of a bye-law of the College, which, on the establishment of a students' register, had been allowed to fall into abeyance. The Council has therefore resolved, "That the bye-law which enacts that 'professors and lecturers are required to transmit to the College, on or before the 25th of November in each year, returns of the names of the pupils who shall have entered to attend, and are then actually attending, their respective lectures or demonstrations,' be henceforth enforced."

We heartily approve of this action of the Council, which is animated by the praiseworthy desire to make the attendance of the student on his courses of study perfectly *bona fide*. But it is right to point out that the arrangement is only half satisfactory, and that the College sacrifices something in adopting it. The effect of this resolution will be that all students who are duly entered previous to the 25th of November in each year, will be able to present their certificates to the College. Those who are now accepted by schools in December, January, or March may continue to be accepted still, but they will not be able to present themselves to the Irish College, because their names will not appear on the entry list of the year. This will, however, not prevent them going to Scotland or elsewhere and offering their certificates, which, being dated for the beginning of the session and not for the real date of entry, will be accepted *nem dis.*

It is an illustration of the effect of the "recommendation" policy of the General Medical Council that licensing bodies are driven to such shifts to secure that good faith in medical education which the Council is charged to provide, and by permitting student registration to be ignored omits to do so.

## ETHER INHALATION.

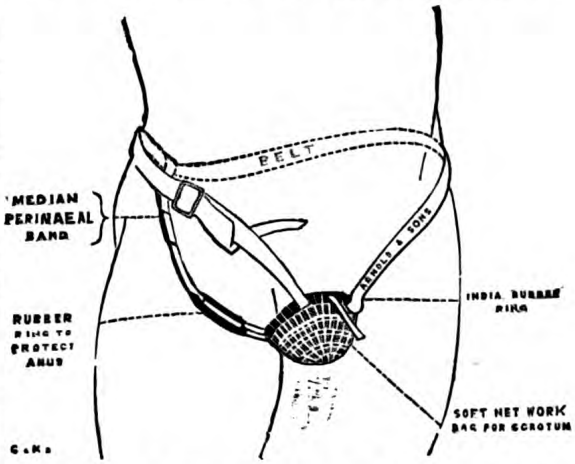
ON Tuesday, the 10th inst., Mr. B. Wills Richardson substituted, in the Adelaide Hospital, during an excision of the hip by Mr. Barton, a sailor's ordinary india-rubber hat for the felt hat ether inhaler he described at the meeting of the Surgical Society of Ireland on the 19th March last, with the view of still further lessening ether waste. The ether acted rapidly and but little was used.

DR. STEPHENSON, of Dublin, has been appointed medical adviser to the Dublin branch of the Scottish Metropolitan Insurance Company, *vice* Dr. B. F. McDowel, deceased.

# Novelties.

## AN IMPROVED SUSPENSORY BANDAGE.

By CHAS. B. KEETLEY, F.R.C.S.
Assistant Surgeon to the West London Hospital.




THE common suspensory bandage has these disadvantages. (1.) If it is not fitted with a perineal band, the genital organs are pulled as far forwards as to cause an unsightly prominence beneath the trousers. (2.) If it has the ordinary perineal band, the anus gets chafed. (3.) The tape in the hem round the margin of the bag

chafes and cut. (4.) The perforations in the material of the bag are too fine for ventilation, consequently the bag becomes soaked with perspiration. (5.) The hole for the penis is unnecessary, and only serves to let one testical occasionally herniate through it. The bandage I wish to bring under notice is contrived to obviate the above objections. A median perineal band holds the genitalia well back. An india-rubber ring in this band prevents it from chafing the anus, and the anus from soiling it, another india-rubber ring takes the place of the piece of tape above referred to. The bag is hand-made, knitted, and very open in its network, and the penis is simply allowed to hang over the front of the bag. The contrivance has been freely tried in cases of gonorrhœa, orchitis, varicocele, relaxed condition of the genitalia attended by hypocondriasis, and in other affections of those parts, and found to answer perfectly. Messrs. Arnold and Sons, of West Smithfield, make the appliance in three sizes, at the price of the old bandage.

## Sanitation in the Southern States of America.

JUDGING from some remarks in the *North Carolina Medical Journal*, some of our American cousins have still much to learn in the way of practical sanitation. The city of Wilmington is, says the writer, no doubt above the general average of Southern cities in sanitary condition, but in a previous number of the above journal, it was stated that in the city "there was one well two feet from the privy, two wells four feet from the privy, thirty-three wells ten feet from the privy, two hundred and twenty wells from twenty to thirty feet!" The soil, moreover, upon which Wilmington is located, is "nearly as white as the sea-shore, and as permeable!"

## Use of Chloroform in Diseases of the Heart.

ON this subject M. Vergely, of Bordeaux (*La France Médicale*), remarks that there is a difference of opinion, some asserting that chloroform is very useful, and others that it does harm in affections of the heart. In M. Vergely's memoir, to which M. Dieulafoy has recently drawn the attention of the Societé Médicale des Hôpitaux, three principal points are established. 1. That the existence of heart disease does not contra-indicate the use of anæsthetics. 2. That chloroform is a sedative in this class of diseases. 3. That it should be used with discretion. In some cases of severe palpitation chloroform may be successfully administered. Also in some cases of dyspnœa and palpitation arising from mitral insufficiency, either alone or conjointly with hypodermic injections of morphia. M. Vergely has also given it without any accident in angina pectoris, and in certain other affections of the heart characterised by dyspnœa and palpitation. From inquiries he has made into the literature of the subject, he concludes that this agent has been employed too timidly and unsystematically.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MR. PRIDGEN TEALE will please receive our best thanks.

MR. HOSFORD.—The insertion of your letter in our last was considered sufficiently explanatory without the aid of editorial comments. Our correspondent will oblige by addressing in future the Editor in his own division of the kingdom.

MR. HY. S.—The translation of Hackel's work is published by Kegan, Paul, and Co.

DR. GRIFFITH.—Communication "On the Unity of Poison of Scarlatina, Typhoid, Puerperal Fever, Diphtheria, and Erysipelas" received.

DR. TILT.—Communication "On Uterine Inflammation after the Menopause" received.

TABULAR ANALYSIS.—We have received an abstract of Dr. Guy's paper "On Tabular Analysis," read before the Statistical Society last week. As, however, it is not one of practical interest to our readers, and we are much pressed for space, we have been compelled to pass it by.

MR. PHILLIPS.—The gentleman mentioned in the House of Commons is not the well-known member of the profession of that name.

F.R.C.S. will find his question answered in our issue of last week.

OBSTETRICAL SOCIETY OF LONDON.—On Wednesday, July 2nd, at 8 p.m., no specimens will be exhibited. Adjourned discussion on the Forceps.

DR. CASSELLS, Glasgow.—Your translations are marked for insertion during *July*.

TO CONTRIBUTORS.—We regret the delay in the insertion of communications, necessitated by great press of matter. We have several times, during the present volume, given four pages extra in order to work off arrears, and have done the same again this week; we hope our friends will accept this as evidence of our desire to accommodate all.

### VACANCIES.

Birmingham, Children's Hospital.—Non-Resident Surgeon. Daily attendance required. Salary, £60, with partial board. Applications to the Medical Board.

Birmingham Queen's College.—Professor of Chemistry. Full particulars of the emoluments, duties, &c., of the Secretary, 21 Paradise Street, Birmingham.

Brecon Infirmary.—Resident House Surgeon. Salary commencing at £120. Applications to the Secretary on or before July 10.

City of London Union.—Assistant Medical Officer for the Infirmary. Salary, £100, with board and residence. Applications to the Clerk of the Guardians, 6 Bartholomew Close, E.C., before July 1.

Dudley, the Guest Hospital.—Resident Medical Officer. Salary, £120, with board. Applications to the Secretary on or before July 7.

King's College, London.—Professorship of Comparative Anatomy and Demonstrator in Physiology. Full particulars of the Secretary.

Oldcastle Union, Crossakiel Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, July 4.

Sligo District Lunatic Asylum.—Assistant to the Resident Medical Superintendent. Salary, £100, with allowances. Election, July 2.

### APPOINTMENTS.

ANGOVE, E. S., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Camborne District of the Redruth Union.

BATCHELOR, G. A., M.B., C.M., M.R.C.S., Assistant to the Medical Out-patient Department of the London Hospital.

CURTIN, P., L.R.C.S.I., Medical Officer to the Clane and Limahoo Dispensary, Naas Union.

DONOVAN, W., L.R.C.P., Medical Officer of Health for Whitwick Urban Sanitary District, vice W. Joyce, M.R.C.S.

JAMES, A., M.D., F.R.C.P.Ed., a Medical Officer to the New Town Dispensary, Edinburgh.

KER, H. R., L.R.C.P.Ed., M.R.C.S.E., Certifying Factory Surgeon for the District of Dudley.

MACLOUGHLIN, T. J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer and Medical Officer of Health for the Clara Dispensary District of the Tullamore Dispensary Union, King's County.

MORTIMER, J., M.D., M.R.C.S., House Physician to the Wolverhampton and Staffordshire General Hospital.

RAYNER, A. C., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 2 District of the Preston Union.

RILEY, J. W., M.R.C.S.E., Medical Officer for the Heath Town District of the Wolverhampton Union, and Deputy Medical Officer to the Workhouse.

WINTER, A., M.R.C.S., L.K.Q.C.P.I., House Surgeon to the Wolverhampton and Staffordshire General Hospital.

ARMY MEDICAL DEPARTMENT.—The following were gazetted on Friday last: Surg.-Major W. T. Harding retires upon half-pay, with the honorary rank of Deputy-Surgeon-General; Surg.-Major F. Simpson retires upon permanent half-pay.

## Births.

DICKINSON.—On June 18, at High Street, Wandsworth, the wife of W. G. Dickinson, L.R.C.P., of a daughter.

FITZGIBBON.—On June 18, at 18 Lower Fitzwilliam Street, Dublin, the wife of Henry Fitzgibbon, M.D., of a daughter.

MCBRIDE.—On June 20, at Glenview, Bath, the wife of Fleet-Surgeon A. McBride, M.D., of a daughter.

ROBERTSON.—On June 21, at Moldgreen, Huddersfield, the wife of David Robertson, M.D., of a son.

## Deaths.

COURTNEY.—On June 20, at Walberton, Sydney Courtney, F.R.C.S. formerly of Leatherhead, aged 75.

FOX.—On June 17, at Broughton, Winchester, Luther Owen Fox, M.D., F.R.C.S., aged 67.

GILSON.—On June 8, at Chelmsford, John Thomas Gilson, F.R.C.S.E., aged 76.

HARMER.—On June 15, Winifred Alice, fourth daughter of W. M. Harmer, F.R.C.P., &c., Physician-Superintendent, Hawkhurst Asylum, aged 3 years.

HEDLEY.—On March 14, at Sale, Gippsland, Australia, G. Dixon Hedley, M.D., aged 62.

PERRY.—On June 7, at Surbiton, George John Perry, M.R.C.S., of Melksham.

WILSON.—On June 14, at North Frederick Street, Dublin, Richard F. Wilson, L.R.C.P.Ed.

WIMBLE.—On June 19, at The Rectory, East Malling, Kent, Frederic Wimble, M.R.C.S., aged 72.

# IRISH POOR-LAW INTELLIGENCE.

## THE HEALTH OF DUBLIN FOR THE QUARTER

*Ending Saturday, March* 29, 1879.

*Births.*—In the Dublin district the number of births registered during the quarter amounted to 2,490, being equal to an annual ratio of 1 in 31·7 in every 1,000 of the population, There was registered in London during the same period an annual birthrate of 37·8, in Glasgow 35·6, and in Edinburgh 32·9.

*Deaths*—.The number of deaths registered in the Dublin registration district during the quarter amounted to 3,395, affording an annual ratio of 1 in 43·2 in every 1,000 of the population ; the average number in the first quarter of ten years was 2,507, equivalent to an annual mortality of 31·9 per 1,000 persons. Omitting the deaths (122) of persons admitted into public institutions from localities outside the district, the rate for last quarter was 41·6 per 1,000.

The number of deaths of inhabitants of that portion of the city north of the Liffey registered last quarter was 1,140, affording an annual mortality of 42·2 in every 1,000 of the population ; and the number in that portion south of the river was 1,618, or 47·1 in every 1,000 of the population. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, the number of deaths registered was 515, being equal to an annual death-rate of 29·7 in every 1,000 of the population. The death-rate of London during the same period was 27, in Glasgow 26·5, and in Edinburgh 21·8, in every 1,000 of the estimated population.

*Diseases.—Dublin Registration District.*—During the quarter there were 670 deaths from zymotic diseases registered, being 214 more than in the preceding three months, and 222 over the average mortality from these causes in the first quarter of the last ten years. Exclusive of 26 deaths of hospital patients, admitted from without the Dublin registration area, the seven principal zymotic diseases caused 567 deaths, equivalent to a mortality of 7·2 per 1,000 inhabitants. The deaths in this group consisting of 239 from small-pox, 63 from measles, 80 from scarlet fever, 17 from diphtheria, 25 from whooping-cough, 113 from fever (23 typhus, 79 typhoid, and 11 simple continued fever), and 30 from diarrhœa.

There were 251 deaths from small-pox registered, 86 of which were recorded in the first four weeks of the quarter, and 60 in the last four weeks, showing that happily there was a decline of the disease in the closing weeks of the quarter. As many as 165 of the deaths from small-pox are chargeable to the South City Districts, where throughout the continuance of the epidemic by far the greater part of the mortality has occurred, 54 are chargeable to the North City Districts, 12 to Rathmines, 7 to Donnybrook, and 1 to Kingstown.

The returns from the various Dublin hospitals show that at the close of the December quarter there were 122 small-pox patients under treatment ; during the quarter now ended, 758 new cases were admitted (an increase of 292 compared with the preceding three months), 564 patients were discharged, and 199 died, leaving 117 in hospital on Saturday, 29th March. The highest weekly number of new cases admitted during the last quarter was 95 in the week ending 11th January, and the lowest 23 in the last week of the quarter.

Owing to the severity of the weather during the past three months diseases of the respiratory organs proved very fatal ; they amount to 1,056, being 370 over the number in the preceding quarter, and 428 over the average for the corresponding quarter of the ten years 1869—78. The deaths from these diseases (which are equal to 31·1 per cent. of the total deaths from all causes) include 834 from bronchitis, 129 from pneumonia, 9 from pleurisy, 7 from laryngitis, 3 from asthma, and 74 from lung disease undistinguished.

There were 195 deaths of children from convulsions, being 20 per cent. of the deaths from all causes amongst children under five years of age.

One hundred and twenty-six deaths resulted from heart disease, 7 from aneurism, and 2 from pericarditis.

Paralysis caused 81 deaths, apoplexy 33, cephalitis 23, insanity 13, epilepsy 13, "brain disease" 31, "liver disease" 35, jaundice 3, hepatitis 2, nephria 13, nephritis 3, cystitis, 3, and kidney disease undistinguished 19.

Phthisis proved fatal in 278 instances, or 8 per cent. of the total deaths, mesenteric disease in 37, hydrocephalus in 50, scrofula in 24, cancer in 32, and gout in 7.

Sixty-seven accidental deaths, and 2 cases of suicide were registered.

Excluding 122 deaths in public institutions not chargeable to the Dublin Registration District, the number of deaths registered during the quarter was 3,273, being equal to an annual mortality of 41·6 per 1,000 of the population, the deaths from the seven principal zymotic diseases representing an annual rate of 7·2 in every 1,000 persons. The annual rates represented by the deaths from all causes in the several registrars' districts range from 22·2 per 1,000 inhabitants in Blackrock to 61·5 per 1,000 in No. 1, South City (Meath Street) District. The annual rates represented by the deaths from the seven principal zymotic diseases vary from 3·7 per 1,000 inhabitants in Kingstown to 15·7 per 1,000 in No. 1, South City (Meath Street) District, the deaths in the last-named district including 38 from small-pox, 29 from measles, 24 from scarlatina, 15 from fever, and 7 from diarrhœa. In No. 3, South City (Peter Street) District, the annual zymotic rate represented was 8·5 per 1,000 persons, the deaths including 51 from small-pox, 14 from fever, and 7 each from measles and scarlatina, and in No. 2, South City (High Street) District, in which small-pox caused 32 death, scarlatina 5, and fever 9, the zymotic rate was 7·6 per 1,000.

The total death-rate for the city was 45·0, and for the suburbs 29·7 per 1,000 inhabitants ; the rate represented by deaths from the seven principal zymotics being 8·1 per

1,000 inhabitants in the city (6·4 on the north side, and 9·5 on the south), and 4·2 per 1,000 in the suburbs.

*Provincial Town Districts.* — The respective annual death-rates represented by the deaths registered during the quarter, in the seven provincial town districts included in the weekly returns, are :—Belfast, 40 per 1,000 of the population of 1871 ; Cork, 31 per 1,000 ; Limerick, 46 ; Londonderry, 25 ; Waterford, 26 ; Galway, 35 ; and Sligo, 29 per 1,000.

Fifteen deaths from small-pox were registered in Galway during the first month of the quarter, but none since that date.

In Belfast the annual rate represented by deaths from the seven principal zymotic diseases registered during the quarter was 5·5 per 1,000 of the population in 1871, or, allowing for increase since that year, 4·4 per 1,000. The principal mortality in this class was caused by fever, from which 76 deaths resulted ; whooping-cough caused 63 deaths, scarlatina 53, diarrhœa 46, measles 8, and diphtheria 5.

In Limerick whooping-cough proved fatal in 40 instances, diarrhœa in 21, and fever in 5.

The annual rate represented by the deaths from the seven principal zymotic diseases registered in Cork was 1·7 ; in Limerick, 6·0 ; in Londonderry, 1·9 ; in Waterford, 1·2 ; in Galway, 4·3 ; an in Sligo, 2·5.

## WATERFORD UNION.

### PAYMENTS TO MEDICAL OFFICERS.

" Local Government Board, Dublin, 6th June.

" SIR,—The Local Government Board acknowledge the receipt of the minutes of the proceedings of the guardians on the 28th ult, containing a resolution directing that the expenses in connection with the appointment of a temporary medical officer, and also the amount of the superannuation allowance to Dr. Elliott, be included in the returns of medical and educational expenses to the 25th March last ; and in reference thereto, the Board desire to state that there is no provision in the Parliamentary grant for the payment of temporary substitutes for medical officers, nor of the superannuation allowances to medical officers.—By order, " B. BANKS."

Mr. Fisher moved that a copy of that letter be sent to the city and county members, with a request that they would try and get these payments put on the list of moneys to be paid out of the Parliamentary grant.

## DEATH RATE OF LIMERICK.

DR. BARRY reported that the death-rate of the city was for the last week 30 per 1,000 of the population.

Mr. Hastings said that he could not rely on the return unless the names of the persons reported to have died were given. He moved that the list of the names be given.

Dr. Barry, in reply to Mr. Hastings' suggestion, said that it was not his duty to give the names of the people who are returned in the list, nor was it his duty to give the place of residence either. If the names of the persons reported in the list were given their houses would be reported to be infected with disease ; the result of which would be that the landlords would cast the blame on him for not having their houses tenanted ; the landlords would also say that they were injuring their property by giving out such reports. If the board would look upon the matter in that light it would see the difficulty that attended such a movement.

Mr. M'Namara seconded the resolution. The death-rate of the city was very large and had created considerable excitement, not alone in the city, but also outside the city. In Limerick there is a death-rate larger than any other city in the United Kingdom. Is not that so, Dr. Barry ?

Dr. Barry—It is. The death-rate of Limerick has been 30 per 1,000 of the population during the last three months.

Mr. M'Namara—Persons having friends are excited about this reported death-rate, and the fact of the matter is that the very persons who are paying the rates of the city should have an account of this exaggerated death-rate.

Dr. O'Sullivan handed in the following amendment :—" That we carry out the suggestion of the superintendent medical officer of health, Dr. Barry, without giving the names of the dead persons."

A poll was then taken. For the resolution, 3 ; for the amendment, 3 ; did not vote, 1. The matter fell through.

The following notice of motion was put in :—" That we call upon the Local Government Board to direct a sworn inquiry into the working of the Sanitary Act in Limerick."

## SLIGO UNION

### PAYING DOCTORS' SUBSTITUTES.

THE Chairman read the following letter :—

" *To the Sligo Guardians.*

" GENTLEMEN,—Be good enough to let me have a cheque for account furnished some time since, amounting to £8 8s., for my professional services while in charge of the Collooney dispensary district on last February and March, under your sanction, the performance of which duty has been duly certified by that committee.

" I am, gentlemen, your obedient servant,

" ST. GEORGE ROE."

Chairman.—We had passed a resolution previously that any doctor going on leave, except he went on sick leave, should pay his own substitute. It was discussed here before whether we would make an exception in the case of a man going to get married.

Mr. Cogan—I am afraid the members of the committee will have to pay it themselves, for the guardians will not pay it.

Chairman—I'll do what the board directs. We have already given a refusal to a similar application.

Mr. Cogan was afraid the next thing would be an attorney's letter.

The application of Dr. Roe was refused.

## ABBEYLEIX UNION.

### SANITARY DUTIES.

READ letter from Dr. Hanrahan, containing a special fortnightly report of his proceedings under the sanitary laws, in compliance with a resolution passed at the last meeting of the board. Dr. Hanrahan stated that he was not aware that it was the duty of the sanitary officer to make reports of this kind.

A special fortnightly report was received from Dr. Stoney, sanitary officer of the Abbeyleix dispensary district.

The executive sanitary officer also sent in a special report of his proceedings during the past fortnight under the sanitary laws.

Dr. Palmer, medical officer of the Durrow dispensary district, sent in a report on the ordinary printed form.

Mr. Caldbeck said that they should come to an understanding with their medical officers if they were asking them to do too much. But when the guardians fixed the remuneration of the sanitary officers it was not known what those officials would have to do ; and when it was found that from month to month nothing was done, the peopie began to inquire why the additional charges entailed by these salaries were imposed on them. Their medical officers seemed to be at war with them, as some of them had not sent in reports. He inquired of Dr. Burke

as to what steps they should take if the medical officers should refuse to comply with the resolution of the board.

Dr. Burke—All I can say is, that it is their duty to comply. Some of your medical officers appear to have complied with your request, and I would suggest that the medical officers should be communicated with and their attention drawn to the resolution.

It was ordered that the medical officers should be written to, and their attention should be drawn to the resolution.

Dr. Burke remarked that it struck him some of the sanitary officers sent in reports every fortnight.

The Clerk said they sent in the ordinary reports on the printed form, but what was required was a special report. He read a resolution which called upon the medical officers to send in to the board every fortnight a report of their proceedings under the sanitary laws.

Dr. Burke said he would look upon the ordinary reports read by the clerk as complying with the resolution.

[We are able to state that the L.G.B. has ruled, in another instance, that it is *not* the duty of the medical sanitary officer to make such reports as those indicated above, and that, if made, the officer may demand special payment. Therefore the inspector's opinion herein expressed is at variance with the former pronouncement of his superiors.—Ed. M. P. & C.]

## PARSONSTOWN BOARD OF GUARDIANS.

### THE INSPECTORIAL DUTIES OF SANITARY OFFICERS.

The Clerk read the following :—

"*To the Board of Guardians, Parsonstown Union.*

"Gentlemen,—Mr. Dooly has called upon me to ask whether I will refuse to see if notices for the removal of nuisances have been complied with. I do not consider that it would be courteous to you were I to attempt to define for myself the duties of my office by a refusal to perform any service required of me by you. I prefer to submit my view of the case to you in order that you or the Local Government Board may decide who is the proper officer to discharge the duty.

"The Local Government Board, in their communication to me of 29th November, 1878, a copy of which was forwarded to you, state 'that the duty of seeing that the orders of the sanitary authority are complied with rests with the executive sanitary officer, who in practice generally avails himself of the sanitary sub-officers in ascertaining the facts of the case.' I have not received any notices since the receipt of this letter, and was not aware that there was any objection raised by the sub-sanitary officer until I saw the correspondence he had with the Local Government Board reported in the newspaper.

"I would respectfully place the following arguments before you in support of the position that the medical officers of health should not be required to see whether the notices have been complied with. It is clear from the Act that the medical officer of health is not an inspector of nuisances, that being the title and definition of the duties of the sub-sanitary officer. The duty of the medical officer of health is to determine whether anything reported to him by the inspector of nuisances as a nuisance is really such, and to recommend the steps to be taken for its removal. Now, I submit that, as the law does not contemplate inspectorial duties by the medical officer of health for the discovery of a nuisance, neither does it contemplate the performance of such duties for the discovery of its removal. Again, in section 258 of the Act, which defines the assistance which is to be given by sanitary officers in cases of prosecution, it is expressly stated that the medical officer of health shall receive remuneration for the time so occupied. I would argue from this that the ordinary duty of the medical officer of health is to determine what are nuisances, and to advise the proper means for their removal, and that any other services he is called on to perform are to be paid for.

"It has been stated that there would be no use in the inspector of nuisances reporting that the orders of the sanitary authority have been disregarded, as his testimony would not be taken as a witness; but this is an utter confusion of the whole matter. The medical officer of health gives a recommendation, on which is based a definite order from the sanitary authority to remove a dung heap, fill up a cesspool, or make a drain. The inspector of nuisances is a perfectly competent witness as to whether this has been done or not. The medical officer of health is summoned, not to prove that the dung heap or cesspool is *there*, but that *its being there is a nuisance and injurious to health.*—I am, yours, &c.,

"A. W. Wallace.

"Parsonstown, 6th June, 1879."

Mr. Woods proposed the insertion of the letter on the minutes, so that the whole text might be seen by the Local Government Board, who would probably then decide whose duty it was.

While the minute was being prepared, search was made through a file of correspondence, and the following letter bearing on the subject from the Local Government Board found under date 4th June, 1875 :—

"Sir,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of 1st inst., and in reply to state that there is no regulation requiring sanitary officers to revisit or certify as to the abatement of a nuisance, and the Local Government Board think that in ordinary cases the subsequent inspection should be made by the sanitary sub-officer as regards nuisances reported by the sanitary officer or by himself; but if proceedings at law should become necessary, the Board are of opinion that the sanitary officer should attend, and assist by his evidence in the prosecution, and in cases of this nature it would be his duty to visit a second time the premises where the nuisance had been reported by him to exist, if required to do so by the sanitary officer. The Local Government Board desire, at the same time, to refer to the terms of the sanitary order of the 9th September last, under which every sanitary officer, as well as sanitary sub-officer is required to attend, and assist in all proceedings in which his attendance or assistance may be required. The Board would not fail to take serious notice of an omission on the part of any of the officers to comply with the order of the sanitary authority in the above respects."

Mr. Woods said the letter of 1875 showed that the sub-sanitary officer ought to revisit the place, and if there was any need for calling in the sanitary officer for purposes of prosecution that was the time for the doctor to be called upon to see it.

## CHLORAL AS A REVULSIVE.

Dr. Peyraud states (in the *Bulletin de Therap.*) that chloral made into a mass with tragacanth, spread on paper or cloth, and applied to the skin, will produce a blister without pain. Applied as a powder on cotton it causes burning pain. By the former method a portion is absorbed and sleep produced. Its action is not quite as certain as that of cantharides, but as a mild revulsive and agreeable vesicant its rction is very agreeable.

## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press.* Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin offices of this paper.

## RATIO OF BIRTHS AND DEATHS TO EVERY 1,000 OF THE IRISH POPULATION FOR 1878.

| Registration Provinces and Counties. | Annual Rate per 1,000 of the estimated Population, represented by | |
|---|---|---|
| | Births. | Deaths. |
| IRELAND ... ... ... ... ... | 25·1 | 18·7 |
| **PROVINCES.** | | |
| I. Leinster ... .. ... ... | 24·7 | 21·8 |
| II. Munster ... ... ... ... | 26·8 | 19·1 |
| III. Ulster ... ... ... ... ... | 24·5 | 17·7 |
| IV. Connaught ... .... ... ... | 25·0 | 15·2 |
| **I. Leinster.** | | |
| Carlow ... ... ... ... ... | 22·1 | 20·1 |
| Dublin ... ... ... ... ... | 28·8 | 26·9 |
| Kildare ... ... ... ... ... | 22·2 | 18·0 |
| Kilkenny ... ... ... ... ... | 23·4 | 21·4 |
| King's .. ... ... ... ... ... | 23·5 | 19·8 |
| Longford ... ... ... ... ... | 22·5 | 15·6 |
| Louth .. ... ... ... ... ... | 25·0 | 18·2 |
| Meath ... ... ... ... ... ... | 22·2 | 18·5 |
| Queen's ... ... ... ... ... | 21·9 | 17·4 |
| Westmeath ... ... ... ... ... | 22·3 | 18·4 |
| Wexford ... ... ... ... ... | 23·5 | 23·2 |
| Wicklow .. ... ... ... ... | 20·8 | 19·2 |
| **II. Munster.** | | |
| Clare ... ... ... ... ... | 25·4 | 16·0 |
| Cork ... ... ... ... ... | 26·2 | 18·9 |
| Kerry ... ... ... ... ... | 29·8 | 16·5 |
| Limerick ... ... ... ... ... | 26·5 | 20·4 |
| Tipperary ... ... ... ... ... | 24·4 | 19·2 |
| Waterford ... ... ... ... ... | 25·4 | 24·7 |
| **III. Ulster.** | | |
| Antrim ... ... ... ... ... | 29·4 | 20·3 |
| Armagh ... ... ... ... ... | 23·7 | 17·6 |
| Cavan ... ... .. ... ... | 22·5 | 15·8 |
| Donegal ... .. ... ... ... | 22·0 | 15·9 |
| Down ... ... ... ... ... | 23·8 | 18·7 |
| Fermanagh ... ... ... ... ... | 21·7 | 17·1 |
| Londonderry ... ... ... ... | 24·3 | 17·0 |
| Monaghan ... ... ... ... ... | 22·2 | 16·4 |
| Tyrone ... ... ... ... ... | 22·1 | 15·9 |
| **IV. Connaught.** | | |
| Galway ... ... ... ... ... | 25·2 | 15·7 |
| Leitrim ... ... ... ... .. | 23·7 | 15·2 |
| Mayo ... ... ... .. ... | 26·9 | 14·2 |
| Roscommon ... ... ... ... | 23 6 | 16·4 |
| Sligo ... ... ... ... ... | 23·3 | 15·0 |

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, June* 14, 1879; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

| TOWNS, &c. | Area in Statute Acres. | Population in 1871. | WEEK ENDING SATURDAY, JUNE 14, 1879. | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Annual rate of mortality per 1,000 inhabitants. | Total Births *registered.* | Total Deaths *registered.* | Deaths under 1 year of age. | Deaths at 60 years of age and upwards. | NUMBER OF DEATHS FROM | | | | | | | | No. of Inquest Cases. | No. of Deaths in Public Institutions. |
| | | | | | | | | Small Pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping Cough. | Fever. | Diarrhœa. | Violence. | | |
| Dublin . . | 10,050 | 314,666 | 41 | 203 | 246 | 37 | 58 | 12 | 3 | 9 | ... | ... | 6 | 6 | 4 | 3 | 58 |
| Belfast . . | 20,687 | 182,082 | 27 | 140 | 93 | 13 | 15 | ... | ... | ... | ... | 5 | 5 | 2 | ... | ... | 21 |
| Cork . . | 13,816 | 91,965 | 24 | 62 | 42 | 6 | 11 | ... | ... | 2 | ... | ... | 2 | 1 | 1 | 4 | 8 |
| Limerick . | 8,509 | 44,209 | 46 | 34 | 39 | 6 | 11 | ... | ... | ... | ... | ... | 4 | 2 | 2 | 3 | 20 |
| Londonderry. | 21,865 | 30,884 | 8 | 18 | 5 | ... | 2 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | 1 |
| Waterford . | 17,209 | 30,626 | 27 | 20 | 16 | 1 | 7 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 8 |
| Galway. . | 21,358 | 19,692 | 11 | 20 | 4 | ... | 2 | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 2 |
| Sligo . . | 30,835 | 17,285 | 12 | 5 | 4 | .. | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | 4 |